



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1273205
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
-----------------------------------	-----------------	---

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: _____



1273205

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
--	---

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: <input type="checkbox"/> Yes <input type="checkbox"/> No
----------------	-------	---------	------------	---

Date of First, Resumed Production, SWD or ENHR.	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> <input type="checkbox"/> Other <i>(Specify)</i> _____ <i>(Submit ACO-4)</i>	PRODUCTION INTERVAL: _____ _____
--	---	---

Form	ACO1 - Well Completion
Operator	Mikol Oil LLC
Well Name	Kollman 1-29
Doc ID	1273205

Tops

Name	Top	Datum
Top Anhydrite	1245	+734
Base Anhydrite	1281	+698
Topeka	2856	-877
Heebner	3075	-1096
Toronto	3095	-1116
LKC	3117	-1138
BKC	3363	-1384
Arbuckle	3468	-1489



**TRILOBITE
TESTING, INC**

DRILL STEM TEST REPORT

Mikol Oil LLC
1407 Washington
Hays KS 67601
ATTN: Marc D

29-8-16, Rooks, KS

Kollman #1-29

Job Ticket: 64869

DST#: 1

Test Start: 2015.11.27 @ 00:25:00

GENERAL INFORMATION:

Formation: **Toronto**

Deviated: No Whipstock: ft (KB)

Time Tool Opened: 03:19:33

Time Test Ended: 06:59:02

Test Type: Conventional Bottom Hole (Initial)

Tester: Brett Dickinson

Unit No: 81

Interval: 3070.00 ft (KB) To 3106.00 ft (KB) (TVD)

Reference Elevations: 1978.00 ft (KB)

Total Depth: 3106.00 ft (KB) (TVD)

1970.00 ft (CF)

Hole Diameter: 7.88 inches Hole Condition: Fair

KB to GR/CF: 8.00 ft

Serial #: 8736 Outside

Press@RunDepth: 17.54 psig @ 3071.00 ft (KB)

Capacity: 8000.00 psig

Start Date: 2015.11.27

End Date:

2015.11.27

Last Calib.: 2015.11.27

Start Time: 00:25:23

End Time:

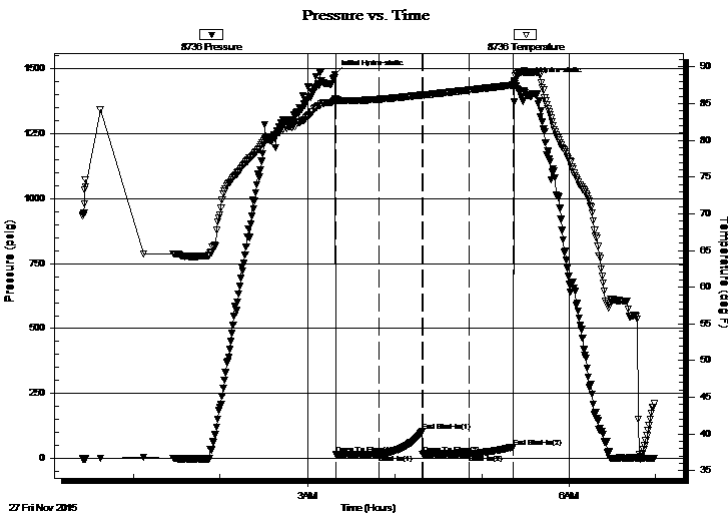
06:59:02

Time On Btm: 2015.11.27 @ 03:19:03

Time Off Btm: 2015.11.27 @ 05:22:33

TEST COMMENT: IF-1in blow
IS-No blow
FF-Surface blow
FS-No blow

PRESSURE SUMMARY



Time (Min.)	Pressure (psig)	Temp (deg F)	Annotation
0	1478.73	85.66	Initial Hydro-static
1	14.51	85.34	Open To Flow (1)
30	16.70	85.61	Shut-In(1)
60	103.15	86.19	End Shut-In(1)
61	16.84	86.14	Open To Flow (2)
93	17.54	86.87	Shut-In(2)
123	43.86	87.54	End Shut-In(2)
124	1450.10	88.18	Final Hydro-static

Recovery

Length (ft)	Description	Volume (bbl)
2.00	Mud	0.01

Gas Rates

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



**TRILOBITE
TESTING, INC**

DRILL STEM TEST REPORT

FLUID SUMMARY

Mikol Oil LLC
1407 Washington
Hays KS 67601
ATTN: Marc D

29-8-16, Rooks, KS
Kollman #1-29
Job Ticket: 64869 **DST#: 1**
Test Start: 2015.11.27 @ 00:25:00

