

Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1255974
OIL & GAS CONSERVATION DIVISION

Form ACO-1

August 2013

Form must be Typed
Form must be Signed
All blanks must be Filled

WELL COMPLETION FORM
WELL HISTORY - DESCRIPTION OF WELL & LEASE

OPERATOR: License # _____

Name: _____

Address 1: _____

Address 2: _____

City: _____ State: _____ Zip: _____ + _____

Contact Person: _____

Phone: (_____) _____

CONTRACTOR: License # _____

Name: _____

Wellsite Geologist: _____

Purchaser: _____

Designate Type of Completion:

- New Well Re-Entry Workover
- Oil WSW SWD SIOW
- Gas D&A ENHR SIGW
- OG GSW Temp. Abd.
- CM (Coal Bed Methane)
- Cathodic Other (Core, Expl., etc.): _____

If Workover/Re-entry: Old Well Info as follows:

Operator: _____

Well Name: _____

Original Comp. Date: _____ Original Total Depth: _____

- Deepening Re-perf. Conv. to ENHR Conv. to SWD
- Plug Back Conv. to GSW Conv. to Producer
- Commingled Permit #: _____
- Dual Completion Permit #: _____
- SWD Permit #: _____
- ENHR Permit #: _____
- GSW Permit #: _____

Spud Date or Recompletion Date	Date Reached TD	Completion Date or Recompletion Date
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API No. 15 - _____

Spot Description: _____

_____ - _____ - _____ Sec. _____ Twp. _____ S. R. _____ East West

_____ Feet from North / South Line of Section

_____ Feet from East / West Line of Section

Footages Calculated from Nearest Outside Section Corner:

- NE NW SE SW

GPS Location: Lat: _____, Long: _____
(e.g. xx.xxxxx) (e.g. -xxx.xxxxx)

Datum: NAD27 NAD83 WGS84

County: _____

Lease Name: _____ Well #: _____

Field Name: _____

Producing Formation: _____

Elevation: Ground: _____ Kelly Bushing: _____

Total Vertical Depth: _____ Plug Back Total Depth: _____

Amount of Surface Pipe Set and Cemented at: _____ Feet

Multiple Stage Cementing Collar Used? Yes No

If yes, show depth set: _____ Feet

If Alternate II completion, cement circulated from: _____

feet depth to: _____ w/ _____ sx cmt.

Drilling Fluid Management Plan

(Data must be collected from the Reserve Pit)

Chloride content: _____ ppm Fluid volume: _____ bbls

Dewatering method used: _____

Location of fluid disposal if hauled offsite: _____

Operator Name: _____

Lease Name: _____ License #: _____

Quarter _____ Sec. _____ Twp. _____ S. R. _____ East West

County: _____ Permit #: _____

AFFIDAVIT

I am the affiant and I hereby certify that all requirements of the statutes, rules and regulations promulgated to regulate the oil and gas industry have been fully complied with and the statements herein are complete and correct to the best of my knowledge.

Submitted Electronically

KCC Office Use ONLY

- Confidentiality Requested
Date: _____
- Confidential Release Date: _____
- Wireline Log Received
- Geologist Report Received
- UIC Distribution
- ALT I II III Approved by: _____ Date: _____

1255974

Operator Name: _____ Lease Name: _____ Well #: _____

Sec. _____ Twp. _____ S. R. _____ East West County: _____

INSTRUCTIONS: Show important tops of formations penetrated. Detail all cores. Report all final copies of drill stems tests giving interval tested, time tool open and closed, flowing and shut-in pressures, whether shut-in pressure reached static level, hydrostatic pressures, bottom hole temperature, fluid recovery, and flow rates if gas to surface test, along with final chart(s). Attach extra sheet if more space is needed.

Final Radioactivity Log, Final Logs run to obtain Geophysical Data and Final Electric Logs must be emailed to kcc-well-logs@kcc.ks.gov. Digital electronic log files must be submitted in LAS version 2.0 or newer AND an image file (TIFF or PDF).

