

Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1263951
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: _____

1263951



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 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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QUALITY OILWELL CEMENTING, INC.

Federal Tax I.D.# 20-2886107

Phone 785-483-2025

Home Office P.O. Box 32 Russell, KS 67665

No. 1280

Cell 785-324-1041

Date	6-27-2015	Sec.	2	Twp.	20	Range	22	County	Ness	State	KANSAS	On Location		Finish	8:00 PM	
Lease	ANTENEN			Well No.	#1			Location	Bazine Ks. 7 S on DD RD 2W on 60 RD NW 4 1/2 S 1/4 E INTO							
Contractor	DISCOVERY DATA RIG #3			Type Job			Cement Surface "GALEN"			Owner						To Quality Oilwell Cementing, Inc. You are hereby requested to rent cementing equipment and furnish cementer and helper to assist owner or contractor to do work as listed.
Hole Size	12 1/4			T.D.	221'			Charge To			MUSTANG ENERGY CORP.					
Csg.	8 5/8 NEW			Depth	221'			Street								
Tbg. Size	2 3/8 csg.			Depth				City			State					
Tool				Depth				The above was done to satisfaction and supervision of owner agent or contractor.								
Cement Left in Csg.	15'			Shoe Joint				Cement Amount Ordered			150 sx 8 5/8 20 POZ MIX					
Meas Line	Displace			13 / BBL			3% CC			2% GEL						
EQUIPMENT								Common								
Pumptrk	17	No.	Cementor	Glenn G.			Poz. Mix			30						
Bulktrk	15	No.	Driver	LONNIE W.			Gel.			3						
Bulktrk		No.	Driver	DAVID L.			Calcium			6						
JOB SERVICES & REMARKS								Hulls								
Remarks:								Salt								
Rat Hole								Flowseal								
Mouse Hole								Kol-Seal								
Centralizers								Mud CLR 48								
Baskets								CFL-117 or CD110 CAF 38								
D/V or Port Collar								Sand								
								Handling 159								
								Mileage								
Float Equipment																
								Guide Shoe								
								Centralizer								
								Baskets								
								AFU Inserts								
								Float Shoe								
								Latch Down								
								Pumptrk Charge					Surface			
								Mileage					21			
													Tax			
													Discount			
													Total Charge			
X Signature	John Doe															

Received Circulation
 Mix 150 SX 8 5/8 20 342
 Displace 13 / BBL H2O
 SHUT IN @ 300#

Cement Did Circulate
 To Surface

THANK'S

QUALITY OILWELL CEMENTING, INC.

Federal Tax I.D.# 20-2886107

Phone 785-483-2025
Cell 785-324-1041

Home Office P.O. Box 32 Russell, KS 67665

No. 1006

Date	7-4-15	Sec.	2	Twp.	20	Range	22	County	Ness	State	KS	On Location		Finish	7:00 PM
Location								Bazine DD Rd 7S 2W 1/2 E int							

Lease	Antenen	Well No.	#1	Owner	To Quality Oilwell Cementing, Inc. You are hereby requested to rent cementing equipment and furnish cementer and helper to assist owner or contractor to do work as listed.
Contractor	Discovery #3			Charge To	Mustang Energy
Type Job	Production String	Hole Size	7 7/8	T.D.	4500
Csg.	5 1/2	Depth	4498.09	Street	
Tbg. Size		Depth		City	State
Tool	Port Collar	Depth	1457.61	The above was done to satisfaction and supervision of owner agent or contractor.	
Cement Left in Csg.		Shoe Joint	42.44	Cement Amount Ordered	200 @ pro-C 10% Salt
Meas Line		Displace	106 bbl		5% Gilsonite

EQUIPMENT

Pumptrk	20	No.	Cementer		Common	200 @ pro-c
			Helper	Nick	Poz. Mix	
Bulktrk	14	No.	Driver	Lonnie	Gel.	
Bulktrk	PU	No.	Driver	Brett	Calcium	

JOB SERVICES & REMARKS

Remarks:		Hulls	
Rat Hole	30 sx	Salt	18
Mouse Hole	20 sx	Flowseal	
Centralizers	1, 2, 3, 4, 5, 7, 9, 70	Kol-Seal	1000ft
Baskets	6 + 71	Mud CLR 48	500 gal
Port Collar	5 + 71 @ 1457.61	CFL-117 or CD110 CAF 38	
		Sand	
		Handling	228

Ran 11-198 15 1/2 lb 5 1/2 casing + 5 1/2 mile		5 1/2	FLOAT EQUIPMENT
Mixed Mud Flush		Guide Shoe	
Plugged Rat + Mouse hole		Centralizer	- 8 turbos
Mixed 150 sx down 5 1/2		Baskets	- 2
Displaced		AFU Inserts	
Lift pressure @ 600 lbs		Float Shoe	- 1
Landed Plug @ 1500 lbs		Latch Down	- 1
			1 port collar
			1 Rotating Head
		Pumptrk Charge	Prod String
		Mileage	21

Signature		Tax	
		Discount	
		Total Charge	



TRILOBITE TESTING, INC.

