



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1269768
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: _____



1269768

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: 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> _____ <input type="checkbox"/> Other <i>(Specify)</i> _____	PRODUCTION INTERVAL: _____ _____
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Form	ACO1 - Well Completion
Operator	Mustang Fuel Corporation
Well Name	Commerford 1-13 SWD
Doc ID	1269768

All Electric Logs Run

CBL w/ Gamma
Gamma/Neutron
Gamma/Caliper
Dual Comp Porosity

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Operator	Mustang Fuel Corporation
Well Name	Commerford 1-13 SWD
Doc ID	1269768

Tops

Name	Top	Datum
Lansing	2098	
Mississippi Limestone	2739	
Kinderhook Shale	3013	
Hunton Lime	3157	
Maquoketa Shale	3195	
Maquoketa Dolomite	3267	
Viola Limestone	3309	
Simpson Shale	3419	
Simpson Dense	3427	
Arbuckle	3461	

MUSTANG FUEL CORP
CASING AND CEMENTING REPORT

Date: 17-Aug-15 Casing Size: 7"
 Block: _____ OCSG: COMMERFORD Well No. 1-13 SWD
 TD: 3,348 Casing Setting Depth: 3,440.79 Hole Size 8 3/4

CASING ON HAND

JTS	OD	WT	GRADE	THDS	LENGTH	MANUFACTURER	DATE RC'VD
86 JTS	7	23	L-N-P110	8 RD	3,523.90		8-14-15

LOG OF CASING RUN IN HOLE

JTS	DESCRIPTION	OD	WT	GRD	THD	LENGTH
65		7"	23	P-110	8 RD	2,679.63
1	CASING MARKER JT	7"	23	N-80	8 RD	17.76
7	JTS CASING	7"	23	P-110	8 RD	288.86
10	JTS CASING L-80	7"	23	L-80	8 RD	411.96
1	FLOAT COLLAR					1.49
1	SHOE JT	7"	23	N-80	8 RD	43.83
1	GUIDE SHOE					1.05
Centralizers @ <u>MIDDLE OF FIRST, 3-6-9-11-12-14-15-16-18-19-20-</u>						3,444.62
						Less Cut Off Joint
						8.79
						Plus RKB to Cut Off
						5'
						Casing Set At
						3,440.79

CEMENTING REPORT

Cementing Company CONSOLIDATED OIL FIELD SERVICES No. Of Units 2
 Spacers 20 bbls of MUD FLUSH 10 BBLs OF WATER @ 8.4 ppg
 Cemented With: 155 sks of Class THIXOBLEND, 2% GEL, 2% CC, 5% KOLSEAL,
1# PHENOSEAL PER SK @ 14.7 ppg Yield = 1.45 cf/sk
 Followed By _____ sks of Class _____ plus _____
 @ _____ ppg Yield = _____ cf/sk
 Displaced With: 133 bbls of Water @ 8.4 ppg
 Plug Bumped At 133 bbls displacement. Pressured up to: 1,300 psi
 Plug bumped yes FLOAT DID HOLD Cement: Did circulate. NO Volume cmt to surface _____ bbls
 Estimated Top of Cement 2,250 Circulation Lost @ NO
 Recommended WOC Time 6 HRS Cement in Place @ 1:30 AM

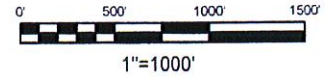
CASING LEFT ON BOARD

JIS	LENGTH	DESCRIPTION	DISPOSITION	TRANSPORTATION	DATE OFF-LOADED
2	81.76	7" 8RD, LTC, 23# 8 RD	YARD		
1	8.79	CUT OFF	YARD		