Mud and Cushion Information

Mud Type: Gel Chem	Cushion Type:	Oil API:	deg API
Mud Weight: 8.00 lb/gal	Cushion Length: ft	Water Salinity:	ppm
Viscosity: 53.00 sec/qt	Cushion Volume: bbl		
Water Loss: 7.20 in ³	Gas Cushion Type:		
Resistivity: ohm.m	Gas Cushion Pressure: psig		
Salinity: 2000.00 ppm			
Filter Cake: inches			

Recovery Information

Recovery Table

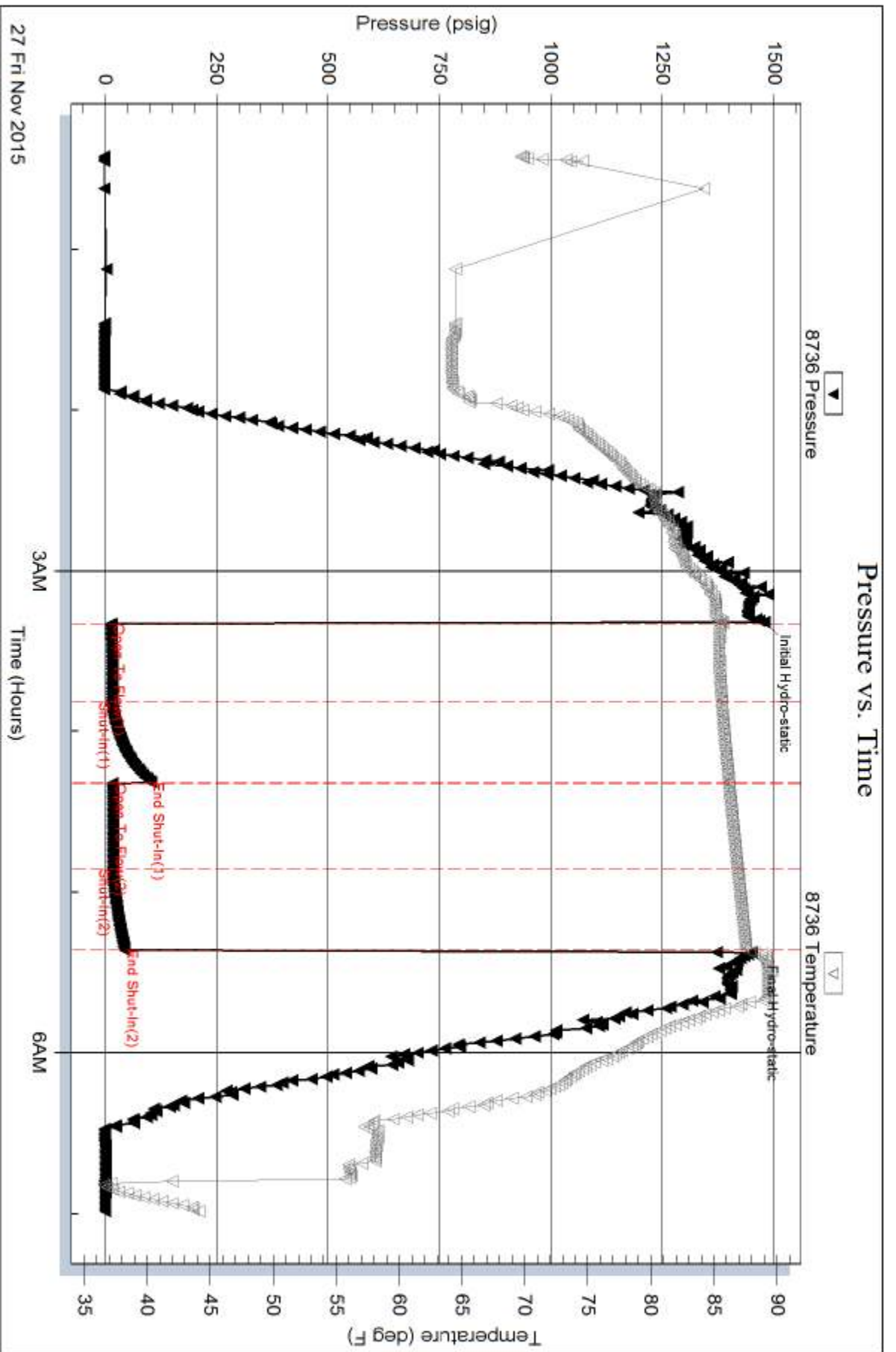
Length ft	Description	Volume bbl
2.00	Mud	0.010

Total Length: 2.00 ft Total Volume: 0.010 bbl

Num Fluid Samples: 0 Num Gas Bombs: 0 Serial #:

Laboratory Name: Laboratory Location:

Recovery Comments:





TRILOBITE TESTING, INC.

