

Confidentiality Requested:

Yes  No

KANSAS CORPORATION COMMISSION 1259155  
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: \_\_\_\_\_

1259155



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> _____
Estimated Production Per 24 Hours	Oil Bbls. Gas Mcf Water Bbls. Gas-Oil Ratio Gravity

<b>DISPOSITION OF GAS:</b> <input type="checkbox"/> Vented <input type="checkbox"/> Sold <input type="checkbox"/> Used on Lease <i>(If vented, Submit ACO-18.)</i>	<b>METHOD OF COMPLETION:</b> <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> _____	<b>PRODUCTION INTERVAL:</b> _____ _____
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P.O. Box 205803  
Dallas, TX 75320-5803

Voice: (832) 482-3742  
Fax: (832) 482-3738

# INVOICE

Invoice Number: 150214  
Invoice Date: Jul 17, 2015  
Page: 1

Federal Tax I.D.#: 20-8651475

RECEIVED  
 JUL 30 2015  
 HAYS KANSAS

**Bill To:**

Citation Oil & Gas Corp.  
1016 East Highway 40 Bypass  
Hays, KS 67601

Customer ID	Field Ticket #	Payment Terms	
Cita	55671	Net 30 Days	
Job Location	Camp Location	Service Date	Due Date
KS2-05	Russell	Jul 17, 2015	8/16/15

Quantity	Item	Description	Unit Price	Amount
1.00	WELL NAME	Barry LKC #4-06 AFE #150583		
375.00	CEMENT MATERIALS	Class A Common	17.90	6,712.50
705.00	CEMENT MATERIALS	Chloride	1.10	775.50
3.00	CEMENT MATERIALS	Sand	14.40	43.20
375.00	CEMENT SERVICE	Cubic Feet Charge	2.48	930.00
528.75	CEMENT SERVICE	Ton Mileage Charge	2.75	1,454.06
1.00	CEMENT SERVICE	Squeeze	2,243.75	2,243.75
30.00	CEMENT SERVICE	Light Vehicle Mileage	4.40	132.00
1.00	CEMENT SERVICE	Squeeze Manifold Rental	430.00	430.00
60.00	CEMENT SERVICE	Heavy Vehicle Mileage	7.70	462.00
1.00	CEMENT SUPERVISOR	Allen Werth		
1.00	CEMENT SUPERVISOR	Robert Yakubovich		
1.00	OPERATOR ASSISTANT	Benjamin Griffin		

ALL PRICES ARE NET, PAYABLE  
30 DAYS FOLLOWING DATE OF  
INVOICE. 1 1/2% CHARGED  
THEREAFTER. IF ACCOUNT IS  
CURRENT, TAKE DISCOUNT OF

\$ 5,932.35

ONLY IF PAID ON OR BEFORE

Aug 16, 2015

Subtotal	13,183.01
Sales Tax	856.90
Total Invoice Amount	14,039.91
Payment/Credit Applied	
<b>TOTAL</b>	<b>14,039.91</b>

# ALLIED OIL & GAS SERVICES, LLC 055671

Federal Tax I.D.# 20-5975804

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

SERVICE POINT:  
Russell

DATE 7-17-15 SEC. 2 TWR. 9 RANGE 19 CALLED OUT 7-16-15 ON LOCATION 7:45 AM JOB START 4:00 PM JOB FINISH 5:00 PM  
LEASE Barry LK WELL # 4-06 LOCATION P.ville, N-70 Rd T, COUNTY Rooks STATE Ks  
OLD OR NEW (Circle one) NEW West To where a Dog House-N-11th

CONTRACTOR Express Well Service  
TYPE OF JOB Squeeze casing leak.  
HOLE SIZE \_\_\_\_\_ T.D. \_\_\_\_\_  
CASING SIZE 6" DEPTH \_\_\_\_\_  
TUBING SIZE 2 7/8" DEPTH 3058'  
DRILL PIPE \_\_\_\_\_ DEPTH \_\_\_\_\_  
TOOL Expert Tools DEPTH \_\_\_\_\_  
PRES. MAX \_\_\_\_\_ MINIMUM \_\_\_\_\_  
MEAS. LINE \_\_\_\_\_ SHOE JOINT \_\_\_\_\_  
CEMENT LEFT IN CSG. \_\_\_\_\_  
PERFS. \_\_\_\_\_  
DISPLACEMENT \_\_\_\_\_

OWNER \_\_\_\_\_  
CEMENT AMOUNT ORDERED 280 sks common  
2% CC. Brought 47.5 sks  
COMMON 375 @ \$17.90 6712.50  
POZMIX @ \_\_\_\_\_  
GEL 205 @ \_\_\_\_\_  
CHLORIDE 165 @ \$1.10 \$178.50  
ASC @ \_\_\_\_\_  
Sand 3- sks @ \$14.40 43.20  
@ \_\_\_\_\_  
@ \_\_\_\_\_  
Maintenance @ \_\_\_\_\_ 1531.20  
Amount @ 3384.04  
@ \_\_\_\_\_  
HANDLING 375 @ \_\_\_\_\_  
MILEAGE 7M @ \$2.25 \$15.75  
528.75 TOTAL \_\_\_\_\_

EQUIPMENT  
PUMP TRUCK CEMENTER Allen Werth  
# 409 HELPER R. Yakubovich  
BULK TRUCK  
# 985-292 DRIVER B. Griffin  
BULK TRUCK  
# \_\_\_\_\_ DRIVER \_\_\_\_\_

REMARKS: #AFE  
150583  
see Job summary.  
Holes 2141-2171  
Holes 2293-2480  
Holes 832-861

SERVICE  
DEPTH OF JOB 3000'  
PUMP TRUCK CHARGE 12243.75  
EXTRA FOOTAGE @ \_\_\_\_\_  
MILEAGE LUM 30mi @ \$4.40 \$132.00  
MANIFOLD 1- ea @ \$430.00 \$430.00  
HUM 60mi @ \$7.70 \$462.00  
@ \_\_\_\_\_  
Disc 2543.31 TOTAL \$5651.81

CHARGE TO: citation oil & gas  
STREET \_\_\_\_\_  
CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

PLUG & FLOAT EQUIPMENT  
\_\_\_\_\_  
@ \_\_\_\_\_  
@ \_\_\_\_\_  
@ \_\_\_\_\_  
@ \_\_\_\_\_  
@ \_\_\_\_\_  
TOTAL \_\_\_\_\_

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.

SALES TAX (If Any) \_\_\_\_\_  
TOTAL CHARGES \$13,183.01  
DISCOUNT 5932.35 (45%)  
IF PAID IN 30 DAYS  
\$7250.66

PRINTED NAME Leon Plante  
SIGNATURE Leon Plante