DRILL STEM TEST REPORT

Mustang Energy Corp.

2-20s-22w-Ness

PO Box 1121
Hays Ks 67601

Antenen #1

Job Ticket: 62894

DST#: 1

ATTN: Jeff Lawler

Test Start: 2015.07.02 @ 01:55:00

GENERAL INFORMATION:

Formation: **Ft. Scott**

Deviated: No Whipstock: ft (KB)

Time Tool Opened: 03:56:30

Time Test Ended: 06:58:00

Test Type: Conventional Bottom Hole (Initial)

Tester: Dustin Ellis

Unit No: 59-Great Bend-130

Interval: 4290.00 ft (KB) To 4330.00 ft (KB) (TVD)

Reference Elevations: 2265.00 ft (KB)

Total Depth: 4330.00 ft (KB) (TVD)

2258.00 ft (CF)

Hole Diameter: 7.88 inches Hole Condition: Fair

KB to GR/CF: 7.00 ft

Serial #: 8525

Press @ Run Depth: 24.64 psig @ ft (KB)

Capacity: 5000.00 psig

Start Date: 2015.07.02

End Date: 2015.07.02

Last Calib.: 2015.07.02

Start Time: 01:56:00

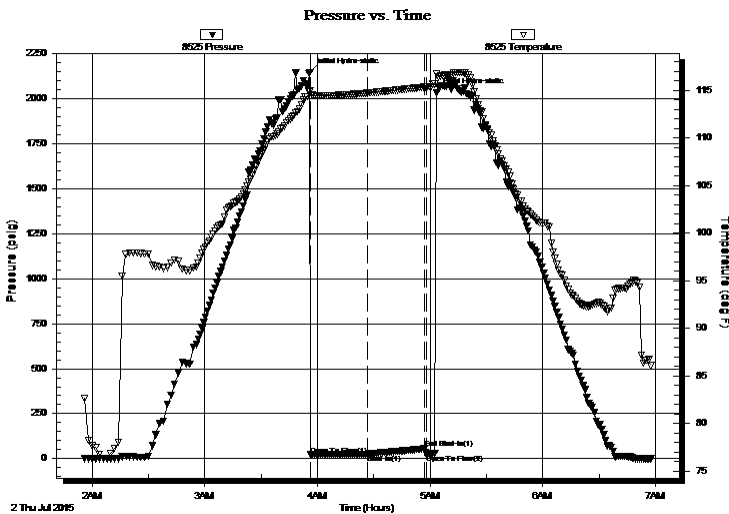
End Time: 06:58:00

Time On Btm: 2015.07.02 @ 03:56:00

Time Off Btm: 2015.07.02 @ 05:03:30

TEST COMMENT: 1st Open 30 min Weak surface blow .
1st Shut in 30 min No blow back.
2nd Open 10 min Dead Flushed tool .No Help pulled tool.
2nd Shut in N/A

PRESSURE SUMMARY



Time (Min.)	Pressure (psig)	Temp (deg F)	Annotation
0	2147.47	114.94	Initial Hydro-static
1	20.74	114.47	Open To Flow (1)
31	24.64	114.70	Shut-In(1)
61	55.39	115.34	End Shut-In(1)
62	25.51	115.35	Open To Flow (2)
68	2033.96	116.72	Final Hydro-static

Recovery

Length (ft)	Description	Volume (bbl)
8.00	Mud 100%	0.04

Gas Rates

Choke (inches)	Pressure (psig)	Gas Rate (Mcf/d)



**TRILOBITE
TESTING, INC.**

DRILL STEM TEST REPORT

FLUID SUMMARY

Mustang Energy Corp.

2-20s-22w-Ness

PO Box 1121
Hays Ks 67601

Antenen #1

Job Ticket: 62894

DST#: 1

ATTN: Jeff Lawler

Test Start: 2015.07.02 @ 01:55:00

Mud and Cushion Information

Mud Type: Gel Chem

Cushion Type:

Oil API:

deg API

Mud Weight: 9.00 lb/gal

Cushion Length:

ft

Water Salinity:

ppm

Viscosity: 50.00 sec/qt

Cushion Volume:

bbbl

Water Loss: 9.59 in³

Gas Cushion Type:

