



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1270011
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: _____



1270011

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			
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)*

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
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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> <input type="checkbox"/> Other <i>(Specify)</i> _____	PRODUCTION INTERVAL: _____ _____
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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. 1470

Date	6-28-15	Sec.	33	Twp.	9	Range	19	County	Rocks	State	KS	On Location		Finish	6:30pm
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Location Zone 1/25 W 1170

Lease Sandon Well No. 1-33 Owner _____

Contractor Disman #1 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.

Type Job Repair Plug

Hole Size 7 7/8 T.D. 3800 Charge To American

Csg. 4 1/2 X 4 1/2 Depth _____ Street _____

Tbg. Size _____ Depth _____ City _____ State _____

Tool _____ Depth _____ The above was done to satisfaction and supervision of owner agent or contractor.

Cement Left in Csg. _____ Shoe Joint _____ Cement Amount Ordered 305 60/10 4/60 1/4 #10

Meas Line _____ Displace _____

EQUIPMENT Common _____

Pumptrk	18	No.	Cementer	_____	Poz. Mix
			Helper	_____	

Bulktrk		No.	Driver	_____	Gel.
			Driver	_____	

Bulktrk	4	No.	Driver	_____	Calcium
			Driver	_____	

JOB SERVICES & REMARKS Hulls _____

Remarks: Salt _____

Rat Hole 30SK Flowseal _____

Mouse Hole 15SK Kol-Seal _____

Centralizers Mud CLR 48 _____

Baskets CFL-117 or CD110 CAF 38 _____

D/V or Port Collar Sand _____

13'	<u>3700</u>	<u>50SK</u>	Handling
2nd	<u>1615</u>	<u>50SK</u>	Mileage
3rd	<u>950</u>	<u>100SK</u>	
4th	<u>270</u>	<u>50SK</u>	
5th	<u>40</u>	<u>10SK</u>	

FLOAT EQUIPMENT

Guide Shoe 8 5/8 D x 11 1/2 Plug

Centralizer _____

Baskets _____

AFU Inserts _____

Float Shoe _____

Latch Down _____

Pumptrk Charge _____

Mileage _____

Tax _____

Discount _____

Total Charge _____

X Signature [Signature]

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. 1484

Date	6-22-15	Sec.	33	Twp.	9	Range	19	County	2nd	State	KS	On Location		Finish	6/25/15
Location								Zirc 1/25 W45 N70							

Lease	Sandon	Well No.	1-33	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	D. S. ...				
Type Job	S. face				
Hole Size	17/4	T.D.	220	Charge To	Amerson OI
Csg.	8 5/8	Depth	219	Street	
Tbg. Size		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 8/20 3/1 CC 2/602
Meas Line		Displace	13BC		

EQUIPMENT

Pumptrk	17	No.	Cementer		Common
			Helper		Poz. Mix
Bulktrk		No.	Driver	1/10/15	Gel.
			Driver		Calcium
Bulktrk	15	No.	Driver	1/10/15	Hulls
			Driver		(1967)

JOB SERVICES & REMARKS

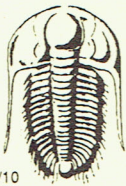
Remarks:		Salt
Rat Hole		Flowseal
Mouse Hole		Kol-Seal
Centralizers		Mud CLR 48
Baskets		CFL-117 or CD110 CAF 38
D/V or Port Collar		Sand
8-5/8 on bottom. Fed. Circulation		Handling
11.1 x 15000 9 D. Solvent		Mileage

FLOAT EQUIPMENT

Cement - Circulated		Guide Shoe
		Centralizer
		Baskets
		AFU Inserts
		Float Shoe
		Latch Down

		Pumptrk Charge
		Mileage
		Tax
		Discount
		Total Charge

X Signature *[Handwritten Signature]*



TRILOBITE TESTING INC.

1515 Commerce Parkway • Hays, Kansas 67601

Test Ticket

NO. 60591

4/10

Well Name & No. Saindon 1-33 Test No. 1 Date 6-26-15
 Company AMERICAN OIL LLC Elevation 2205 KB 2197 GL
 Address 1023 RESERVATION RD. HAYS, KS 67601
 Co. Rep / Geo. AUSTIN KLAUS, ZACH PATTERSON Rig DISCOVERY RIG 1
 Location: Sec. 33 Twp. 9^s Rge. 19^w Co. Rooks State Ks

Interval Tested 3477-3503 Zone Tested 1KC
 Anchor Length 26 Drill Pipe Run 3444 Mud Wt. 9
 Top Packer Depth 3472 Drill Collars Run 30 Vis 53
 Bottom Packer Depth 3477 Wt. Pipe Run - WL 7.2
 Total Depth 3503 Chlorides 3000 ppm System LCM 1 1/2 #
 Blow Description TFP - WEAK TO STRONG IN 4 MIN
TSIP - NO BLOW
FFP - WEAK TO STRONG IN 9 MIN
FSIP - NO BLOW

Rec	Feet of	%gas	%oil	%water	%mud
<u>765</u>	<u>WATER</u>				
Rec	Feet of	%gas	%oil	%water	%mud
Rec	Feet of	%gas	%oil	%water	%mud
Rec	Feet of	%gas	%oil	%water	%mud
Rec	Feet of	%gas	%oil	%water	%mud

Rec Total 765 BHT 108 Gravity - API RW .2 @ 54 ° F Chlorides 54000 ppm

(A) Initial Hydrostatic 1665 Test 2310
 (B) First Initial Flow 41 Jars 0005
 (C) First Final Flow 249 Safety Joint 0220
 (D) Initial Shut-In 642 Circ Sub 0450
 (E) Second Initial Flow 265 Hourly Standby 0651
 (F) Second Final Flow 389 Mileage 70 RT
 (G) Final Shut-In 645 Sampler
 (H) Final Hydrostatic 1646 Straddle Ruined Shale Packer
 Shale Packer Ruined Packer
 Extra Packer Extra Copies
 Extra Recorder
 Day Standby
 Accessibility

Initial Open 30
 Initial Shut-In 30
 Final Flow 30
 Final Shut-In 60

Sub Total _____
 Total _____
 MP/DST Disc't _____

Approved By _____ Our Representative RAY SCHWAGER Thank you

TriLOBITE TESTING INC. shall not be liable for damaged of any kind of the property or personnel of the one for whom a test is made, or for any loss suffered or sustained, directly or indirectly, through the use of its equipment, or its statements or opinion concerning the results of any test, tools lost or damaged in the hole shall be paid for at cost by the party for whom the test is made.