



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1270259
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: _____



1270259

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> _____ <i>(Submit ACO-4)</i>	PRODUCTION INTERVAL: _____ _____
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MIDWEST SURVEYS

LOGGING - PERFORATING - CONSULTING SERVICES

P.O. Box 68, Osawatomie, KS 66064

913 / 755 - 2128

GAMMA RAY / CEMENT BOND / CCL

File No.

Company **Walken Energy, LLC**

Well **Atyeo No.- 1**

Field

County **Chase** State **Kansas**

API #

Location *346 FSL*
333 FEL SE/4 Other Services

Sec. **4** Twp. **21s** Rge. **9e** Elevation
Permanent Datum **GL** Elevation **1326'** K.B. **NA**
Log Measured From **GL** D.F. **NA**
Drilling Measured From **KB** G.L. **1326'**

Date	3-31-2008
Run Number	One
Depth Driller	2390.8
Depth Logger	2390.8
Bottom Logged Interval	2387.8
Top Log Interval	1000.0
Fluid Level	300.0
Type Fluid	Water
Density / Viscosity	NA
Salinity - PPM Cl	NA
Max Recorded Temp	NA
Estimated Cement Top	NA
Equipment No.	104
Location	Osawatomie
Recorded By	Steve Windisch
Witnessed By	Dan Clarke

BORE-HOLE RECORD				CASING RECORD			
RUN No.	BIT	FROM	TO	SIZE	WGT.	FROM	TO
				7.00"		0.0	2200.0
				4.50"		0.0	2390.8

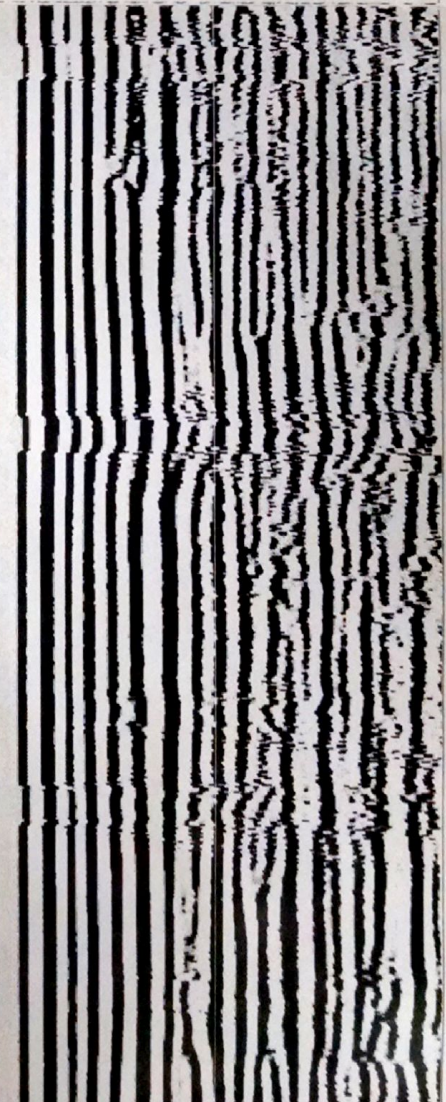
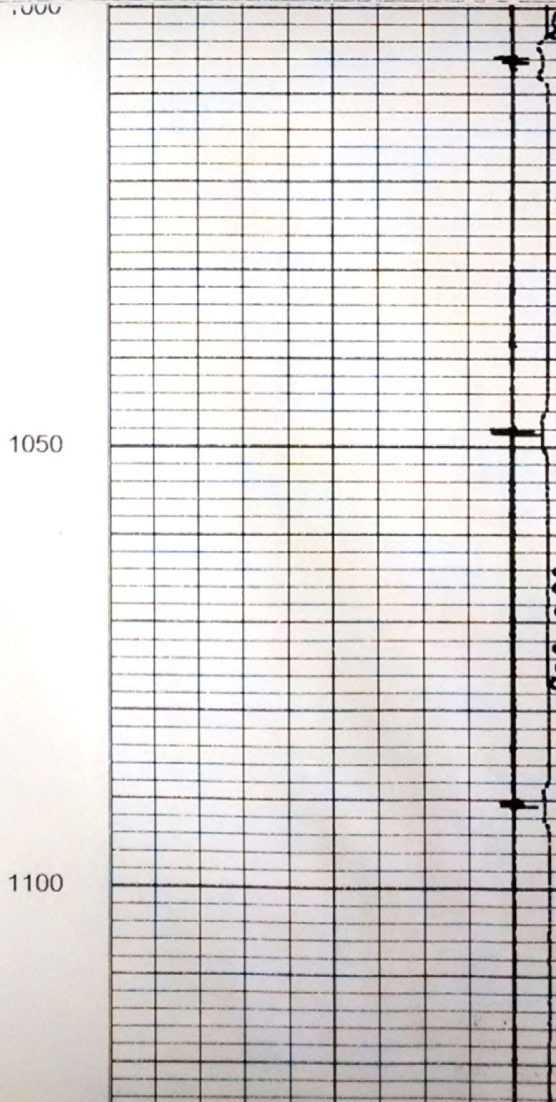
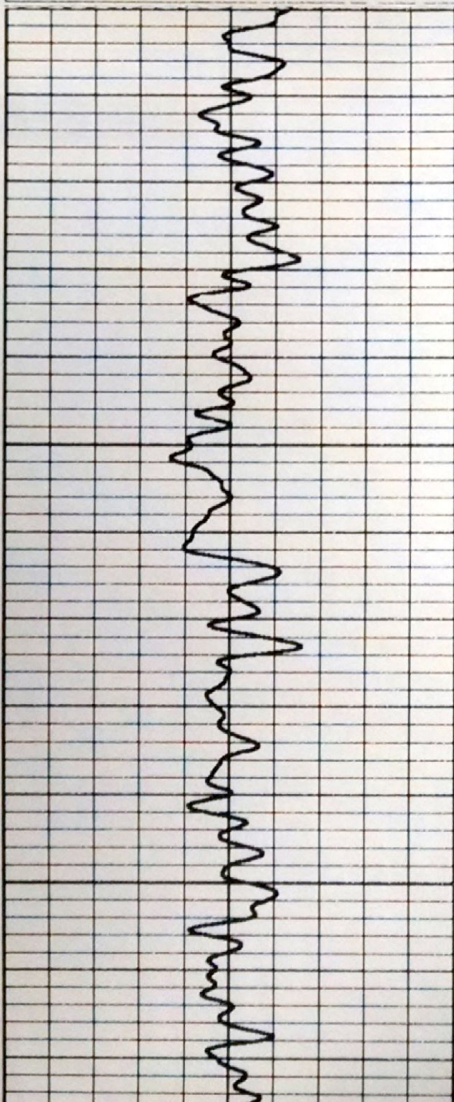
All interpretations are opinions based on inferences from electrical or other measurements and we cannot and do not guarantee the accuracy or correctness of any interpretation, and we shall not, except in the case of gross or willful negligence on our part, be liable or responsible for any loss, costs, damages, or expenses incurred or sustained by anyone resulting from any interpretation made by any of our officers, agents or employees. These interpretations are also subject to our general terms and conditions set out in our current Price Schedule.

