

Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1261211
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: _____

1261211



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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Geologic Report

Drilling Time and Sample Log

Operator DK Operating, Inc.		Elevation KB 2281'	
Lease Selfridge	No. 1-18	DF GL 2273'	
API # 15-083-21918-0000		Casing Record	
Field Wildcat		Surface $10\frac{3}{4}$ " 8-5/8" @ 211'	
Location 2484' FSL & 783' FEL		Production 5 1/2" @ 4435'	
Sec. 18 Twp. 21s Rge. 22w		Electrical Surveys None	
County Hodgeman	State Kansas		
Formation	Log Tops	Sample Tops	Struct Comp
Anhydrite		1457' +824	-15
Base		1500' +781	-16
Heebner		3760' -1479	-3
Lansing		3812' -1531	-4
BKC		4168' -1887	-9
Marmaton		4178' -1897	
Pawnee		4253' -1972	+4
Fort Scott		4325' -2044	-1
Cherokee		4348' -2067	-2
Mississippian		4414' -2133	-8
Osage		4425' -2144	-5
Total Depth		4436' -2155	

Reference Well For Structural Comparison DK Operating, Inc. Dink #3
 2210' FNL & 840' FWL Sec. 17 T21s R22w Hodgeman Co. Kansas

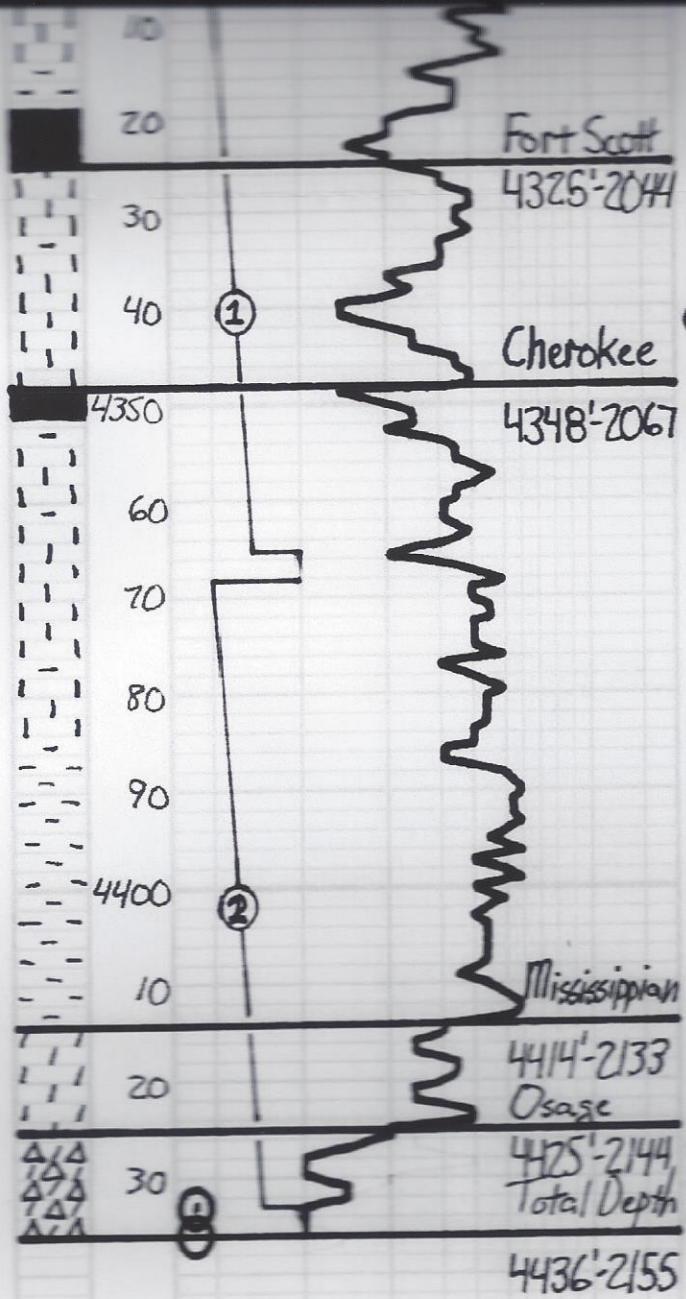


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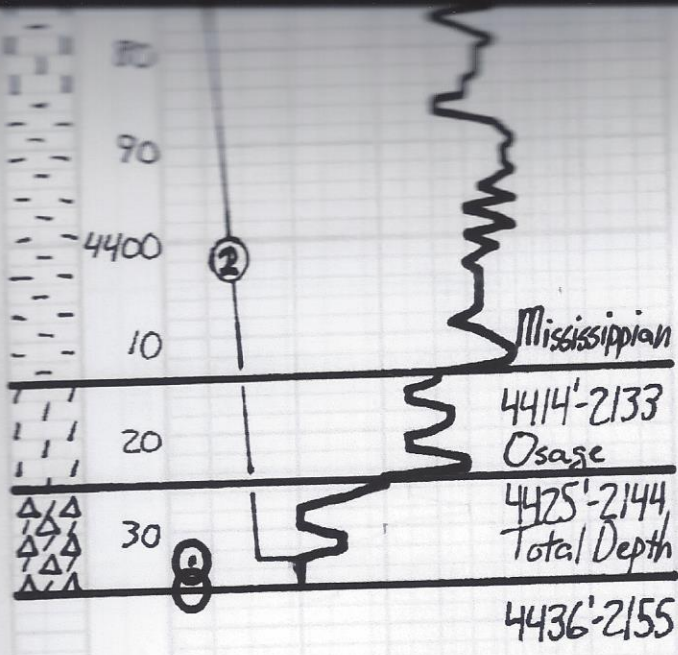
Sh-Dk Gr
 Sh-Blk Carb.
 Ls-Tan-Lt-Gr, Subsls St. Ool.
 DNS
 Ls-Tan, Fr xls w/ Pear-Fr
 Sect. interna to Lt-Fer o. 1st
 w/ lt. sat in p. St. Sp. w/ g
 broken. Lower Ool., Fr Yel.
 Fl. 1st