DRILL STEM TEST REPORT

Mikol Oil LLC
 1407 Washington
 Hays KS 67601
 ATTN: Marc D

29-8-16, Rooks, KS

Kollman #1-29

Job Ticket: 64870

DST#: 2

Test Start: 2015.11.27 @ 16:40:00

GENERAL INFORMATION:

Formation: **KC"C-D"**
 Deviated: No Whipstock: ft (KB)
 Time Tool Opened: 18:17:30
 Time Test Ended: 22:49:45
 Interval: **3103.00 ft (KB) To 3190.00 ft (KB) (TVD)**
 Total Depth: 3190.00 ft (KB) (TVD)
 Hole Diameter: 7.88 inches Hole Condition: Fair
 Test Type: Conventional Bottom Hole (Reset)
 Tester: Brett Dickinson
 Unit No: 81
 Reference Elevations: 1978.00 ft (KB)
 1970.00 ft (CF)
 KB to GR/CF: 8.00 ft

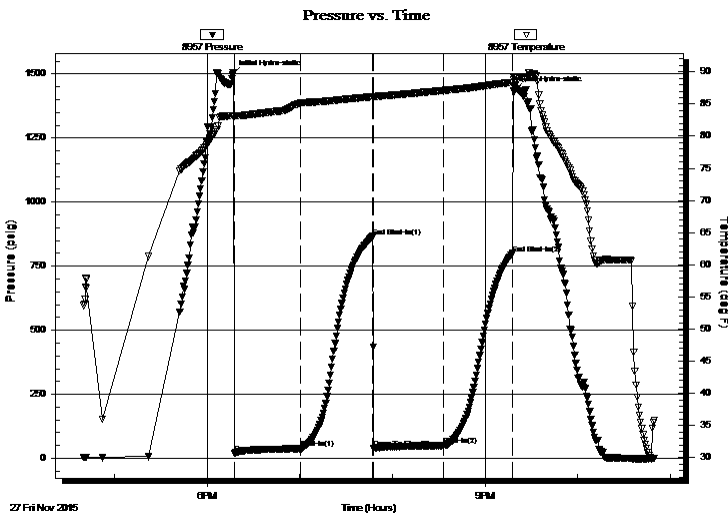
Serial #: 8957

Inside

Press @ Run Depth: 50.28 psig @ 3108.00 ft (KB) Capacity: 8000.00 psig
 Start Date: 2015.11.27 End Date: 2015.11.27 Last Calib.: 2015.11.27
 Start Time: 16:40:05 End Time: 22:49:44 Time On Btm: 2015.11.27 @ 18:16:30
 Time Off Btm: 2015.11.27 @ 21:18:45

TEST COMMENT: IF-4in blow
 ISI-w eak surface blow
 FF-4 1/4in blow
 FSI-No blow

PRESSURE SUMMARY



Time (Min.)	Pressure (psig)	Temp (deg F)	Annotation
0	1495.99	83.22	Initial Hydro-static
1	20.70	82.98	Open To Flow (1)
44	37.49	85.15	Shut-In(1)
91	866.28	86.14	End Shut-In(1)
92	38.19	86.05	Open To Flow (2)
137	50.28	87.10	Shut-In(2)
181	799.49	88.35	End Shut-In(2)
183	1434.87	89.11	Final Hydro-static

Recovery

Length (ft)	Description	Volume (bbl)
60.00	OCM 30%O 70%M	0.57
20.00	SOCM 15%O 85%M	0.28
0.00	40ft GIP	0.00

* Recovery from multiple tests

Gas Rates

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



**TRILOBITE
TESTING, INC.**

DRILL STEM TEST REPORT

FLUID SUMMARY

Mikol Oil LLC
1407 Washington
Hays KS 67601
ATTN: Marc D

29-8-16,Rooks,KS
Kollman #1-29
Job Ticket: 64870 **DST#: 2**
Test Start: 2015.11.27 @ 16:40:00