Resistivity: ohm.m

Gas Cushion Pressure:

psig

Salinity: 6800.00 ppm

Filter Cake: 1.00 inches

Recovery Information

Recovery Table

Length ft	Description	Volume bbl
8.00	Mud 100%	0.039

Total Length: 8.00 ft Total Volume: 0.039 bbl

Num Fluid Samples: 0

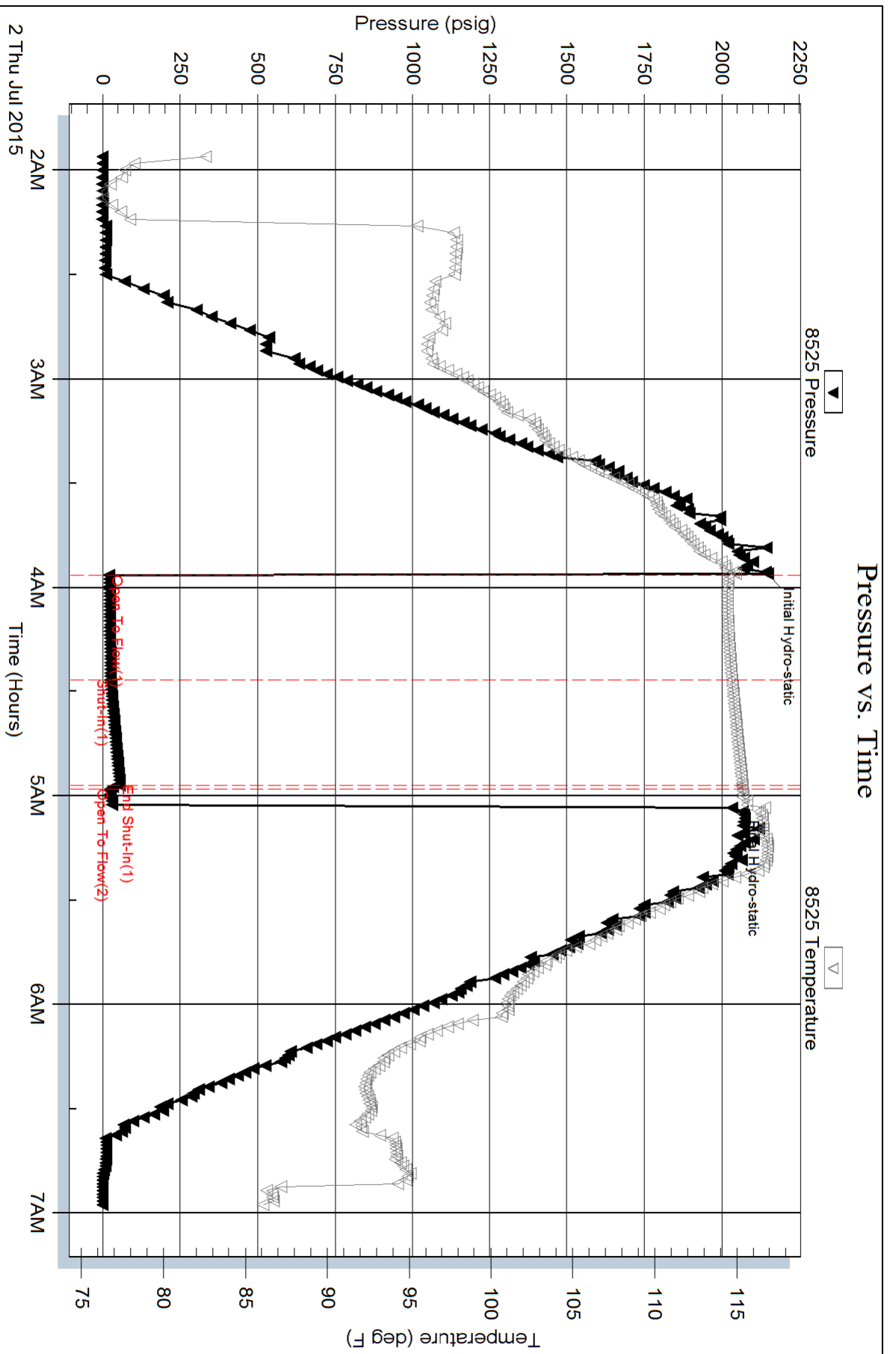
Num Gas Bombs: 0

Serial #:

Laboratory Name:

Laboratory Location:

Recovery Comments:





**TRILOBITE
TESTING, INC**

DRILL STEM TEST REPORT

Mustang Energy Corp.