Drill Stem Tests Taken <input type="checkbox"/> Yes <input type="checkbox"/> No <i>(Attach Additional Sheets)</i> Samples Sent to Geological Survey <input type="checkbox"/> Yes <input type="checkbox"/> No Cores Taken <input type="checkbox"/> Yes <input type="checkbox"/> No Electric Log Run <input type="checkbox"/> Yes <input type="checkbox"/> No List All E. Logs Run: _____	<input type="checkbox"/> Log Formation (Top), Depth and Datum <input type="checkbox"/> Sample Name Top Datum
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CASING RECORD <input type="checkbox"/> New <input type="checkbox"/> Used							
Report all strings set-conductor, surface, intermediate, production, etc.							
Purpose of String	Size Hole Drilled	Size Casing Set (In O.D.)	Weight Lbs. / Ft.	Setting Depth	Type of Cement	# Sacks Used	Type and Percent Additives

ADDITIONAL CEMENTING / SQUEEZE RECORD				
Purpose:	Depth Top Bottom	Type of Cement	# Sacks Used	Type and Percent Additives
<input type="checkbox"/> Perforate <input type="checkbox"/> Protect Casing <input type="checkbox"/> Plug Back TD <input type="checkbox"/> Plug Off Zone				

Did you perform a hydraulic fracturing treatment on this well? Yes No *(If No, skip questions 2 and 3)*

Does the volume of the total base fluid of the hydraulic fracturing treatment exceed 350,000 gallons? Yes No *(If No, skip question 3)*

Was the hydraulic fracturing treatment information submitted to the chemical disclosure registry? Yes No *(If No, fill out Page Three of the ACO-1)*

Shots Per Foot	PERFORATION RECORD - Bridge Plugs Set/Type Specify Footage of Each Interval Perforated	Acid, Fracture, Shot, Cement Squeeze Record <i>(Amount and Kind of Material Used)</i>	Depth

TUBING RECORD:	Size:	Set At:	Packer At:	Liner Run: <input type="checkbox"/> Yes <input type="checkbox"/> No
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Date of First, Resumed Production, SWD or ENHR.	Producing Method: <input type="checkbox"/> Flowing <input type="checkbox"/> Pumping <input type="checkbox"/> Gas Lift <input type="checkbox"/> Other <i>(Explain)</i> _____
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Estimated Production Per 24 Hours	Oil Bbls.	Gas Mcf	Water Bbls.	Gas-Oil Ratio	Gravity

DISPOSITION OF GAS: <input type="checkbox"/> Vented <input type="checkbox"/> Sold <input type="checkbox"/> Used on Lease <i>(If vented, Submit ACO-18.)</i>	METHOD OF COMPLETION: <input type="checkbox"/> Open Hole <input type="checkbox"/> Perf. <input type="checkbox"/> Dually Comp. <input type="checkbox"/> Commingled <i>(Submit ACO-5)</i> <input type="checkbox"/> Other <i>(Specify)</i> _____	PRODUCTION INTERVAL: _____ _____
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ALLIED OIL & GAS SERVICES, LLC 055707

Federal Tax I.D.# 20-5975804

REMIT TO P.O. BOX 31
RUSSELL, KANSAS 67665

SERVICE POINT
Russell

DATE <u>9.1.15</u>	SEC <u>24</u>	TWP. <u>15</u>	RANGE <u>26</u>	CALLED OUT	ON LOCATION	JOB START	JOB FINISH
LEASE <u>Flax</u>	WELL # <u>1A-24</u>	LOCATION <u>Utich</u>				COUNTY <u>Goade</u>	STATE <u>Ks</u>
OLD OR NEW (Circle one)		<u>1e 4 1/2 n w into</u>					

CONTRACTOR swl Royal Drilling OWNER _____
 TYPE OF JOB Port Collar
 HOLE SIZE 7 7/8 T.D. _____
 CASING SIZE 5 1/2 DEPTH 450'
 TUBING SIZE _____ DEPTH _____
 DRILL PIPE _____ DEPTH _____
 TOOL _____ DEPTH _____
 PRES. MAX _____ MINIMUM _____
 MEAS. LINE _____ SHOE JOINT 19.70
 CEMENT LEFT IN CSG. 19.70
 PERFS. _____
 DISPLACEMENT 104.78 6 1/2 200

CEMENT
 AMOUNT ORDERED Allied Special 125SL
U01401 41.84 45 SL
Allied Blend (Special)
 COMMON 125 SL @ 23.5 \$ 2,937.50
 POZMIX @ _____
 GEL @ _____
 CHLORIDE @ _____
 ASC @ _____
Allied 60/40 + 41.45 @ 10.50 \$ 697.50
Divis Sweep 127 @ 25.0 \$ 3,000.00
KOL-Ser 2 425/13 @ .98 \$ 612.50
CC-201 2 5 gal @ 34.4 \$ 1,720.00
Material @ _____ 4719.50
Line @ 1587.80
 HANDLING 270.95 7 1/2 @ 2.48 \$ 523.16
 MILEAGE 270.47 7 1/2 @ 2.75 \$ 743.78

EQUIPMENT
Steve Orlando
 PUMP TRUCK CEMENTER Audy P. Plummer
 # 409 HELPER Tracy J.
 BULK TRUCK
 # 378 DRIVER Ben G.
 BULK TRUCK
 # _____ DRIVER _____

REMARKS:

Port Collar @ 1965
See Cementing Job book

CHARGE TO: Triple Crown Operating
 STREET _____
 CITY _____ STATE _____ ZIP _____

To: Allied Oil & Gas Services, LLC.
 You are hereby requested to rent cementing equipment and furnish cementer and helper(s) to assist owner or contractor to do work as is listed. The above work was done to satisfaction and supervision of owner agent or contractor. I have read and understand the "GENERAL TERMS AND CONDITIONS" listed on the reverse side.

