

Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1261705
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
-----------------------------------	-----------------	---

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: _____

1261705



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
--	---

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)*

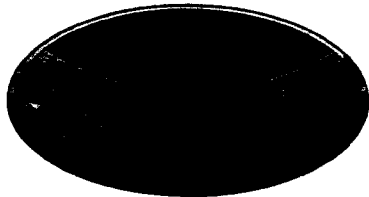
Shots Per Foot	PERFORATION RECORD - Bridge Plugs Set/Type Specify Footage of Each Interval Perforated	Acid, Fracture, Shot, Cement Squeeze Record <i>(Amount and Kind of Material Used)</i>	Depth

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: _____ _____
--	---	---

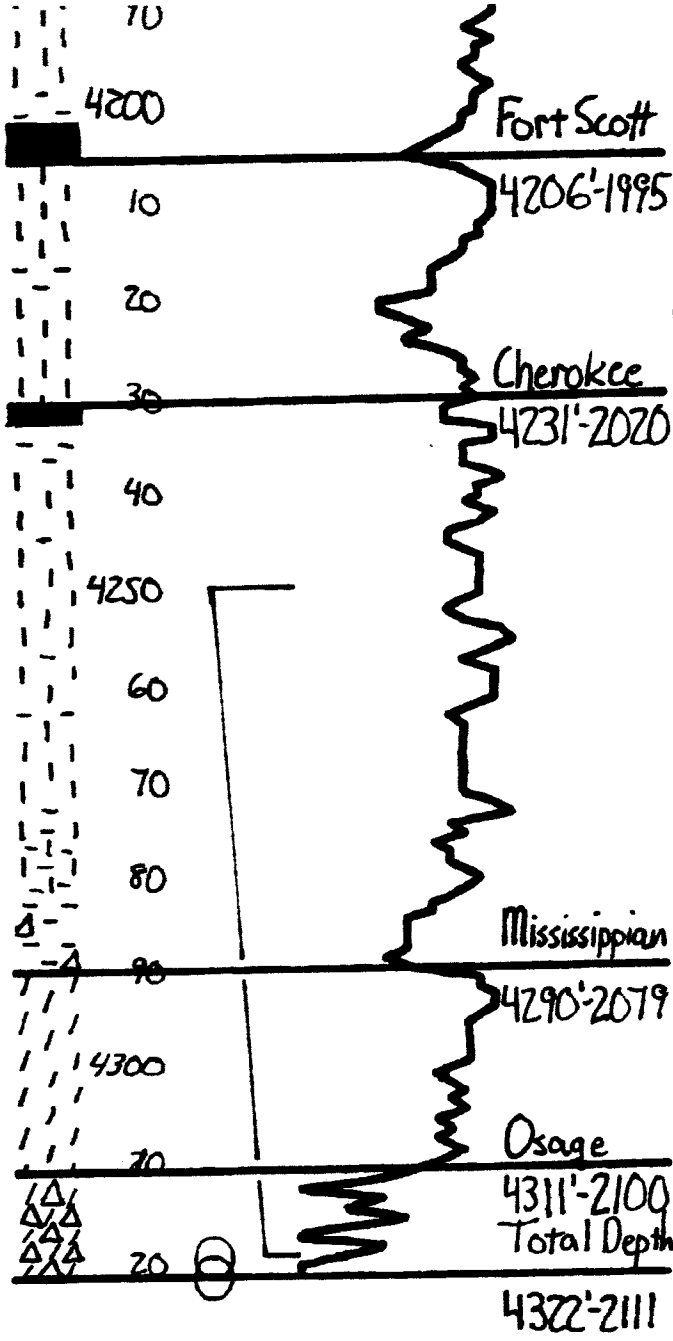


Geologic Report

Drilling Time and Sample Log

Operator DK Operating, Inc.			KB	Elevation 2211'
Lease Schmidt Unit	No.	1-13	DF GL	2204'
API # 15-135-25876-0000			Casing Record Surface 8 5/8" @ 221' Production 5 1/2" @ 4321' Electrical Surveys None	
Field Riverside				
Location 2650' FNL & 985' FEL				
Sec. 13	Twp. 20s	Rge. 23w		
County Ness		State Kansas		
Formation	Log Tops	Sample Tops	Struct Comp	
Anhydrite		1401' +810	FL	
Base		1437' +774		
Heebner		3643' -1432	-2	
Lansing		3692' -1481	-3	
BKc		4020' -1809		
Pawnee		4139' -1928	-1	
Fort Scott		4206' -1995	FL	
Cherokee		4231' -2020		
Mississippian		4290' -2079	-1	
Osage		4311' -2100	FL	
Total Depth		4322' -2111		

Reference Well For Structural Comparison **Pickrell Drilling Co. Betz C #2**
C SE NE Sec. 13 T20s R23w Ness Co. Kansas



LS- a/c, Increasing w/ depth

Sh- Dk Gry
Sh- Blk, Carb.

LS- Tan, Subsh, Sl. Cal. Mostly DNS, U. Sl. Sp. oil st, DNS

● LS- Offsh, Fr-Subsh w/ Poor Fair. Present interbed. Sp. oil st in U. Sl. NSFO, No bed for Good Mt. Floor.