2-20s-22w-Ness

PO Box 1121
Hays Ks 67601

Antenen #1

Job Ticket: 62895

DST#: 2

ATTN: Jeff Lawler

Test Start: 2015.07.03 @ 04:50:00

GENERAL INFORMATION:

Formation: **Basal Cherokee Sand**

Deviated: No Whipstock: ft (KB)

Time Tool Opened: 06:36:30

Time Test Ended: 11:02:00

Test Type: Conventional Bottom Hole (Initial)

Tester: Dustin Ellis

Unit No: 59-Great Bend-130

Interval: 4320.00 ft (KB) To 4390.00 ft (KB) (TVD)

Reference Elevations: 2265.00 ft (KB)

Total Depth: 4390.00 ft (KB) (TVD)

2258.00 ft (CF)

Hole Diameter: 7.88 inches Hole Condition: Fair

KB to GR/CF: 7.00 ft

Serial #: 8525

Inside

Press@RunDepth: 263.02 psig @ 4385.22 ft (KB)

Capacity: 5000.00 psig

Start Date: 2015.07.03

End Date:

2015.07.03

Last Calib.:

2015.07.03

Start Time:

04:51:00

End Time:

11:02:00

Time On Btm:

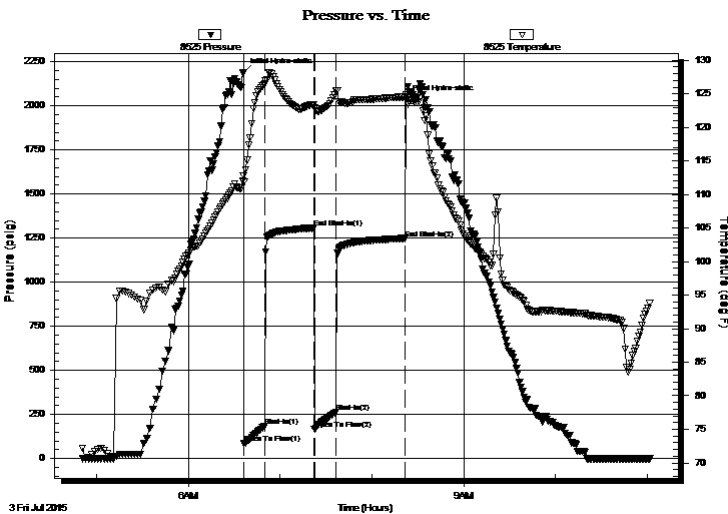
2015.07.03 @ 06:36:00

Time Off Btm:

2015.07.03 @ 08:22:30

TEST COMMENT: 1st Open 15 min. BOB in 5 min.
1st Shut in 30 min. No blow back.
2nd Open 15 min BOB in 5 min.
2nd Shut in 45 min No blow back.

PRESSURE SUMMARY



Time (Min.)	Pressure (psig)	Temp (deg F)	Annotation
0	2190.01	112.75	Initial Hydro-static
1	85.84	111.84	Open To Flow (1)
14	181.98	126.46	Shut-In(1)
46	1307.33	123.39	End Shut-In(1)
47	167.63	122.91	Open To Flow (2)
61	263.02	125.45	Shut-In(2)
106	1248.52	124.53	End Shut-In(2)
107	2037.15	124.82	Final Hydro-static

Recovery

Length (ft)	Description	Volume (bbl)
380.00	GMCO 75%Oil 10%gas 15%mud	5.04
200.00	GMCO 85%Oil 10%gas 5%mud	2.81
0.00	95ft. gas in pipe	0.00

Gas Rates

	Choke (inches)	Pressure (psig)	Gas Rate (Mcf/d)



**TRILOBITE
TESTING, INC**

DRILL STEM TEST REPORT

FLUID SUMMARY

Mustang Energy Corp.

2-20s-22w-Ness

PO Box 1121
Hays Ks 67601

Antenen #1

Job Ticket: 62895

DST#: 2

ATTN: Jeff Lawler

Test Start: 2015.07.03 @ 04:50:00

Mud and Cushion Information

Mud Type: Gel Chem

Cushion Type:

Oil API:

deg API

Mud Weight: 9.00 lb/gal

Cushion Length:

ft

Water Salinity:

ppm

Viscosity: 50.00 sec/qt

Cushion Volume:

bbbl

Water Loss: 9.59 in³

Gas Cushion Type:

Resistivity: ohm.m

Gas Cushion Pressure:

psig

Salinity: 6800.00 ppm

Filter Cake: 1.00 inches

Recovery Information

Recovery Table

Length ft	Description	Volume bbl
380.00	GMCO 75%Oil 10%gas 15%mud	5.045
200.00	GMCO 85%Oil 10%gas 5%mud	2.805
0.00	95ft. gas in pipe	0.000

Total Length: 580.00 ft Total Volume: 7.850 bbl

Num Fluid Samples: 0

Num Gas Bombs: 0

Serial #:

Laboratory Name:

Laboratory Location:

Recovery Comments:

Pressure vs. Time