Reported By: ROY L. BLACK Date: 18-Aug-15

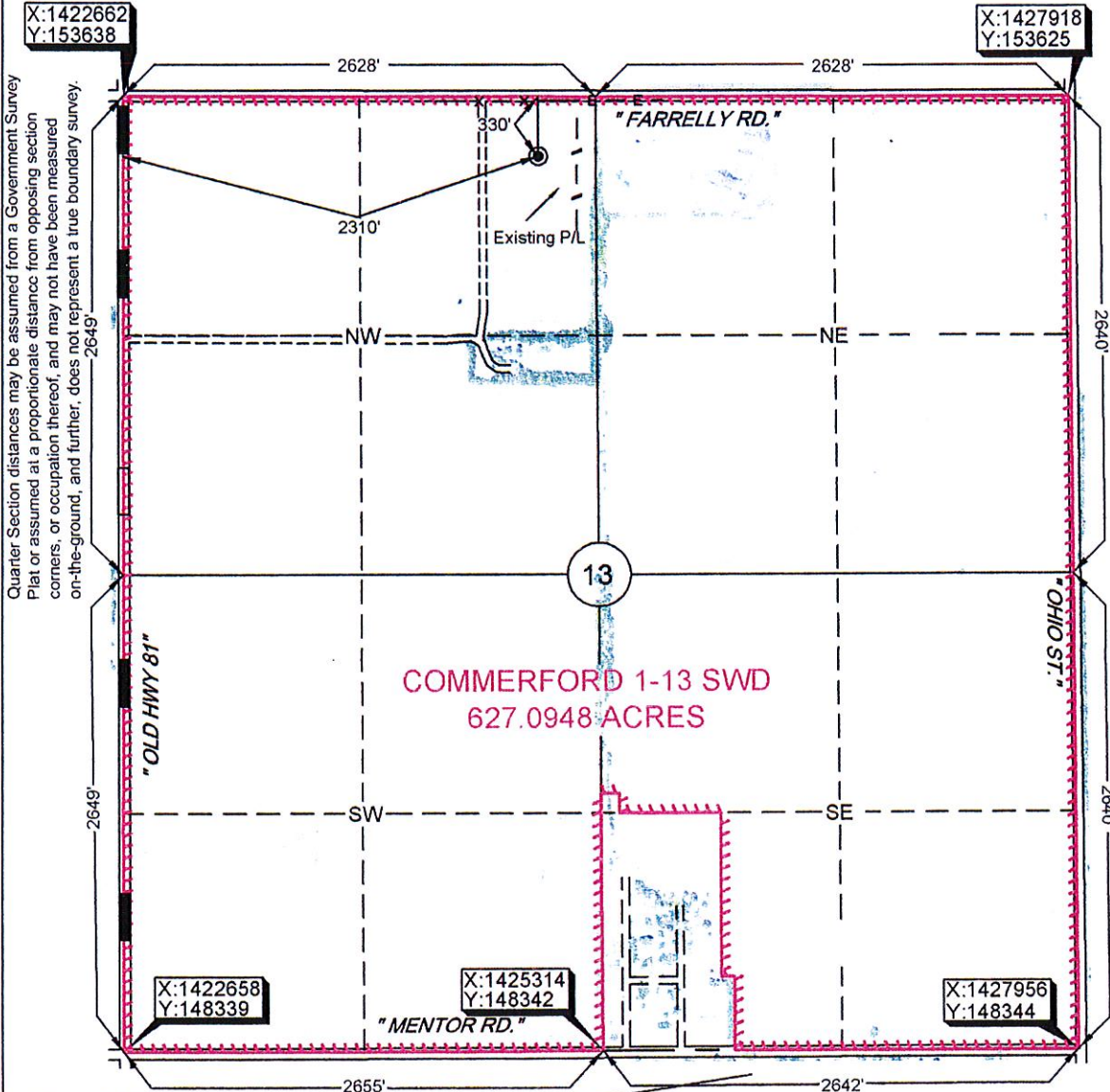
Operator: MUSTANG FUEL CORPORATION
 Lease Name and No. : MUSTANG FUEL CO.
 Footage : 330' FNL - 2310' FWL GR. ELEVATION : 1257' Good Site? YES
 Section: 13 Township: 15S Range: 3W 6th.P.M.
 County : Saline State of Kansas
 Alternate Loc. : N/A

Terrain at Loc. : Wheat field. Fell South of OHE, Fell West of N-S existing P/L.
 Accessibility : From the North.
 Directions : From the town of Salina, KS. Going South on I-35, take Exit 88 to Waterwell Rd. Go East .25 mile, turn South on Old Highway 81. Go 1 mile, to the Northwest Corner of Section 13-15S-3W.



GPS DATUM
 NAD - 83
 KS NORTH ZONE

Surface Hole Loc.:
 Lat: 38.7535788
 Lon: 97.6050357
 X: 1424972
 Y: 153302



NOTE: X and Y data shown hereon for Section Corners may NOT have been surveyed on-the-ground, and further, does NOT represent a true Boundary Survey.