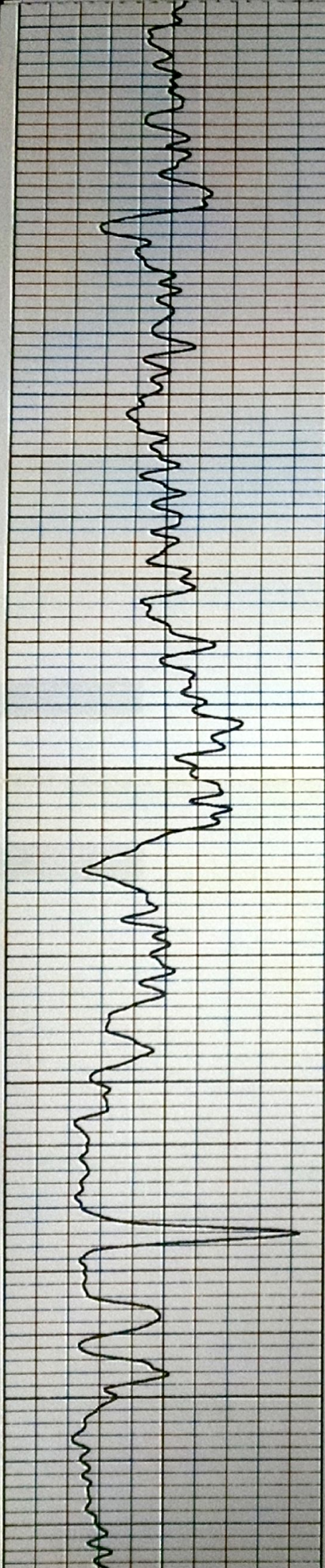
Comments

Drilling Contractor :

Database File: atyeo1.db
 Dataset Pathname: pass1
 Presentation Format: cbl01
 Dataset Creation: Mon Mar 31 11:37:02 2008 by Log Warrior Version 6.6
 Charted by: Depth in Feet scaled 1:240

0	GR	150	0	Amplified Amplitude (mV)	50	200	Variable Density	1200
150	GR-2	300	0	Amplitude (mV)	100			
