

Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1259983
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: _____

1259983

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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#1 Biermann 8D

391' FSL & 853' FEL

61' N & 137' E of SW SE SE Section 8-17S-37W

Wichita County, Kansas

API# 15-203-20304-0000

Elevation: 3355' GL, 3360' KB

Sample Tops			Ref. Well
Anhydrite	2521'	+839	Flat
B/Anhydrite	2542'	+818	+3
Stotler	3609'	-249	+14
Heebner	3990'	-630	+15
Toronto	4004'	-644	+17
Lansing	4038'	-678	+12
Muncie Shale	4223'	-863	+13
Stark	4322'	-962	+15
Hush	4378'	-1018	+14
BKC	4417'	-1057	+15
Marmaton	4471'	-1111	+14
Altamont	4488'	-1128	+12
Pawnee	4573'	-1213	+11
Myrick	4609'	-1249	+9
Fort Scott	4624'	-1264	+12
Cherokee	4651'	-1291	+9
Johnson	4723'	-1363	+7
Morrow	4808'	-1448	+12
Mississippian	4932'	-1572	-4
RTD	5044'	-1684	



CONSOLIDATED
Oil Well Services, LLC

2823

TICKET NUMBER 47966
LOCATION Oakley ks
FOREMAN Cory D. Miller

2747
Invoice # 804199
FIELD TICKET & TREATMENT REPORT
CEMENT

PO Box 884, Chanute, KS 66720
620-431-9210 or 800-467-8676

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY	
5/12/15	7178	Bismarck 80#1	8	17S	37W	Wichita	
CUSTOMER		MAILING ADDRESS		CITY		STATE	ZIP CODE
Ritschie		L 20 1/2 N W to RD 9 S 1/2 Mile W into		TRUCK #		DRIVER	
				445		Cody R	
				530		Keith C	
				B.II		S.	

JOB TYPE Portcellar HOLE SIZE _____ HOLE DEPTH _____ CASING SIZE & WEIGHT _____
CASING DEPTH _____ DRILL PIPE _____ TUBING 2484 OTHER portcellar at 2484
SLURRY WEIGHT 12 SLURRY VOL 1.59 WATER gal/sk 8 CEMENT LEFT in CASING _____
DISPLACEMENT 9 BBL DISPLACEMENT PSI _____ MIX PSI _____ RATE _____

REMARKS: Soften cement rig up on 10" test hole to 1200 PSI, open portcellar mix 375 sks
60/40 6% gel 1/4# flt Displace 9 BBL close portcellar test to 1200 PSI, run 5 joints
revoise, out wash up rig down

Thanks cory D.

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401 B	1	PUMP CHARGE <u>CE0452</u>	1,785.00	1,785.00
5406	45	MILEAGE <u>CE002</u>	5.25	236.25
5407 A	16.13	Ton mileage Delivery <u>CE0710</u>	1.25	201.63
1131	375 sks	60/40 Poz mix <u>CC5842</u>	15.86	5,947.50
1118	1,935 #	Bentonite (gel) <u>CC5965</u>	.27	522.45
1107	94 #	Flt-seal <u>CC6075</u>	2.97	279.18
1105	500 #	cotton seed Hulls <u>CC6080</u>	.58	290.00
		sub total		10,330.62
		20% less		2,066.12
		sub total		8,264.50
		SALES TAX		458.94
		ESTIMATED TOTAL		8723.44

AUTHORIZATION Cory Miller TITLE _____ DATE _____

I acknowledge that the payment terms, unless specifically amended in writing on the front of the form or in the customer's account records, at our office, and conditions of service on the back of this form are in effect for services identified on this form.



CONSOLIDATED
Oil Well Services, LLC

PO Box 884, Chanute, KS 66720
620-431-9210 or 800-467-8676

Biermann 8B#1

2865

2791

INVOICE # 804272

TICKET NUMBER 49424

LOCATION Oakley KS

FOREMAN Dane Reteloff

FIELD TICKET & TREATMENT REPORT
CEMENT

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	KS COUNTY
5-5-15	7173	Biermann 8B#1	8	17S	37W	Archita
CUSTOMER			TRUCK #			
MAILING ADDRESS			DRIVER			
CITY			TRUCK #			
STATE			DRIVER			
ZIP CODE			TRUCK #			
			DRIVER			

JOB TYPE Production HOLE SIZE 7 7/8 HOLE DEPTH _____ CASING SIZE & WEIGHT 5 1/2 15.5
 CASING DEPTH 5035 DRILL PIPE _____ TUBING _____ OTHER _____
 SLURRY WEIGHT 14.2 SLURRY VOL 1.49 WATER gal/sk 6.70 CEMENT LEFT in CASING 21.17
 DISPLACEMENT 117.32 DISPLACEMENT PSI _____ MIX PSI _____ RATE _____

REMARKS: Safety meeting. Rig up. Run float equip. Turbos on 1, 2, 3, 6, 8, 11, 15, 60
62, 80. Baskets on 12, 61, 79. PC at 61. Run casing to bottom. Circulate. Lbr. Pump
5 OBls ahead mix mudflush pump 5OBls behind. Plug mt + Rtk. mix 150 sks of Class A
10% salt, 5# kul seal, 2% gel, 25% CDE-126, 14# Defoamer. Release plug. Displace
120 OBls of water. Final lift pressure was 500 psi. Plug landed at 100 psi.

