

Confidentiality Requested:

Yes  No

KANSAS CORPORATION COMMISSION 1262397  
OIL & GAS CONSERVATION DIVISION

Form ACO-1

November 2016

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

Gas  DH  EOR

OG  GSW

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 EOR  Conv. to SWD

Plug Back  Liner  Conv. to GSW  Conv. to Producer

Commingled Permit #: \_\_\_\_\_

Dual Completion Permit #: \_\_\_\_\_

SWD Permit #: \_\_\_\_\_

EOR Permit #: \_\_\_\_\_

GSW Permit #: \_\_\_\_\_

Spud Date or Date Reached TD Completion Date or Recompletion Date

API No.: \_\_\_\_\_

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  Drill Stem Tests Received

Geologist Report / Mud Logs Received

UIC Distribution

ALT  I  II  III Approved by: \_\_\_\_\_ Date: \_\_\_\_\_

1262397

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			
Geologist Report / Mud Logs	<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)*

Date of first Production/Injection or Resumed Production/Injection:	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

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>			PRODUCTION INTERVAL: Top _____ Bottom _____	

Shots Per Foot	Perforation Top	Perforation Bottom	Bridge Plug Type	Bridge Plug Set At	Acid, Fracture, Shot, Cementing Squeeze Record <i>(Amount and Kind of Material Used)</i>

TUBING RECORD:	Size:	Set At:	Packer At:
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# ALLIED OIL & GAS SERVICES, LLC

055799

Federal Tax I.D.# 20-5975804

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

SERVICE POINT: Russell KS

DATE <u>8-21-15</u>	SEC. <u>28</u>	TWP. <u>09</u>	RANGE <u>25</u>	CALLED OUT	ON LOCATION	JOB START <u>10:30 AM</u>	JOB FINISH <u>11:00 AM</u>
LEASE <u>Sayer A</u>	WELL # <u>8</u>	LOCATION <u>Wakarusa KS 14N 13W</u>			COUNTY <u>Graham</u>	STATE <u>KS</u>	
OLD OR NEW (Circle one) <u>NEW</u>			<u>1/8 N W. 10</u>				

CONTRACTOR American Eagle

TYPE OF JOB 2 stage

HOLE SIZE <u>7 7/8</u>	T.D. <u>4166</u>
CASING SIZE <u>5 1/2 15.5</u>	DEPTH <u>4171</u>
TUBING SIZE	DEPTH
DRILL PIPE	DEPTH
TOOL	DEPTH
PRES. MAX	MINIMUM
MEAS. LINE	SHOE JOINT <u>43.5</u>
CEMENT LEFT IN CSG. <u>43.5</u>	
PERFS.	
DISPLACEMENT <u>98.23 @ 51.36</u>	

OWNER

CEMENT

AMOUNT ORDERED 150 ASC 5" G. 1 ton. etc / ft  
575 All. and 1.7c

COMMON	@		
POZMIX	@		
GEL	@		
CHLORIDE	@		
ASC <u>150</u>	@	<u>23.50</u>	<u>3525.00</u>
<u>All. and Lite 575</u>	@	<u>19.88</u>	<u>11431.00</u>
<u>Gibsonite 650</u>	@	<u>0.98</u>	<u>637.00</u>
<u>fiberglass 144</u>	@	<u>2.97</u>	<u>427.68</u>
<u>mud flush 12661</u>	@	<u>58.70</u>	<u>704.40</u>
	@		
	@		
	@		
	@		
HANDLING <u>705</u>	@	<u>2.48</u>	<u>1748.40</u>
MILEAGE <u>1545 t/m</u>	@	<u>2.75</u>	<u>4248.75</u>

EQUIPMENT

PUMP TRUCK #	CEMENTER HELPER <u>Robert Yuku bavi. n</u>
BULK TRUCK #	DRIVER <u>Tracy Jordan</u>
BULK TRUCK #	DRIVER <u>Ben Griffin</u>

REMARKS:

see log

cement did circulate to p.t

Thank you!!!