 Sh-Dk Gr - Blk
 Ls-Tan, Subsls, St. Ool., DNS
 Ls-a/a
 Ls-Tan-Lt-Gr - Mottled Subsls,
 DNS, St. d-Born
 Sh-Brn-Cop-Gr, Pyritic,
 few Pus. Thin Crz.
 Sh-a/a w/ Δ-Yel.-Wh
 Dolo-Oolite-Lt Gr, Fr Subsls,
 Mostly DNS, St. Betty w/
 Gr-Gin sh inclusion
 Δ-Orb-Jul-Lt-Gr, Most
 Fresh, St. Top / Wh. sh w/
 Sect. g. w/ V. G. St. Lolo
 Fr xls w/ Part. Fin. sat in p.
 xls to Lt-Gr ool. 1st in p.
 few signs of fine oil, V. Good
 Ool., Br Yel. Flon.

FF 12-75#
 208 1/2 min
 FSI 557#
 U.S.B.
 FH 2148#
 BHT 120°F
 Recovery:
 1016' GIP
 60' OLM
 70% Oil
 62' (w/ OLM)
 25% Oil, 20% W

DST#2
 Mississippian
 4368'-4433'
 30° 30' 30' 30'

IH 2177#
 IF 39-130#
 808 1/2 min
 ISI 1343#
 Built to 2in
 FF 136-218#
 808 1/2 min
 FSI 1331#
 #.B.
 FH 2031#
 BHT 122°F
 Recovery:
 250' GIP
 320' GLO
 190' MGO
 70% Oil

Respectfully,
 Jason T. [Signature]
 6-16-2015



Log by [unclear] [unclear]

*Sp. Br. Cap. Log, Pyrite
For As. Dray. Coz.*

Sh. g/lc. w/ Δ-Yel.-Whit

*Dolo. Offwh-Lt. Gry. Fr. Subxlw,
Mostly DNS. St. Bitty w/
Gry-Gin sh inclusion*

*Δ7-Dolo-Whit-Lt. Gry. Mostly
Fresh. St. Fr. / Weathered w/
Sect good. Bitty. St. Dolo-
Fr x/4 w/ good part sec. intra
xln & Lt. Good oil. St. in p.
For show of free oil, V. Good
Odor, Br. Yel. Fluor.*

DST#2

Mississippian

4368'-4433'

20°30'30"30'

IH 2177#
IF 39-130#
BOB 11 min.

ISI 1343#
Built to 2in

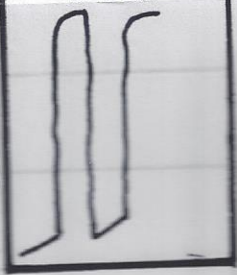
FF 136-218#
BOB 11 min.