Sh- Dk Gry- Blk

LS- Offsh- Lt. Gry Subsh, Sl. Cal. DNS

LS- a/c, Mottled w/ Gry SL

Sh- Gry

LS- Offsh, Subsh w/ U. Poor. Sect wussy & Sl. Decal oil st in U. Sl. NSFO, Mostly DNS

LS- Offsh- Lt. Gry- Mottled Subsh. DNS

Sh- Brn- Grn- Gry, A- Whit- Yel.

Dolo- Offsh- Lt. Gry, Fr-Subsh w/ Sect U. Sl. Poor wussy oil st. NSFO, No bed for

Dolo- a/c

● AD- Dolo- Whit- Chr, Weathered in Part w/ Fair- Good sect wussy & Sl. Dolo- Fr-Subsh w/ Poor interbed. Lt- Tan oil st- sect in U. Sl. NSFO, Fair Odor, Lt- Fair Mt. Floor.

DST#1
Mississippian
4250'-4320'
45°45'45"45"

IH 2164#
IF 34-177#.
80816min

ISI 1317#
Built to 1/2

FF 182-293#
80816min

FSI 1310#
Built to 1

FH 2232#
BHT 122°F

Recovery:
166' GIP
83' SGCO
252' SGOCUM
30% O
252' GWPCCO
30% O, 20% W
63' SGMCW
70% W

Respectfully,
Jason T. Allen
7-19-2015

OG

SWIFT Services, Inc.

DATE 22 Jul 75 PAGE NO. 1

AREA DK Operating

WELL NO. 1-13

LEASE Schadt

JOB TYPE cement port collar

TICKET NO. 28574

CHART NO.	TIME	RATE (BPM)	VOLUME (BBL) (GAL)	PUMPS		PRESSURE (PSI)		DESCRIPTION OF OPERATION AND MATERIALS
				T	C	TUBING	CASING	
								175 sk SMD cement w/ 1/2# Floecle 2 3/8 x 5 1/2" 17# port collar 1446'
	1300							an loc TRX 114
	1435					1000	1000	test to 1000 psi - held
	1441	3 1/2	2			300		inj rate 3 1/2 @ 300
	1444	3 1/2				200		Mix SMD cement @ 112 ppm
		3 1/2	70			300		- cement to surface
								{ 125 sk mixed } 15 to pit
		3 1/2	8			300		Displace 8 bbl H ₂ O
						1000	1000	shot port collar test to 1000 psi - held
	1515							Run 5 joints
	1525		20					Reverse out - 2 cement flags -
	1533							pull tool
	1539							wash truck
								Rack up
	1600							job complete
								thanks
								Blime, Flint, & mtc