CHARGE TO: Tex Kan

STREET \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

TOTAL ~~22017.83~~  
22722.23

SERVICE

DEPTH OF JOB	<u>4171</u>		
PUMP TRUCK CHARGE	<u>2765.75</u>		
EXTRA FOOTAGE	@	<u>2406.25</u>	<u>2406.25</u>
MILEAGE <u>50 LVMI</u>	@	<u>4.40</u>	<u>220.00</u>
MANIFOLD	@	<u>275.00</u>	<u>275.00</u>
<u>100 HVMI</u>	@	<u>7.70</u>	<u>770.00</u>
	@		

TOTAL 6437.00

PLUG & FLOAT EQUIPMENT

<u>5 1/2 Spiral Cent 20</u>	@	<u>300.00</u>	<u>6000.00</u>
<u>5 1/2 AFU Float shoe</u>	@	<u>545.00</u>	<u>545.00</u>
<u>5 1/2 flex hush down</u>	@	<u>660.00</u>	<u>660.00</u>
<u>5 1/2 Stage Collar</u>	@	<u>5335.00</u>	<u>5335.00</u>
<u>5 1/2 Centralizers 7</u>	@	<u>57.00</u>	<u>399.00</u>

TOTAL 12939.00

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 ~~41393.83~~ 42098.23

DISCOUNT ~~17799.35~~ 18102.24 IF PAID IN 30 DAYS

PRINTED NAME Tom Peters

SIGNATURE Tom Peters

net ~~23594.48~~  
23995.99

# ALLIED OIL & GAS SERVICES, LLC

055793

Federal Tax I.D.# 20-5975804

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

SERVICE POINT:

Russell, KS

DATE 8-19-15	SEC. 29	TWP. 9	RANGE 25	CALLED OUT	ON LOCATION	JOB START 11:30 AM	JOB FINISH 2:00 AM
LEASE Sayer A	WELL # 8	LOCATION Wakeeney, KS N to H rd			COUNTY Graham	STATE KS	
OLD OR NEW (Circle one)			13 W 1/8 N W. into				

CONTRACTOR American Eagle  
 TYPE OF JOB Surface  
 HOLE SIZE 12 1/4 T.D. 220  
 CASING SIZE 8 5/8 23' DEPTH 220  
 TUBING SIZE \_\_\_\_\_ DEPTH \_\_\_\_\_  
 DRILL PIPE \_\_\_\_\_ DEPTH \_\_\_\_\_  
 TOOL \_\_\_\_\_ DEPTH \_\_\_\_\_  
 PRES. MAX \_\_\_\_\_ MINIMUM \_\_\_\_\_  
 MEAS. LINE \_\_\_\_\_ SHOE JOINT 15  
 CEMENT LEFT IN CSG. 15  
 PERFS. \_\_\_\_\_  
 DISPLACEMENT 13 bbl

OWNER \_\_\_\_\_

CEMENT

AMOUNT ORDERED 150 com 370 cc 2% gel

COMMON 150 @ 17.90 2685.00  
 POZMIX \_\_\_\_\_ @ \_\_\_\_\_  
 GEL 282' @ 0.50 141.00  
 CHLORIDE 428' @ 1.10 470.80  
 ASC \_\_\_\_\_ @ \_\_\_\_\_

EQUIPMENT

PUMP TRUCK CEMENTER Robert V  
 # 409 HELPER Tracy J  
 BULK TRUCK  
 # 473-187 DRIVER Ben G  
 BULK TRUCK  
 # \_\_\_\_\_ DRIVER \_\_\_\_\_

HANDLING 150 sts @ 2.48 372.00  
 MILEAGE 370 + 1m @ 2.75 1017.50

TOTAL 3296.80

REMARKS:

see log

Thank you!!!

CHARGE TO: TexKan Exploration, LLC  
 STREET \_\_\_\_\_  
 CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

SERVICE

DEPTH OF JOB 220  
 PUMP TRUCK CHARGE 1512.25  
 EXTRA FOOTAGE \_\_\_\_\_ @ \_\_\_\_\_  
 MILEAGE 50 LVMI @ 4.40 220.00  
 MANIFOLD 100 HVMI @ 7.70 770.00

TOTAL 3891.75

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 7188.55

DISCOUNT 3450.50 IF PAID IN 30 DAYS

net \$ 3738.05

PRINTED NAME \_\_\_\_\_

SIGNATURE Bradford Fisher