			1200	Travel Time (usec)	250			
			-9	Collar Locator	1			





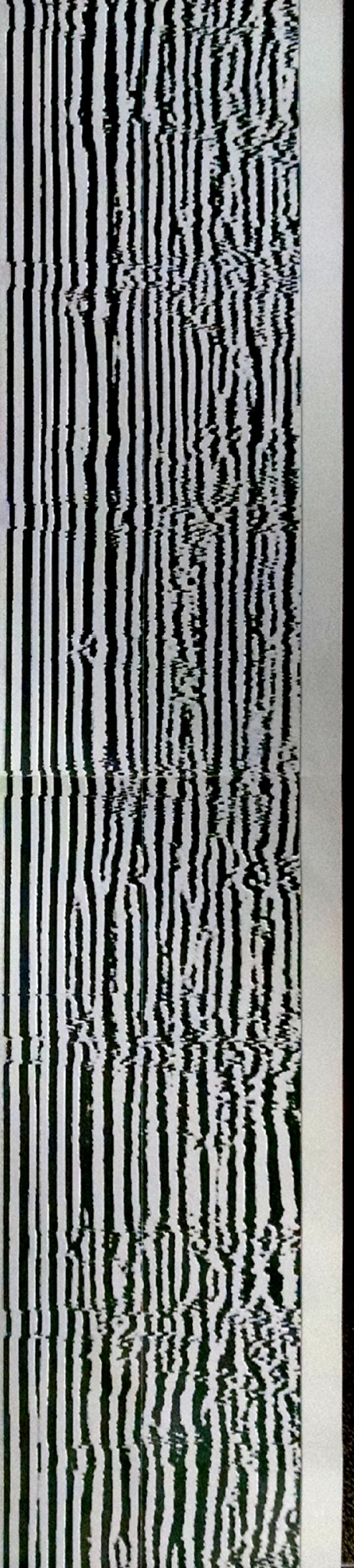
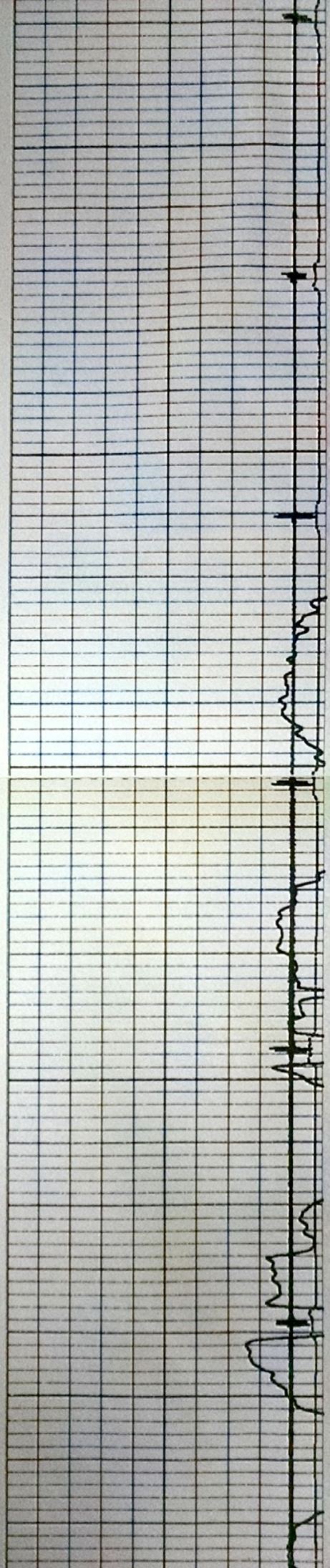
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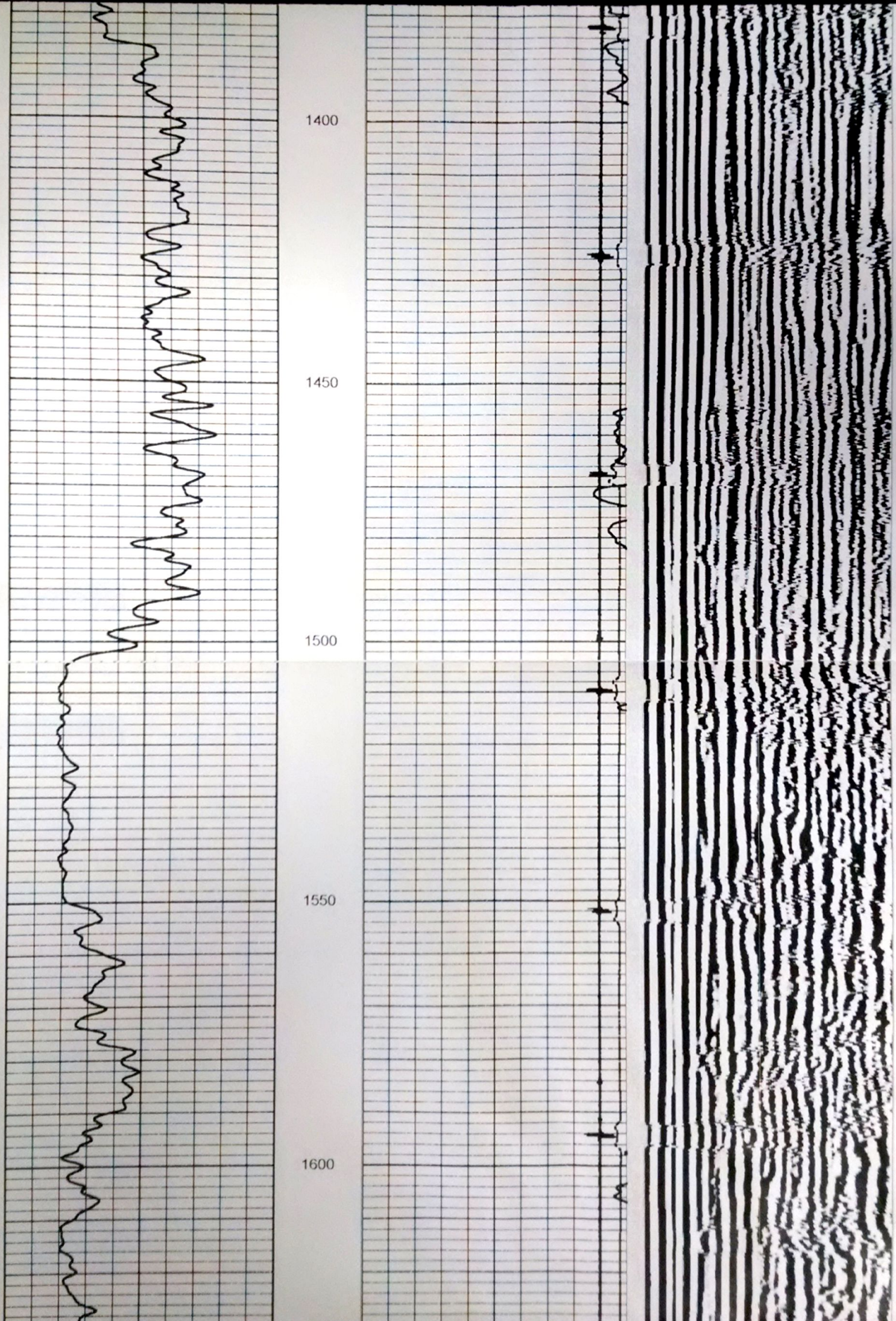
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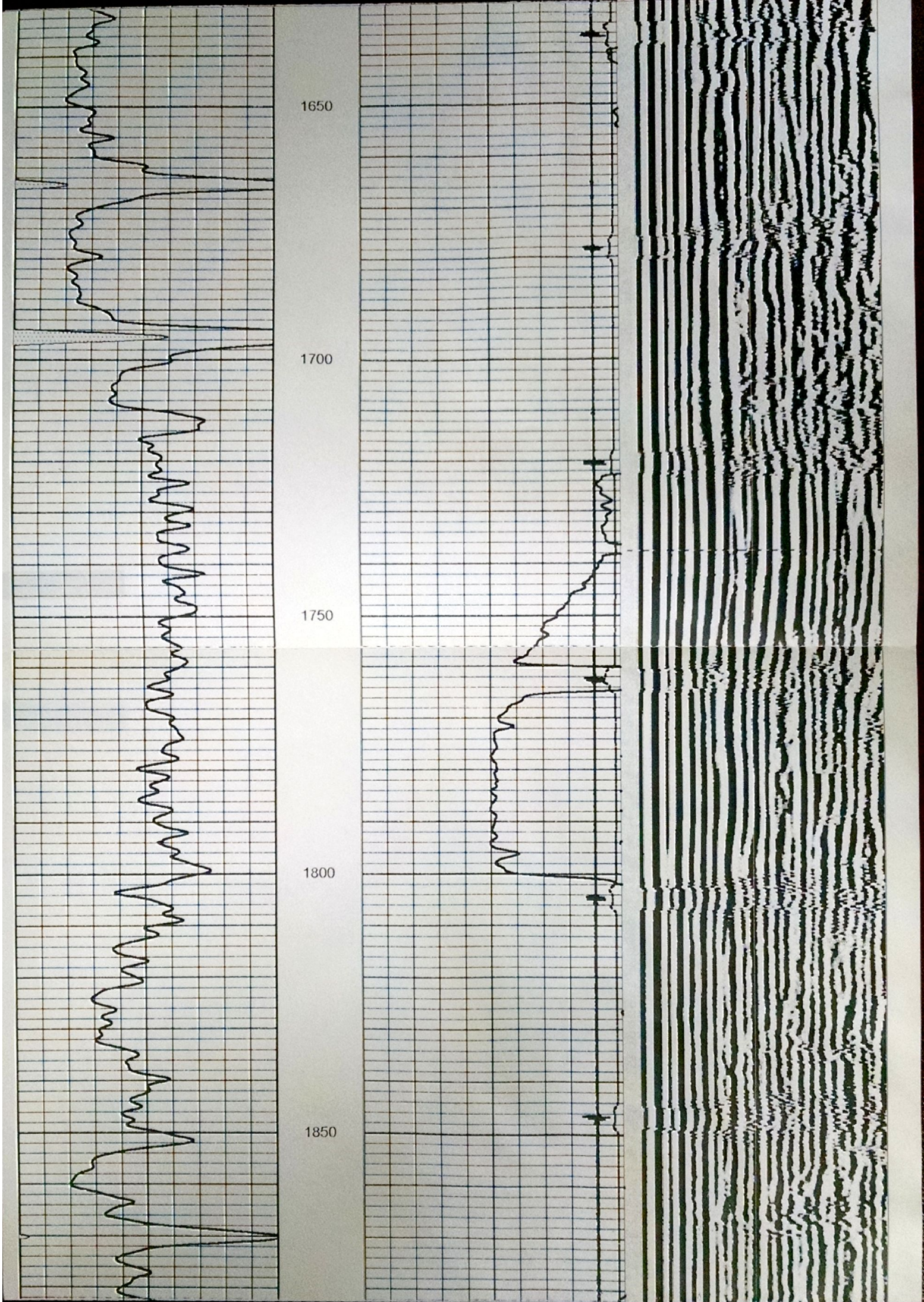
1250