PRINTED NAME _____
 SIGNATURE [Signature]

TOTAL _____

SERVICE

DEPTH OF JOB 450'
 PUMP TRUCK CHARGE _____ \$ 2558.75
 EXTRA FOOTAGE @ _____
 MILEAGE Heavy 30 @ 7.7 \$ 231.00
 MANIFOLD Light 30 @ 4.4 \$ 132.00
Head - CHARGE @ _____ \$ 575.00

Line 1905.47 TOTAL 4763.69

PLUG & FLOAT EQUIPMENT

1X Full Float 5 1/2 @ _____ \$ 266.00
1X 5 1/2 Port Collar @ _____ \$ 2930.00
2X 5 1/2 Basket @ 236.60 \$ 473.20
1X 5 1/2 Latch/Ply @ _____ \$ 266.00
1X 5 1/2 Turboliner @ 72.0 \$ 432.00
Line 1746.88 TOTAL \$ 4367.20

SALES TAX (If Any) _____
 TOTAL CHARGES \$ 13,850.79
 DISCOUNT \$ 5,540.15 40% IF PAID IN 30 DAYS
Net 8310.24

ALLIED OIL & GAS SERVICES, LLC 055705

Federal Tax I.D.# 20-5975804

REMIT TO P.O. BOX 31
RUSSELL, KANSAS 67665

SERVICE POINT:
Russell

DATE <u>3.25.15</u>	SEC <u>24</u>	TWP. <u>15</u>	RANGE <u>26</u>	CALLED OUT	ON LOCATION	JOB START	JOB FINISH
LEASE <u>Flax</u>	WELL.# <u>1A-24</u>	LOCATION <u>UTICA, KC</u>	COUNTY <u>Grover</u>	STATE <u>KS</u>			
OLD OR NEW (Circle one)							

CONTRACTOR Boyer Drilling

TYPE OF JOB Surface

HOLE SIZE 12 1/4 T.D.

CASING SIZE 8 5/8 DEPTH 222'

TUBING SIZE DEPTH

DRILL PIPE DEPTH

TOOL DEPTH

PRES. MAX MINIMUM

MEAS. LINE SHOE JOINT 15'

CEMENT LEFT IN CSG. 15'

PERFS.

DISPLACEMENT 13.11 @ 120-

EQUIPMENT

PUMP TRUCK CEMENTER Andy

409 HELPER Tracy J.

BULK TRUCK

375 1/17 DRIVER Ben G.

BULK TRUCK

DRIVER

REMARKS:

15' - Shoe Joint

See Cementing Job Log

Cement to Surface

252 to bit.

OWNER

CEMENT

AMOUNT ORDERED 175 sk Com

+ 31 cc

COMMON 175 sk @ 17.9 \$ 3,132.50

POZMIX @

GEL @

CHLORIDE 495 lb @ 1.10 \$ 544.50

ASC @

Material @ 3672.00

Lines @ 1470.80

HANDLING 175 #3 @ 2.48 \$ 434.00

MILEAGE 247.5 @ 2.75 \$ 680.63

TOTAL 7

SERVICE

DEPTH OF JOB 222'

PUMP TRUCK CHARGE \$ 1,512.25

EXTRA FOOTAGE @

MILEAGE Heavy 200 @ 7.7 \$ 462.00

MANIFOLD Light 30 @ 4.4 \$ 132.00

TOTAL \$ 3,720.88

CHARGE TO: Triple Crown Operating LLC

STREET

CITY STATE ZIP

Lines 1288.35

PLUG & FLOAT EQUIPMENT

@

@

@

@

TOTAL 0

To: Allied Oil & Gas Services, LLC.

You are hereby requested to rent cementing equipment and furnish cementer and helper(s) to assist owner or contractor to do work as is listed. The above work was done to satisfaction and supervision of owner agent or contractor. I have read and understand the "GENERAL TERMS AND CONDITIONS" listed on the reverse side.

PRINTED NAME Doug Bodig

SIGNATURE Doug Bodig

SALES TAX (If Any)

TOTAL CHARGES \$ 6,897.88

DISCOUNT 2759.15 @ 40% IF PAID IN 30 DAYS

NET: 4,138.73