FSI 1331#
B.S.

FH 2031#

BHT 122°F

Recovery:
256' GIP
320' GLO
190' MCO
10% Oil



Respectfully,
[Signature]
6-16-2015



CHARGE TO: D.K. OPERATING

TICKET 28405

ADDRESS
CITY, STATE, ZIP CODE

PAGE 1 OF 1

SERVICE LOCATIONS
1. Ness City, KS

WELL/PROJECT NO. 1-18 LEASE SELFDRAGE COUNTY/PARISH HOBGEMAN STATE KS CITY
 TICKET TYPE DISCOVERY DRG #3 CONTRACTOR
 SERVICE SALES
 WELL TYPE Oil WELL CATEGORY Development JOB PURPOSE 10 3/4" SURFACE SHIPPED KS DELIVERED TO LOCATION DATE 6-5-15 OWNER SAME
 REFERRAL LOCATION INVOICE INSTRUCTIONS

PRICE REFERENCE	SECONDARY REFERENCE/ PART NUMBER	ACCOUNTING			DESCRIPTION	QTY.	UM	QTY.	UM	UNIT PRICE	AMOUNT
		LOC	ACCT	DF							
575		1			MILEAGE # 115	25	ME			5.00	125.00
576S		1			Pump Charge	1	TOB	211	#	800.00	800.00
325		1			STANDARD CONST	175	SKS			12.25	2143.75
278		1			Calcium Chloride	8	SKS			40.00	320.00
279		1			BASTOLYTE GEL	3	SKS			25.00	75.00
290		1			D-ADR	2	GAL			42.00	84.00
581		1			SERVICE CHARGE CONST	175	SKS			1.50	262.50
582		1			MINIMUM DAYRIDE CHARGE	1715	LBS	214.38	TM	250.00	250.00

LEGAL TERMS: Customer hereby acknowledges and agrees to the terms and conditions on the reverse side hereof which include, but are not limited to, **PAYMENT, RELEASE, INDEMNITY, and LIMITED WARRANTY** provisions.

MUST BE SIGNED BY CUSTOMER OR CUSTOMER'S AGENT PRIOR TO START OF WORK OR DELIVERY OF GOODS

DATE SIGNED 6-5-15 TIME SIGNED 1900 P.M.

Wilson

REMIT PAYMENT TO:
 SWIFT SERVICES, INC.
 P.O. BOX 466
 NESS CITY, KS 67560
 785-798-2300

SURVEY

OUR EQUIPMENT PERFORMED WITHOUT BREAKDOWN?

WE UNDERSTOOD AND MET YOUR NEEDS?

OUR SERVICE WAS PERFORMED WITHOUT DELAY?

WE OPERATED THE EQUIPMENT AND PERFORMED JOB CALCULATIONS SATISFACTORILY?

ARE YOU SATISFIED WITH OUR SERVICE? YES NO

CUSTOMER DID NOT WISH TO RESPOND

PAGE TOTAL 4060.25

TOTAL 4251.71

Tax 7.3%

Thank You!

CUSTOMER ACCEPTANCE OF MATERIALS AND SERVICES The customer hereby acknowledges receipt of the materials and services listed on this ticket.

SWIFT Services, Inc.

DATE 6-5-15 PAGE NO. 1

OPERATING WELL NO. 1-18 LEASE SEZFRIDGE JOB TYPE 10 3/4" SURFACE TICKET NO. 28405

RT O.	TIME	RATE (BPM)	VOLUME (BBL) (GAL)	PUMPS		PRESSURE (PSI)		DESCRIPTION OF OPERATION AND MATERIALS
				T	C	TUBING	CASING	
	1900							ON LOCATION
								TD-211 SET = 211
								TP-211 10 3/4" #32.75
								15' CEMENT LEFT IN CASING
								HOLE SIZE - 13 1/2"
	2030							BREAK CIRCULATION
	2045	5	42 1/2		✓	100		MIX CEMENT - 175 SLS STANDARD 2% GEL, 3% OIL
	2055	5	19.8		✓	150		DISPLACE CEMENT
	2100							SHOT IN WELL
								CIRCULATED 15 SLS CEMENT TO PRT
								WASH TRUCK
	2200							JOB COMPLETE
								THANK YOU WAYNE COLE TYLER