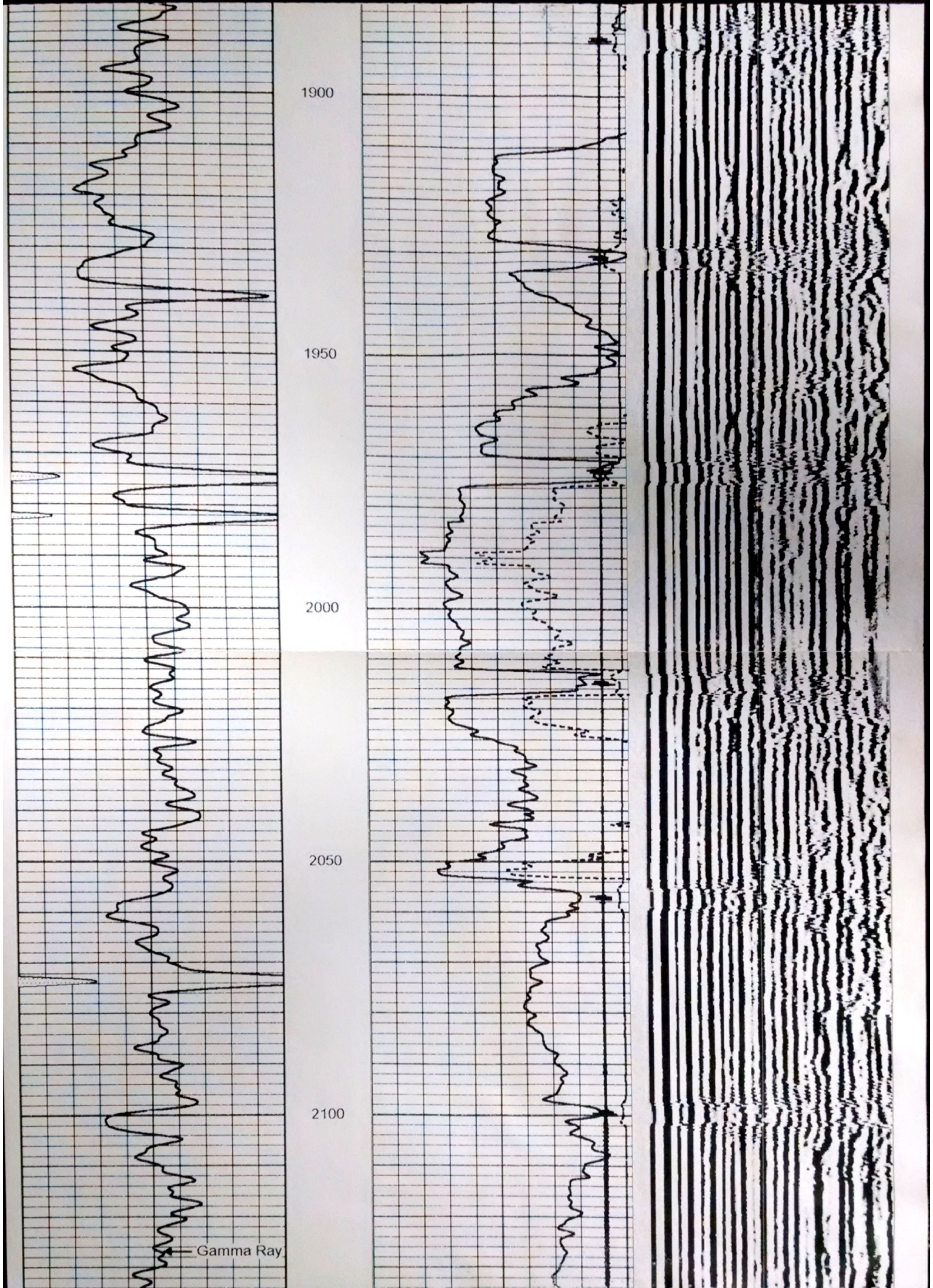
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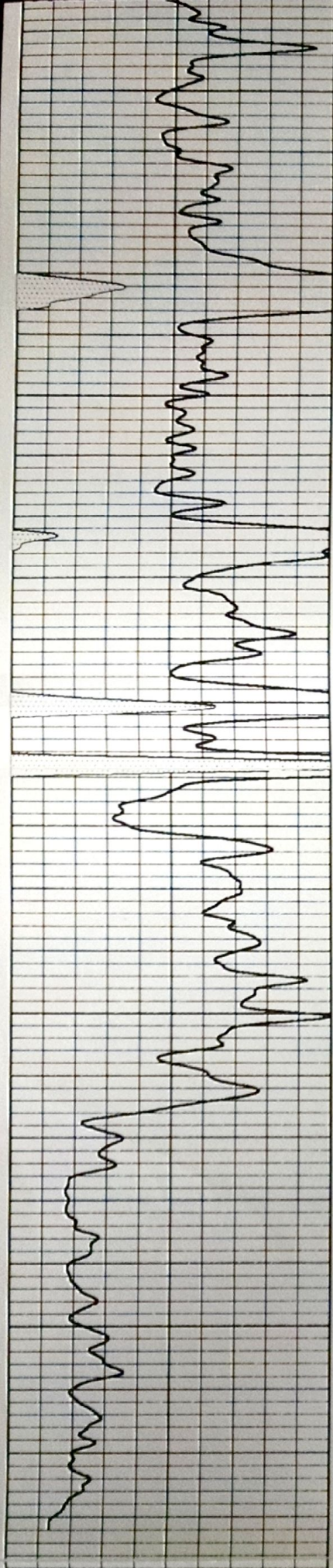
1350



