

Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1259194
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: _____

1259194

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 Yes No
(Attach Additional Sheets)
Samples Sent to Geological Survey Yes No
Cores Taken Yes No
Electric Log Run Yes No

Log Formation (Top), Depth and Datum Sample
Name Top Datum

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 (Amount and Kind of Material Used)	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:	METHOD OF COMPLETION:	PRODUCTION INTERVAL:
<input type="checkbox"/> Vented <input type="checkbox"/> Sold <input type="checkbox"/> Used on Lease (If vented, Submit ACO-18.)	<input type="checkbox"/> Open Hole <input type="checkbox"/> Perf. <input type="checkbox"/> Dually Comp. <input type="checkbox"/> Commingled (Submit ACO-5) <input type="checkbox"/> Other (Specify) _____	<input type="checkbox"/> Commingled (Submit ACO-4)



INVOICE

P.O. Box 205803
Dallas, TX 75320-5803

Invoice Number: 150149
Invoice Date: Jul 7, 2015
Page: 1

Federal Tax I.D.#: 20-8651475

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

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

Customer ID	Field Ticket #	Payment Terms	
Cita	67814	Net 30 Days	
Job Location	Camp Location	Service Date	Due Date
KS2-05	Oakley	Jul 7, 2015	8/6/15

Quantity	Item	Description	Unit Price	Amount
1.00	WELL NAME	Goick #5		
200.00	CEMENT MATERIALS	Class A Common	17.90	3,580.00
188.00	CEMENT MATERIALS	Chloride	1.10	206.80
3.00	CEMENT MATERIALS	Sand	10.08	30.24
204.89	CEMENT SERVICE	Cubic Feet Charge	2.48	508.13
334.95	CEMENT SERVICE	Ton Mileage Charge	2.75	921.11
1.00	CEMENT SERVICE	Squeeze	2,483.59	2,483.59
35.00	CEMENT SERVICE	Pump Truck Mileage	7.70	269.50
35.00	CEMENT SERVICE	Light Vehicle Mileage	4.40	154.00
1.00	CEMENT SERVICE	Squeeze Manifold	430.00	430.00
1.00	CEMENT SUPERVISOR	Paul Beaver		
1.00	EQUIPMENT OPERATOR	Brandon Wilkinson		
1.00	EQUIPMENT OPERATOR	Darren Racette		

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

\$ 3,004.17

ONLY IF PAID ON OR BEFORE

Aug 2, 2015

Subtotal	8,583.37
Sales Tax	557.92
Total Invoice Amount	9,141.29
Payment/Credit Applied	
TOTAL	9,141.29

ALLIED OIL & GAS SERVICES, LLC

Federal Tax I.D. #20-5975804

067814

AW

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

SERVICE POINT
Oakley, KS

DATE <u>7-7-15</u>	SEC. <u>1</u>	TWP. <u>9S</u>	RANGE <u>19W</u>	CALLED OUT	ON LOCATION <u>9:00am</u>	JOB START <u>11:30am</u>	JOB FINISH <u>12:30pm</u>
LEASE <u>Quick</u>	WELL# <u>5</u>	LOCATION <u>Zurich N to Rd T, 1/4 E,</u>		COUNTY <u>Rooks</u>	STATE <u>KS</u>		
OLD OR NEW (Circle one)		N + E into					

CONTRACTOR Express Well Service
 TYPE OF JOB Squeeze
 HOLE SIZE _____ TD _____
 CASING SIZE 6" DEPTH _____
 TUBING SIZE 2 7/8 DEPTH 2360'
 DRILL PIPE _____ DEPTH _____
 TOOL Packer DEPTH 2360'
 PRES. MAX _____ MINIMUM _____
 MEAS. LINE _____ SHOE JOINT _____
 CEMENT LEFT IN CSG _____
 PERFS. 2484-2514'
 DISPLACEMENT 14 bbl clear packer, 15.5 bbl total

OWNER Same
 CEMENT AMOUNT ORDERED 200 sks Com 1% CC, 3.5 sks sand
 COMMON 200 sks @ 17.90 3580.00
 POZMIX @ _____
 GEL @ _____
 CHLORIDE 188 @ 1.10 206.80
 ASC @ _____
 Sand 3 sks @ 10.08 30.24
 @ _____
 @ _____
 @ _____
 @ _____
 @ _____
 @ _____
 @ _____

EQUIPMENT
 PUMP TRUCK CEMENTER Paul Bauer 1
 # 431 HELPER Brandon Wilkinson 2
 BULK TRUCK
 # 818/306 DRIVER Darren Raceffe 2
 BULK TRUCK
 # _____ DRIVER _____

TOTAL 3817.04

DISCOUNT 35% 1335.96

REMARKS:
Test logs to 1000' load hole, spot sand, pressure back side to 500', get rate of 1.5 bbl per min w/ 500' pressure, mix 200 sks, Displace w/ 45.5 bbl H₂O, wash-up pump + lines, squeeze to 1000', new clean w/ 40 bbl H₂O, pull 3 JTs, pressure to 500', shut-in

SERVICE
 HANDLING 204.89 ft³ @ 2.48 508.13
 MILEAGE 9.57 tons x 35mi x 2.75 921.11
 DEPTH OF JOB 2364'
 PUMP TRUCK CHARGE 2488.99
 EXTRA FOOTAGE @ _____
 HV MILEAGE 35 @ 7.70 262.50
 LV MILEAGE 35 @ 4.40 154.00
 Squeeze manifold @ 430.00
 @ _____

TOTAL 4766.33

DISCOUNT 35% 1668.21

CHARGE TO: Citation Oil + Gas
 STREET _____
 CITY _____ STATE _____ ZIP _____

PLUG & FLOAT EQUIPMENT

 @ _____
 @ _____
 @ _____
 @ _____
 @ _____
 @ _____

TOTAL

DISCOUNT _____%

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 Lean Plank
 SIGNATURE Lean Plank

SALES TAX (if Any) 557.91
 TOTAL CHARGES 8593.37
 DISCOUNT 3004.17 (35%) IF PAID IN 30 DAYS
 NET TOTAL 5599.19 IF PAID IN 30 DAYS