Please note that this location was staked on the ground under the supervision of a Licensed Professional Land Surveyor, but the accuracy of this survey is not guaranteed. Please contact Arkoma Surveying and Mapping promptly if any inconsistency is determined. GPS data is observed from RTK - GPS.

survey and plat by,
Arkoma Surveying and Mapping, PLLC
 P.O. Box 238 Wilburton, OK 74578
 Ph. 918-465-5711 Fax 918-465-5030

Certificate of Authorization No. LS-275
 Expires December 31, 2014
 Invoice #5568

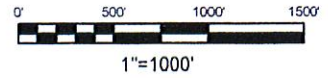
Date Staked : 06/04/15 By : J.W.
 Date Drawn : 06/05/15 By : T.S.

Certification:
 This is to certify that this Well Location Plat represents the results of a survey made on the ground performed under the supervision of the undersigned.

Stan W. Drannon 6/8/15
STAN W. DRANNON KS LS 1582

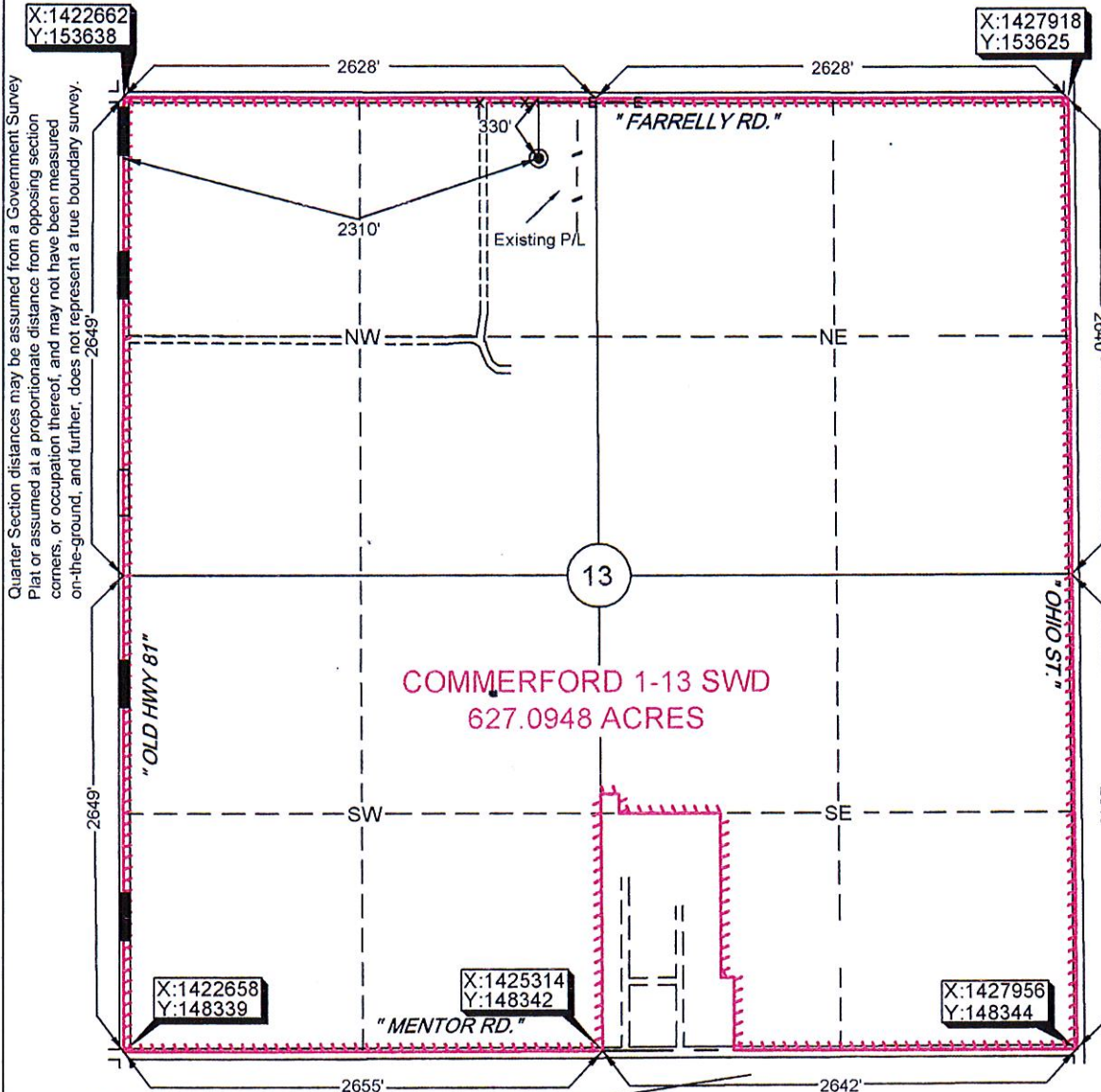


Operator: MUSTANG FUEL CORPORATION
 Lease Name and No. : MUSTANG FUEL CO.
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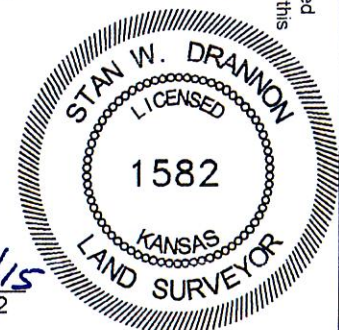
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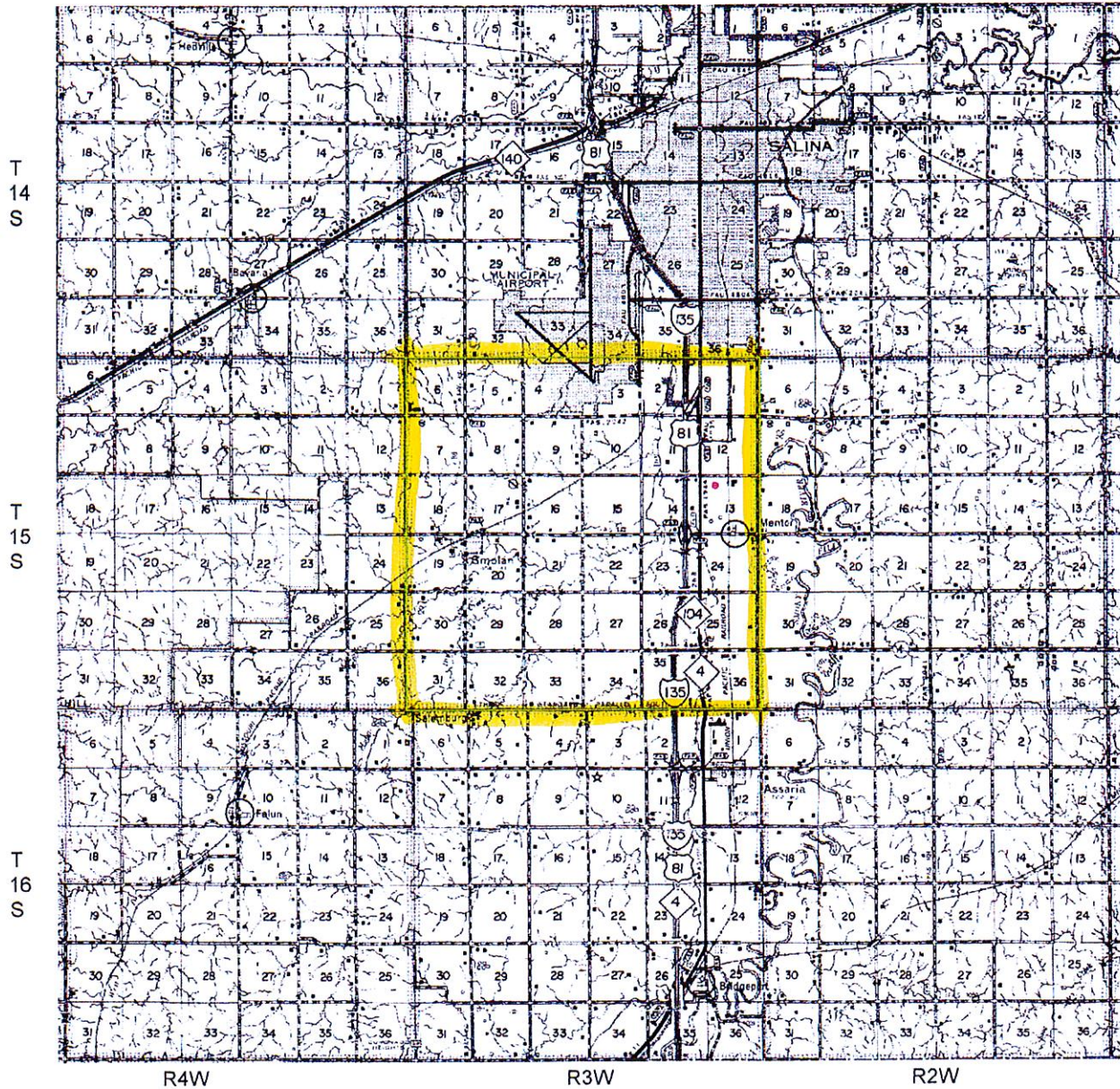
County Highway Vicinity Map