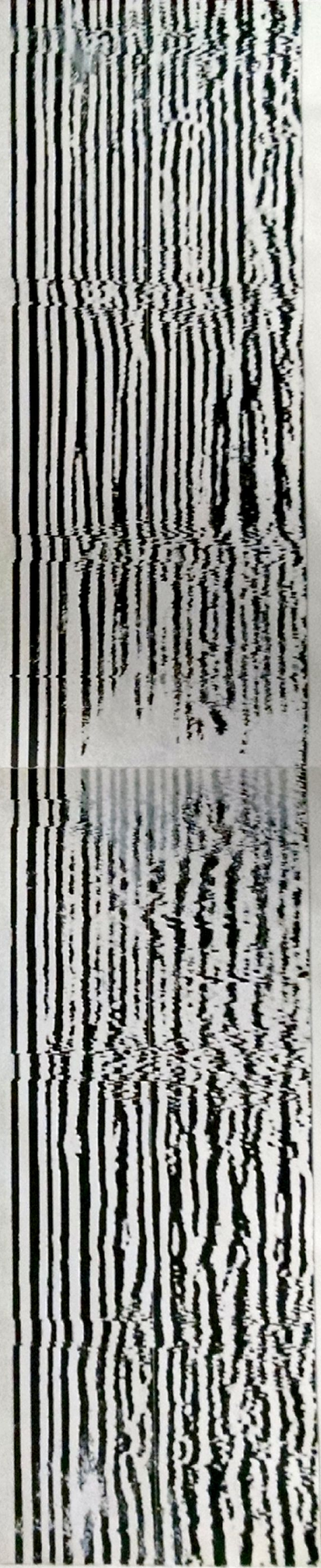
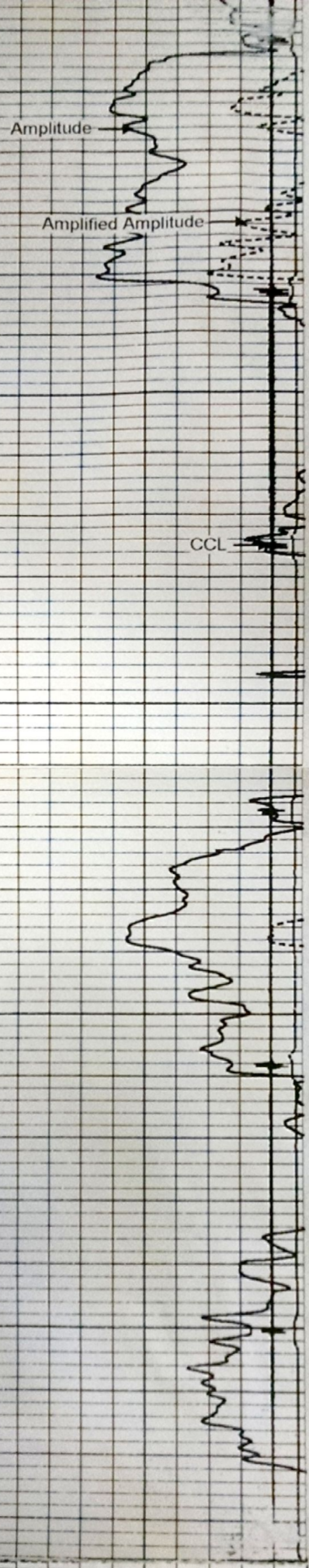








2150
2200
2250
2300
2350



0	GR	150
150	GR-2	300

0	Amplified Amplitude (mV)	50
0	Amplitude	100
1200	Travel Time (sec)	250
-9	Collar Locator	1

200	Variable Density	1200
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MIDWEST SURVEYS

LOGGING - PERFORATING - CONSULTING SERVICES

P.O. Box 68, Osawatomie, KS 66064

913 / 755 - 2128

GAMMA RAY / NEUTRON / CCL

File No.

