

Confidentiality Requested:  
 Yes  No

KANSAS CORPORATION COMMISSION 1262921  
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: \_\_\_\_\_

1262921

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](mailto: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 Geologist Report / Mud Logs <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				

1. Did you perform a hydraulic fracturing treatment on this well?  Yes  No *(If No, skip questions 2 and 3)*
2. Does the volume of the total base fluid of the hydraulic fracturing treatment exceed 350,000 gallons?  Yes  No *(If No, skip question 3)*
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> <i>(Submit ACO-4)</i>	PRODUCTION INTERVAL: Top Bottom
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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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Form	ACO1 - Well Completion
Operator	Midwestern Exploration Company
Well Name	King 1-4
Doc ID	1262921

All Electric Logs Run

Microlog/GR
Porosity (Neutron-Density)/GR
Sonic/GR
Induction/GR/SP

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Tops

Name	Top	Datum
Base Heebner Shale	4342 L	-1342
Toronto Lime	4352 L	-1352
Lansing Lime	4456 L	-1456
Kansas City Lime	4791 L	-1791
Marmaton Lime	5224 L	-2224
Cherokee Shale	5569 L	-2569
Lower Atoka Lime	5882 L	-2882
Morrow Shale	5916 L	-2916
Lower Morrow Lime	6216 L	-3216
Chester C Lime	6307 L	-3307
Chester B Lime	6346 L	-3346
Chester A Lime	6490 L	-3490
Chester A Sand	6557 L	-3557
Chester B Sand	6572 L	-3572
STE Genevieve	6635 L	-3635

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#### Casing

Purpose Of String	Size Hole Drilled	Size Casing Set	Weight	Setting Depth	Type Of Cement	Number of Sacks Used	Type and Percent Additives
Conductor	30	20	65	40	Grout	40	
Surface	12.25	8.625	24	1663	Acon	350	3% CC, .25# Flocele
Surface	12.25	8.625	24	1663	Premium PLUS	150	2% CC, .25# Flocele
Production	7.875	5.5	15.5	6684	ASBC	00	6% Gypseal, 2% Gel, 5% Fluid Loss

# Nova Energy

Services L.L.C. P O Box 56  
 Turpin OK 73950  
 Phone (580) 778-0786

# Field Invoice

Date	Invoice #
6/13/2015	N109

Customer	Address	AFE #
Midwestern Exploration	3500 S Blvd 2B	
	Edmond OK 73013	

## Well Information

Well Name		Sec. -Twn. - Ran.	
King #1-4		4-35S-35W	
County	State	Well Type	8 5/8 Job
Stevens	KS.	New Well	YES

Quan	UOM	Description
350	sk	A-con' Blend
150	sk	Premium Plus Cement
1269	lbs	Calcium Chloride
118	lbs	Cello-flafe
166	lbs	WCA-1
1	ea	Guide Shoe - Regular 8 5/8"
1	ea	Flapper Type Insert Float Valves 8 5/8"
3	ea	Centralizer 8 5/8 X 12 1/4
1	ea	Cement Basket 8 5/8 Blue
1	ea	Top Ruber Cement Plug 8 5/8"
10	bbbl	Stop Loss Sp
15	mi	Pickup Mileage
45	mi	Heay Equipment Mileage
500	sks	Blending & Mixing Services Charge
353	tm	Proppant and Bulk Delivery Charge
1	4hr	Depth Charge 1001'-2000'
1	job	Plug Container Utilazation Char
1	ea	Service Supervisor 8 hours

Service Supervisor

*[Signature]*

Company Operator

*[Signature]*

Date of Job

6/13/2015

# ALLIED OIL & GAS SERVICES, LLC 000284

Federal Tax I.D. # 20-8651475

REMIT TO P.O. BOX 93999  
SOUTH LAKE, TEXAS 76092

SERVICE POINT:  
Liberal KS

DATE <u>06-21-15</u>	SEC. <u>4</u>	TWP. <u>35 S.</u>	RANGE <u>35 W.</u>	CALLED OUT	ON LOCATION	JOB START <u>8:00</u>	JOB FINISH <u>9:00 P.M.</u>
LEASE <u>King</u>	WELL# <u>1-4</u>	LOCATION <u>Liberal KS W on 2nd St. Rd 95</u>			COUNTY <u>Stevens</u>	STATE <u>KS</u>	
OLD OR NEW (Circle one) <u>NEW</u>				<u>M. to CR 26.5 1/2 Mi. W 1/2 N 1/4 to</u>			

CONTRACTOR Duke #7 OWNER Mid Western Exploration

TYPE OF JOB Production S

HOLE SIZE 7 7/8 T.D. 6600 + ft CEMENT

CASING SIZE 5 1/2 15.5 # DEPTH 6684 + ft AMOUNT ORDERED 75 sk Alken 60/100 1/4 "A"

TUBING SIZE \_\_\_\_\_ DEPTH \_\_\_\_\_ 175 sk ASA 1/4 " 100% A, 10% WAU, 69"

DRILL PIPE \_\_\_\_\_ DEPTH \_\_\_\_\_ Cap Seal, 27' bed 1.5% FL A, 5 blk krl Seal

TOOL \_\_\_\_\_ DEPTH \_\_\_\_\_

PRES. MAX 1800 PSI MINIMUM \_\_\_\_\_ COMMON \_\_\_\_\_

MEAS. LINE \_\_\_\_\_ SHOE JOINT 12.0 + ft POZMIX \_\_\_\_\_

CEMENT LEFT IN CSG. 1.0 BBL GEL \_\_\_\_\_

PERFS. \_\_\_\_\_ CHLORIDE \_\_\_\_\_

DISPLACEMENT 158.0 BBL ASC 1/4" 175 sk

EQUIPMENT \_\_\_\_\_ 12 BBLs - Super Flush

PUMP TRUCK CEMENTER Ruben Chavez 60/100 1/4 "A" 75 sk

# 531-541 HELPER Ricardo Landa Fluid Lost Ad. - 83 lb

BULK TRUCK \_\_\_\_\_ Krl Seal 875 lb

# 993-1056 DRIVER Jose Calderon

BULK TRUCK \_\_\_\_\_

# \_\_\_\_\_ DRIVER \_\_\_\_\_

REMARKS:

SERVICE

Mat Handling 309 Cf 6

PUMP TRUCK CHARGE

Drageye 655 T.M

MILEAGE heavy 50 Mi. @

MANIFOLD head 1 @

Light Vehicle 50 Mi. @

Stand by hours 5 @

Circulating Inm 1

CHARGE TO: Mid Western Exploration

STREET \_\_\_\_\_

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

PLUG & FLOAT EQUIPMENT

Latex D. Plug + Dottle 1 @

Centrifuges 10 @

AFW Float Shoe 1 @

\_\_\_\_\_ @

\_\_\_\_\_ @

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 Billy Daugherty

SIGNATURE Billy Daugherty