Thanks Dane, & crew

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401C	1	PUMP CHARGE <i>CE 0453</i>	3175.00	3175.00
5402	45	MILEAGE <i>CE 0007</i>	5.25	236.25
5407	9.63	Ton Mileage Delivery <i>CE 6710</i>	1.75	758.36
11046	205 sks	Class A cement <i>CC 5800</i>	12.55	3022.75
1111	935#	Salt <i>CC 5326</i>	.50	467.50
1110A	1025#	Kul seal <i>CC 6077</i>	.56	574.00
1112A	385#	Bentonite <i>CC 0965</i>	.94	361.90
1137	48	CDE-26 <i>CC 6000</i>	10.20	489.60
1146	28	CAF-38 <i>CC 6155</i>	10.20	285.60
1146E	500 gal	Mudflush <i>CC 6125</i>	1.00	500.00
4134	10	5 1/2 Turbodrillers <i>CP 8576</i>	75.75	757.50
4104	3	5 1/2 Baskets <i>CC 8629</i>	290.00	870.00
4159	1	5 1/2 AFD Float shoe <i>CC 8485</i>	433.75	433.75
41454	1	5 1/2 Latchdown Plug Assembly <i>CC 8254</i>	567.00	567.00
4285	1	5 1/2 Port collar <i>CP 8776</i>	15459.26	15459.26
			3071.59	3071.59
			Total	12366.37
			SALES TAX	736.00
			ESTIMATED TOTAL	13102.37

AUTHORIZATION *Greg W. King* TITLE *DR* DATE _____

I acknowledge that the payment terms, unless specifically amended in writing on the front of the form or in the customer's account records, at our office, and conditions of service on the back of this form are in effect for services identified on this form.

~~BIERMANN 35-1~~
ALLIED OIL & GAS SERVICES, LLC 064708

Federal Tax I.D. # 20-8651475

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

SERVICE POINT:
Sakley, TX

DATE <u>4-24-19</u>	SEC. <u>8</u>	TWP. <u>17</u>	RANGE <u>37</u>	CALLED OUT	ON LOCATION <u>11:00 am</u>	JOB START <u>11:30 am</u>	JOB FINISH <u>12:00 pm</u>
LEASE <u>Biermann 80</u>	WELL # <u>1</u>	LOCATION <u>Russell Springs St Rd 6</u>			COUNTY <u>Wichita</u>	STATE <u>Ks</u>	
OLD OR NEW (Circle one)		<u>30CRD9, 1945, Wichita</u>					

CONTRACTOR WCW 2
 TYPE OF JOB Surface
 HOLE SIZE 12 1/8" T.D. 256
 CASING SIZE 8 7/8" DEPTH 255.15
 TUBING SIZE _____ DEPTH _____
 DRILL PIPE _____ DEPTH _____
 TOOL _____ DEPTH _____
 PRES. MAX _____ MINIMUM _____
 MEAS. LINE _____ SHOE JOINT _____
 CEMENT LEFT IN CSG. 151
 PERFS. _____
 DISPLACEMENT 15.37 661

OWNER Same
 CEMENT AMOUNT ORDERED 1855 lb cement 390 cc
 COMMON 1855 lb @ 12.90 2381.50
 POZMIX _____ @ _____
 GEL _____ @ _____
 CHLORIDE 522# @ 1.10 574.20
 ASC _____ @ _____

EQUIPMENT
 PUMP TRUCK CEMENTER LoRane Edwards
 # 422 HELPER Wayne McElroy
 BULK TRUCK # 871287 DRIVER Bradon Wilkinson
 BULK TRUCK # _____ DRIVER _____

MATERIAL TOTAL 0
(1559.28/40%)
 HANDLING 194.28 87 @ 2.48 481.99
 MILEAGE 2.75 ton x 70 x 2.75 1929.80

REMARKS:
MIX 1855 lbs cement
Drill pipe with water
Cement did circulate
in cellar only
Thank you

TOTAL _____
 SERVICE
 DEPTH OF JOB 255.15'
 PUMP TRUCK CHARGE _____ 1312.23
 EXTRA FOOTAGE _____ @ _____
 MILEAGE MFLW 70 @ 7.70 539.00
 MANIFOLD Swage @ 299.00
MFLW 70 @ 4.40 308.00

CHARGE TO: Ritelie
 STREET _____
 CITY _____ STATE _____ ZIP _____

(1936.31/40%) TOTAL 4,840.79

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.

PLUG & FLOAT EQUIPMENT
 _____ @ _____
 _____ @ _____
 _____ @ _____
 _____ @ _____
 _____ @ _____
 TOTAL _____

PRINTED NAME _____
 SIGNATURE [Signature]

SALES TAX (if Any) _____
 TOTAL CHARGES 8,726.49
 DISCOUNT 3,490.59 (40%) IF PAID IN 30 DAYS
5,235.89 Net

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