Company **Walken Energy, LLC**

Well **Atyeo No.- 1**

Field

County **Chase** State **Kansas**

API #

Location

**330' FSL & 330' FEL
SE-SE-SE**

Other Services

Perforate

Sec. **25** Twp. **21s** Rge. **9e**

Elevation

Permanent Datum **GL** Elevation **1307'**

Log Measured From **GL**

K.B. NA

Drilling Measured From **GL**

D.F. NA

G.L. 1307'

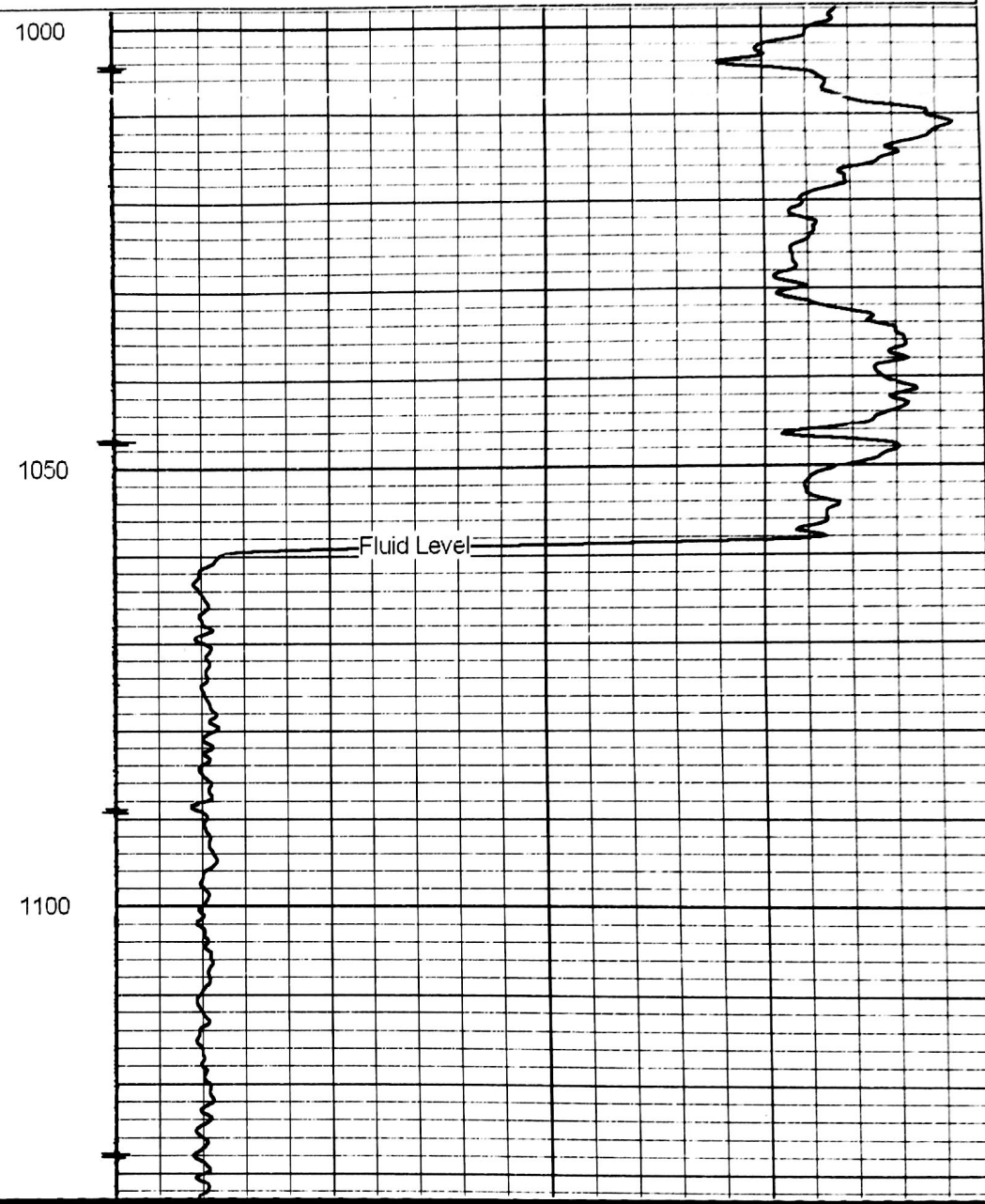
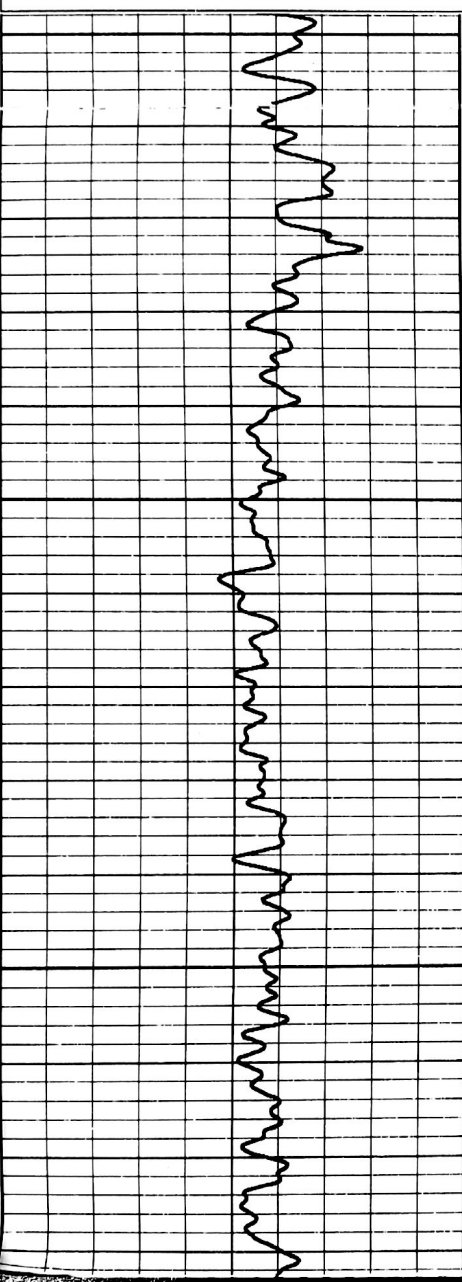
Date	4-07-2008		
Run Number	One		
Depth Driller	2390.8		
Depth Logger	2374.0		
Bottom Logged Interval	2372.0		
Top Log Interval	1000.0		
Fluid Level	1059.0		
Type Fluid	Water		
Density / Viscosity	NA		
Salinity - PPM Cl	NA		
Max Recorded Temp	NA		
Estimated Cement Top	NA		
Equipment No.	Location	104	Osawatomie
Recorded By	Steve Windisch		
Witnessed By	Dan Clarke		

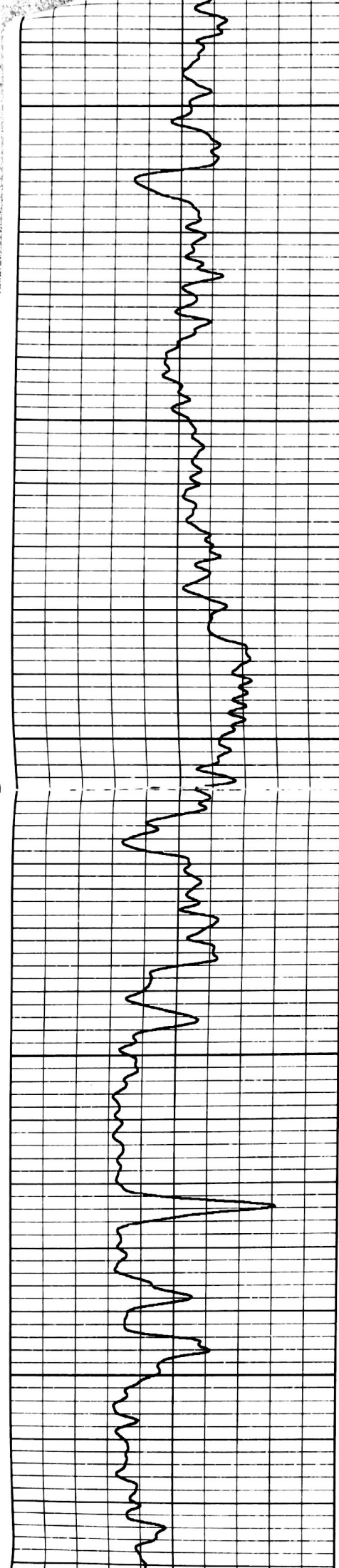
RUN No.	BORE-HOLE RECORD			CASING RECORD			
	BIT	FROM	TO	SIZE	WGT.	FROM	TO
				7.00"		0.0	2200.0
				4.50 "		0.0	2390.8