Staked for: MUSTANG FUEL CORPORATION
 Lease Name: COMMERFORD 1-13 SWD
 Surface Hole Location: 330' FNL - 2310' FWL
 Sec. 13 Twp. 15S Rng. 3W 6th.P.M.
 County: Saline State of Kansas



Ground Elevation at Surface Hole Location: 1257'
 Date Staked: 06/05/15

Scale 1" = 3 Miles



provided by,
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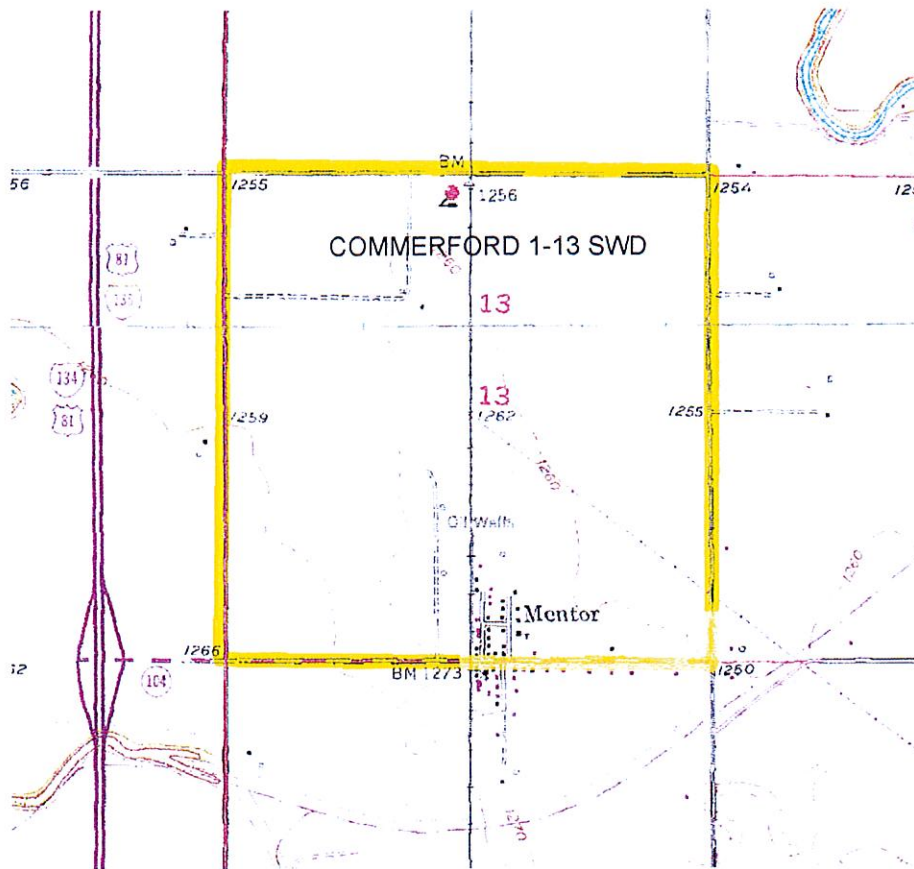
Topographic Vicinity Map

Staked for: MUSTANG FUEL CORPORATION.
Lease Name: COMMERFORD 1-13 SWD
Surface Hole Location: 330' FNL - 2310' FWL
Sec. 13 Twp. 15S Rng. 3W 6th.P.M.
County: Saline State of Kansas



Ground Elevation at Surface Hole Location: 1257'

Scale 1"= 2000'
Contour Interval: 10'



provided by,
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Certificate of Authorization No. LS-275
Expires December 31, 2014

Date Staked : 06/04/15

The purpose of this map is to verify the location and elevation as staked on the ground and to show the surrounding Topographic features. The footage shown hereon is only as SCALED onto a U.S.G.S. Topographic Map.

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