

Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1256899
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: _____

1256899

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 <i>(Attach Additional Sheets)</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Log	Formation (Top), Depth and Datum	<input type="checkbox"/> Sample
Samples Sent to Geological Survey	<input type="checkbox"/> Yes <input type="checkbox"/> No	Name	Top	Datum
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:				

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: Yes No

Date of First, Resumed Production, SWD or ENHR: _____ Producing Method: Flowing Pumping Gas Lift Other *(Explain)* _____

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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Form	ACO1 - Well Completion
Operator	Cobalt Energy LLC
Well Name	Haag "B" 1-19
Doc ID	1256899

Tops

Name	Top	Datum
Anhydrite	2053	690
Base Any.	2081	662
Heebner	3955	-1212
Lansing	3999	1256
Stark	4272	-1529
BKC	4360	-1617
Marmaton	4393	-1650
Cherokee	4512	-1769
Mississippian	4631	1888

ALLIED OIL & GAS SERVICES, LLC

Federal Tax I.D. #20-5975804

066554

REMIT TO P.O. BOX 93999
SOUTHLAKE, TEXAS 76092

SERVICE POINT:
Great Bend 1cc

DATE <u>06-03-15</u>	SEC. <u>19</u>	TWP. <u>19</u>	RANGE <u>27</u>	CALLED OUT	ON LOCATION <u>7:45 PM</u>	JOB START <u>8:00 PM</u>	JOB FINISH <u>8:30 PM</u>
LEASE <u>Wage B</u>		WELL # <u>1-19</u>	LOCATION <u>96 To Quantum Rd 6-6 South</u>	COUNTY <u>LANE</u>	STATE <u>KS</u>		
OLD OR NEW (Circle one)							

CONTRACTOR Muntia

TYPE OF JOB Surface

HOLE SIZE 12 1/4 T.D.

CASING SIZE 8 5/8 24 LBS DEPTH 220.52

TUBING SIZE DEPTH

DRILL PIPE DEPTH

TOOL DEPTH

PRES. MAX MINIMUM

MEAS. LINE SHOE JOINT

CEMENT LEFT IN CSG. 15 FT

PERFS

DISPLACEMENT 13.09

EQUIPMENT

PUMP TRUCK CEMENTER Kevin Eddy

316 HELPER Ben Newell

BULK TRUCK

378 DRIVER Tracy Jordan

BULK TRUCK

DRIVER

OWNER

CEMENT

AMOUNT ORDERED 150 SY CLASS A 3% CC

2% gel

COMMON	<u>150</u>	@ <u>17.90</u>	<u>2,685.00</u>
POZMIX		@	
GEL	<u>282</u>	@ <u>1.50</u>	<u>423.00</u>
CHLORIDE	<u>423</u>	@ <u>1.10</u>	<u>465.30</u>
ASC		@	
		@	
		@	
		@	
		@	
		@	
		@	
		@	
		@	
		@	
		@	

TOTAL 3,291.30

REMARKS:

SAs (owner) / Hold safety meeting / Rig up
Rig Run 220.52 FT of 8 5/8 casing. Etc
To Sludge Brake Circ. w/ Rig mud. Pump
S.A.H.S.D. Fresh H2O. mix 150 SY CLASS A
3% cc 2% gel. Displace 13.09 ABLS
FRESH H2O. Shut in
Rig Down

CHARGE TO: CO/BALT Energy

STREET _____

CITY _____ STATE _____ ZIP _____

Thank you!

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 AFD

SIGNATURE [Signature]

DISCOUNT 45% 1,481.07

SERVICE

HANDLING	<u>162.20</u>	@ <u>2.48</u>	<u>402.36</u>
MILEAGE	<u>7.40 x 35 x</u>	<u>2.75</u>	<u>712.35</u>
DEPTH OF JOB			
PUMP TRUCK CHARGE			<u>1512.35</u>
EXTRA FOOTAGE		@	
HV MILEAGE	<u>35</u>	@ <u>7.70</u>	<u>269.50</u>
LV MILEAGE	<u>35</u>	@ <u>4.40</u>	<u>154.00</u>
		@	
		@	

TOTAL 3,050.26

DISCOUNT 45% 1,372.62

PLUG & FLOAT EQUIPMENT

	@	
	@	
	@	
	@	
	@	
	@	

TOTAL _____

DISCOUNT _____ %

SALES TAX (If Any) _____

TOTAL CHARGES 6,341.56

DISCOUNT 2,853.70 IF PAID IN 30 DAYS

NET TOTAL 3,487.86 IF PAID IN 30 DAYS

ALLIED OIL & GAS SERVICES, LLC 065313

Federal Tax I.D. # 20-8651475

REMIT TO P.O. BOX 93999
SOUTHLAKE, TEXAS 76092

SERVICE POINT: Liberal (A)

DATE <u>6-9-15</u>	SEC. <u>19</u>	TWP. <u>19</u>	RANGE <u>27</u>	CALLED OUT	ON LOCATION	JOB START <u>2:00pm</u>	JOB FINISH <u>3:00pm</u>
LEASE <u>Hagg</u>	WELL # <u>1-19</u>	LOCATION <u>Dighton KS 7 East</u>			COUNTY <u>Lane</u>	STATE <u>KS</u>	
OLD OR NEW (Circle one) <u>NEW</u>				<u>6 South, East into</u>			

CONTRACTOR Murfin
 TYPE OF JOB P.T.A.
 HOLE SIZE _____ I.D. _____
 CASING SIZE 8 5/8 DEPTH 2100
 TUBING SIZE 4 1/2 DEPTH 2100
 DRILL PIPE _____ DEPTH _____
 TOOL _____ DEPTH _____
 PRES. MAX _____ MINIMUM _____
 MEAS. LINE _____ SHOE JOINT _____
 CEMENT LEFT IN CSG. _____
 PERFS. _____
 DISPLACEMENT _____

OWNER _____
 CEMENT AMOUNT ORDERED 300 SK 60/40 class
4 gal
 COMMON _____ @ _____
 POZMIX _____ @ _____
 GEL _____ @ _____
 CHLORIDE _____ @ _____
 ASC _____ @ _____

EQUIPMENT
 PUMP TRUCK CEMENTER Aldo Espinosa
 # 531-541 HELPER Ivan Carrillo
 BULK TRUCK
 # 705-842 DRIVER Gregory Randall
 BULK TRUCK
 # _____ DRIVER _____

Allied 60/40 class @ _____
300 SK @ 18.92 5,676.00
 @ _____
 @ _____
 @ _____
 @ _____
 @ _____
 @ _____
 HANDLING _____ @ _____
 MILEAGE _____ @ _____

REMARKS:

2554.20 / 45% TOTAL 5,676.00

SERVICE

DEPTH OF JOB 2100 FT
 PUMP TRUCK CHARGE 2,483.59
 EXTRA FOOTAGE 30m @ 4.40 132.00
 MILEAGE H/V 30mi @ 7.20 216.00
 MANIFOLD Drill Pen 1 @ 168.75 168.75
Handling 300 FT @ 2.48 744.00
Drayage 403.50 T.M @ 2.75 1,109.63
2191.04 / 45% TOTAL 4,868.97

CHARGE TO: Cobalt Energy LLC
 STREET 115 South Belmont #12
 CITY wichita STATE KS ZIP 67208

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 is 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.

SALES TAX (if Any) _____
 TOTAL CHARGES 10,544.97
 DISCOUNT 4745.24 / 45% OF PAID IN 30 DAYS

PRINTED NAME AFD

SIGNATURE Ag. [Signature]

NET = 5,799.73