Fold Here >>>

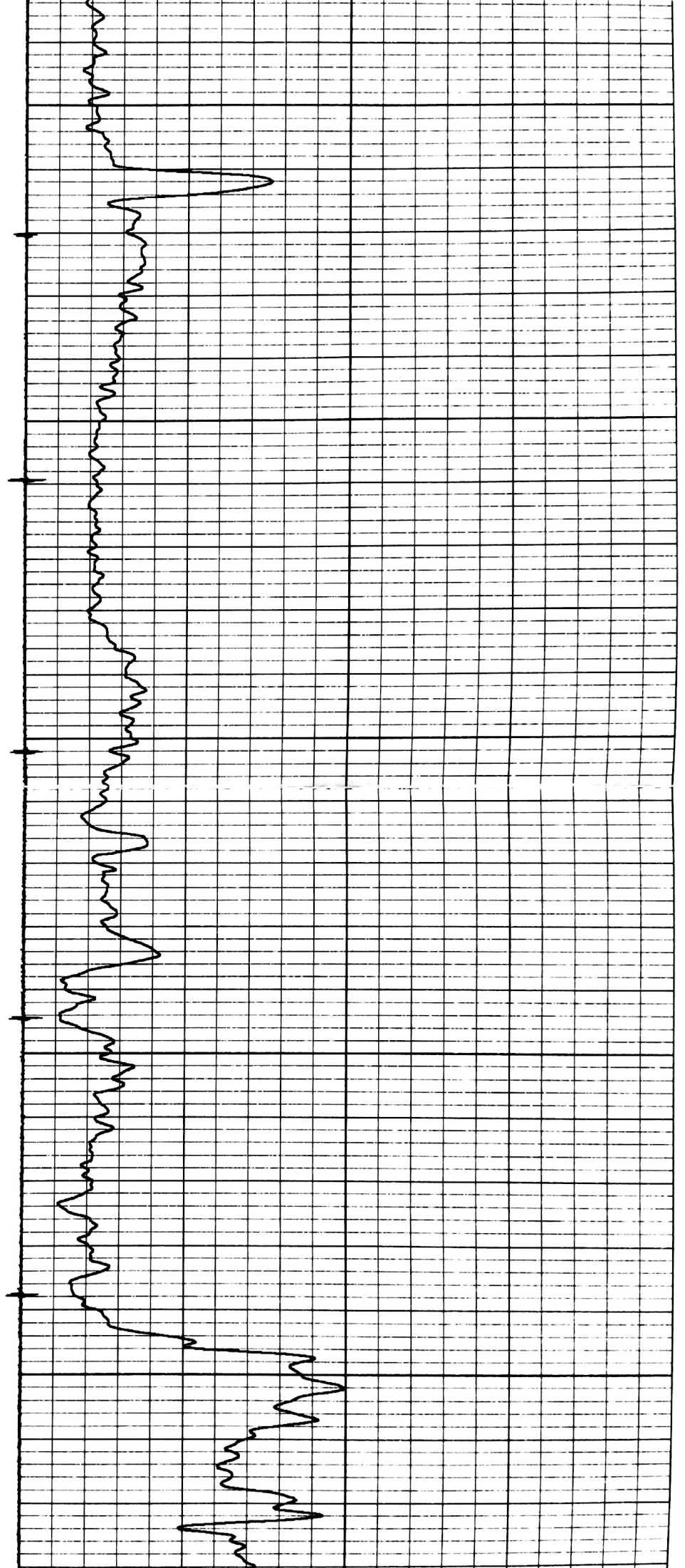
Database File: atyeo1.db
Dataset Pathname: pass2
Presentation Format: gr-n-ccl
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Charted by: Depth in Feet scaled 1:240

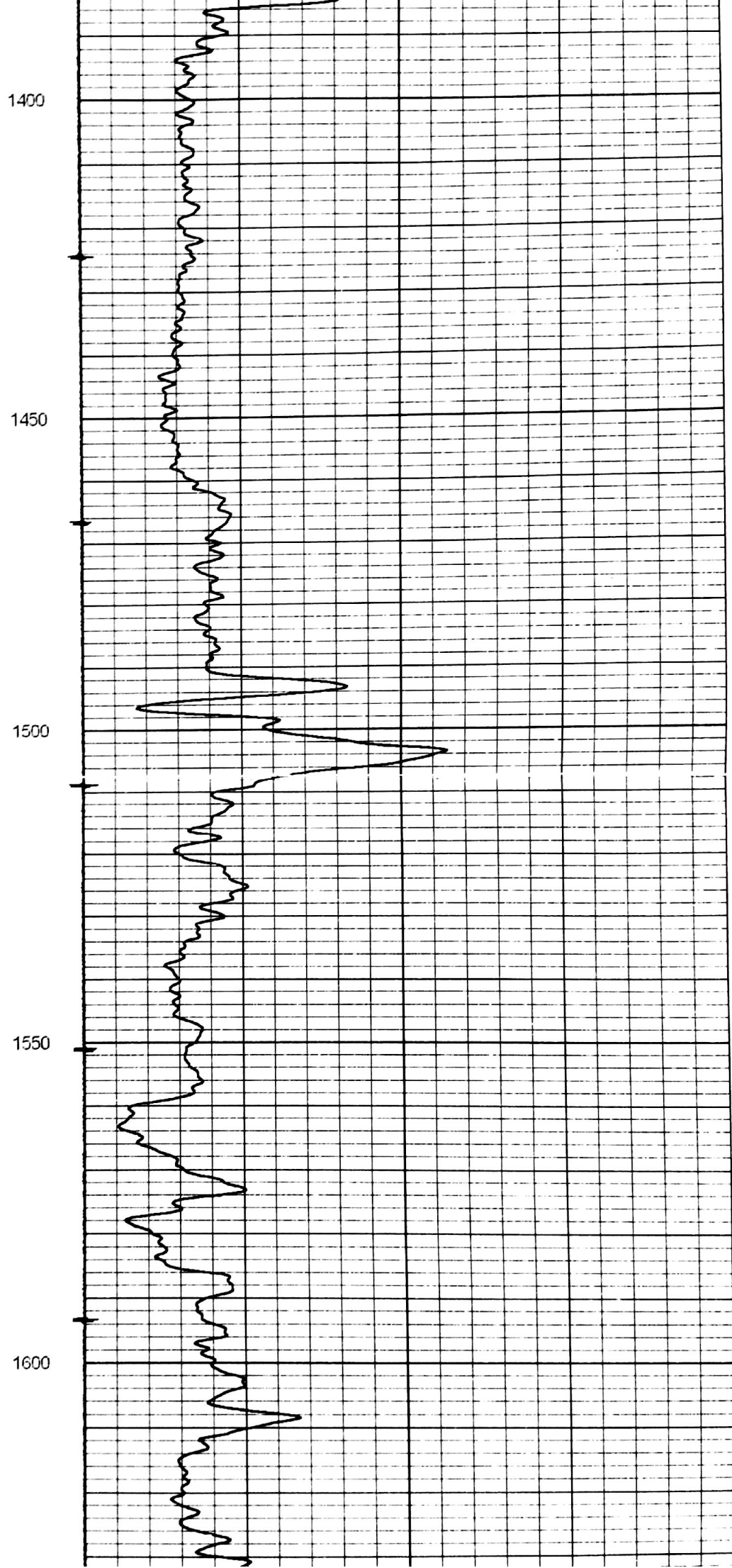
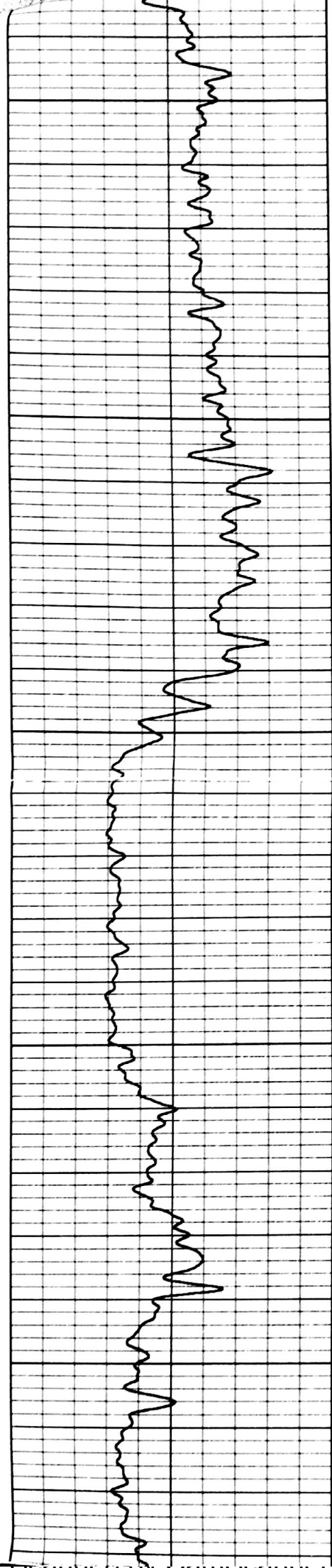
0 Gamma Ray 150 100 Neutron 1700

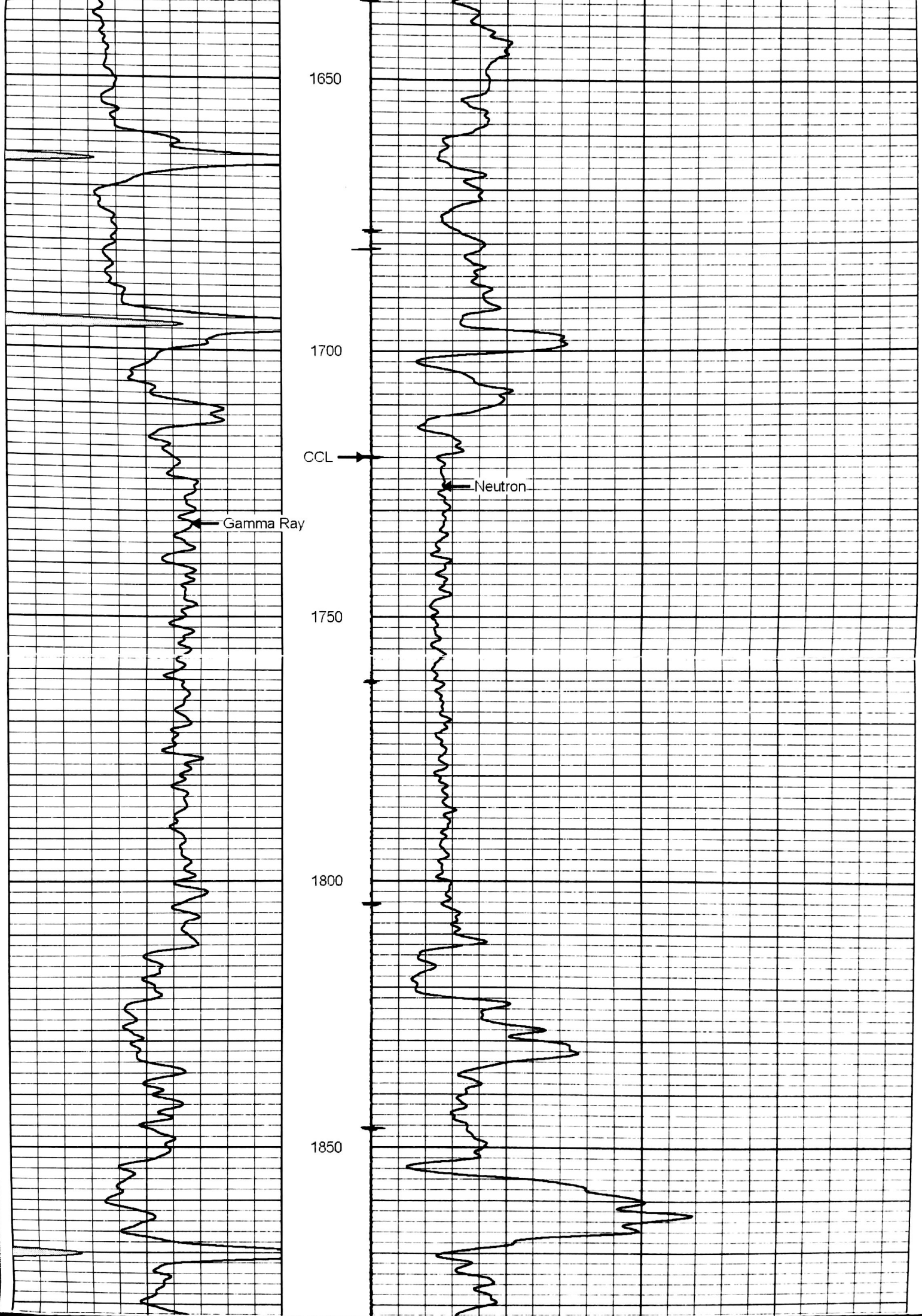


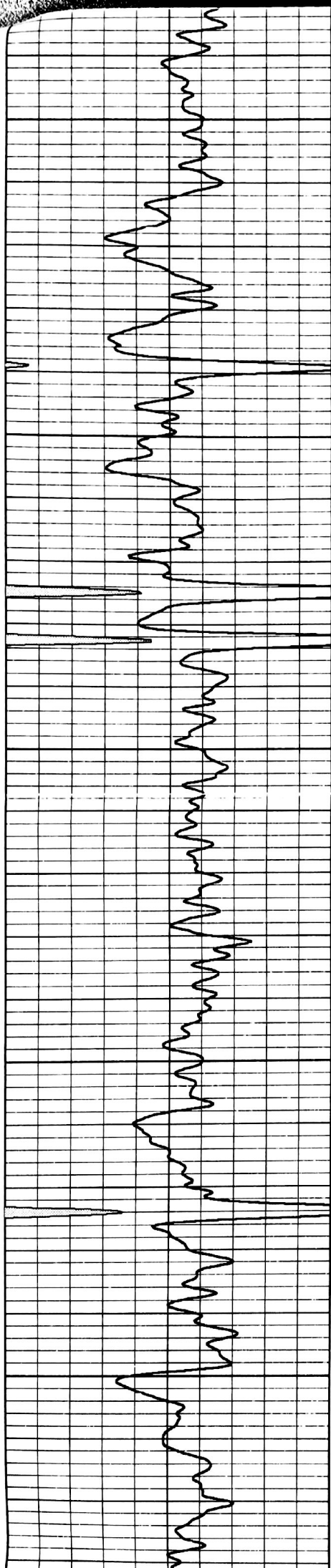


1150
1200
1250
1300
1350









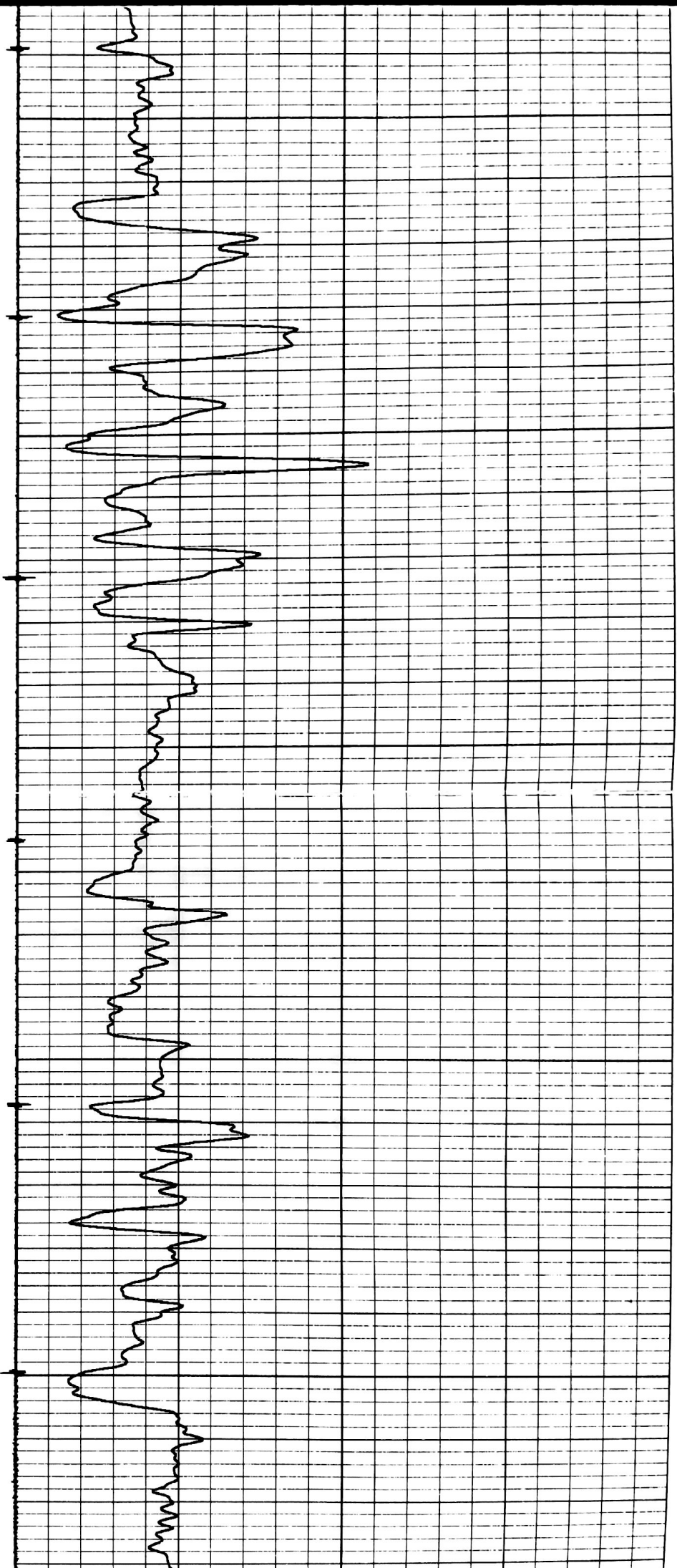
1900

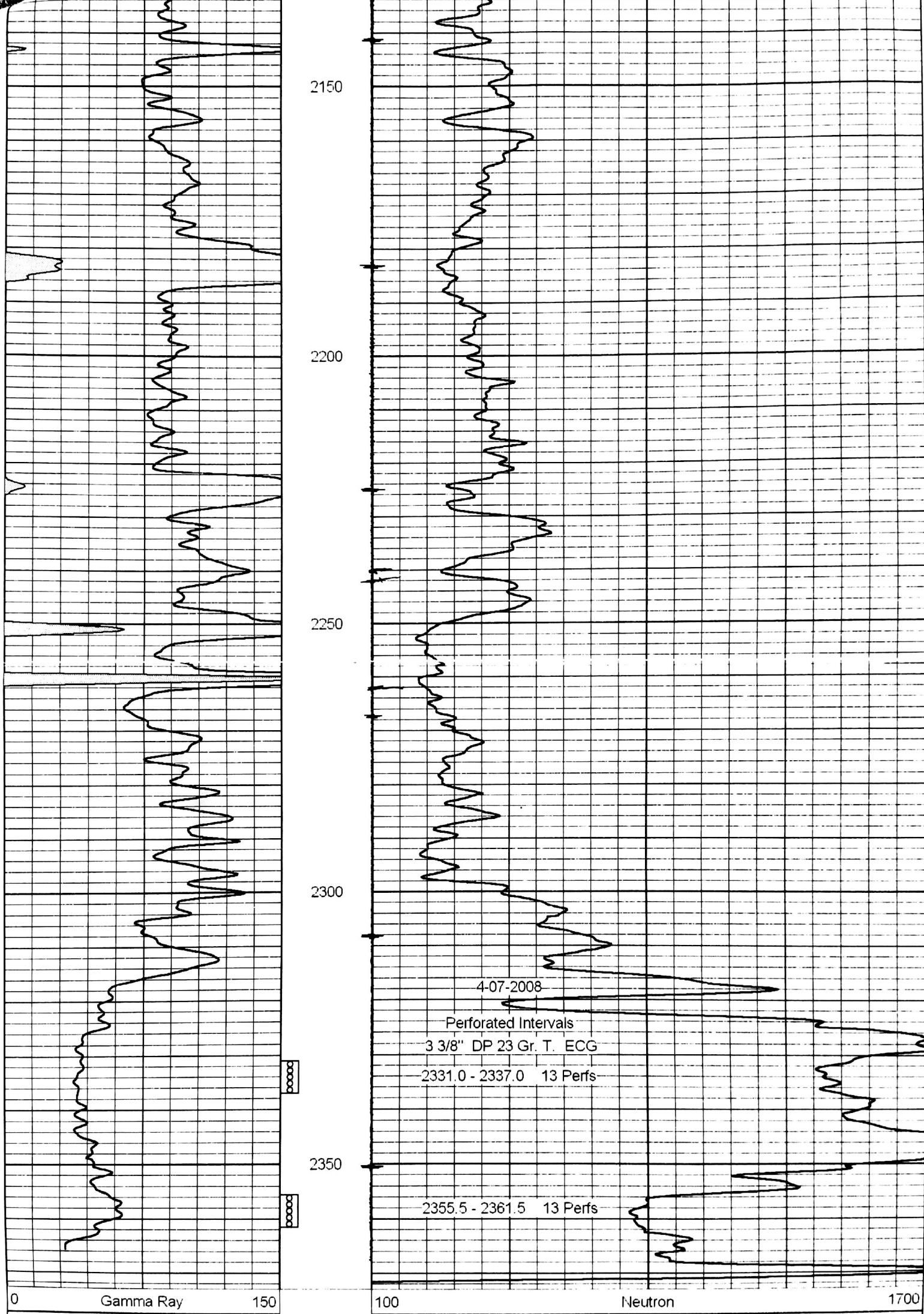
1950

2000

2050

2100





2150

2200

2250

2300

2350

Gamma Ray

Neutron

4-07-2008

Perforated Intervals
3 3/8" DP 23 Gr. T. ECG
2331.0 - 2337.0 13 Perfs

2355.5 - 2361.5 13 Perfs