Mud and Cushion Information

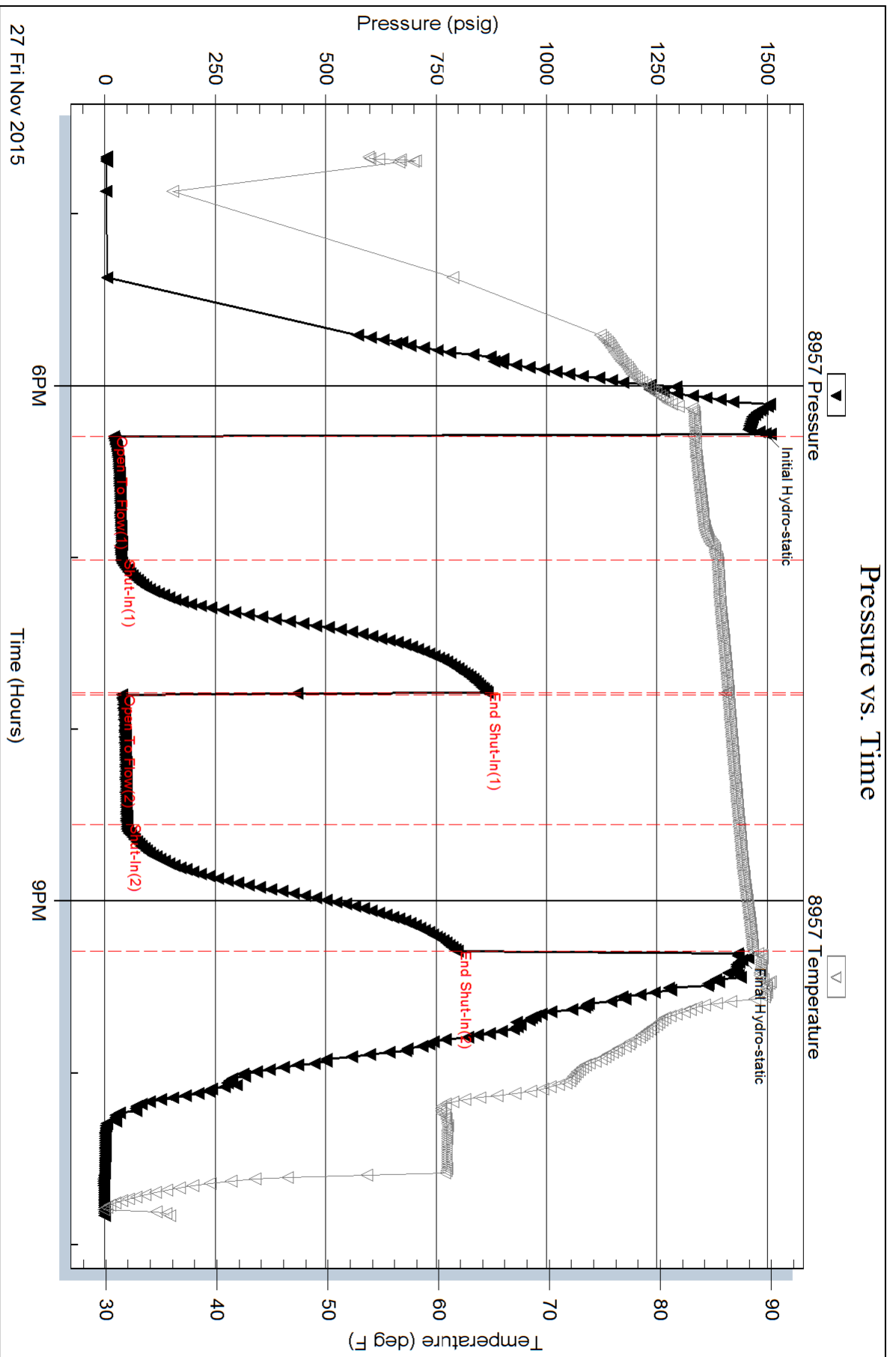
Mud Type: Gel Chem	Cushion Type:	Oil API:	deg API
Mud Weight: 8.00 lb/gal	Cushion Length: ft	Water Salinity:	ppm
Viscosity: 53.00 sec/qt	Cushion Volume: bbl		
Water Loss: 7.20 in ³	Gas Cushion Type:		
Resistivity: ohm.m	Gas Cushion Pressure: psig		
Salinity: 2000.00 ppm			
Filter Cake: inches			

Recovery Information

Recovery Table

Length ft	Description	Volume bbl
60.00	OCM 30%O 70%M	0.568
20.00	SOCM 15%O 85%M	0.281
0.00	40ft GIP	0.000

Total Length: 80.00 ft Total Volume: 0.849 bbl
 Num Fluid Samples: 0 Num Gas Bombs: 0 Serial #:
 Laboratory Name: Laboratory Location:
 Recovery Comments:





**TRILOBITE
TESTING, INC.**

DRILL STEM TEST REPORT

Mikol Oil LLC
1407 Washington
Hays KS 67601
ATTN: Marc D

29-8-16, Rooks, KS

Kollman #1-29

Job Ticket: 64871

DST#: 3

Test Start: 2015.11.28 @ 15:45:00

GENERAL INFORMATION:

Formation: **KC "I-K"**

Deviated: No Whipstock: ft (KB)

Time Tool Opened: 17:44:15

Time Test Ended: 21:07:00

Test Type: Conventional Bottom Hole (Reset)

Tester: Brett Dickinson

Unit No: 81

Interval: 3263.00 ft (KB) To 3337.00 ft (KB) (TVD)

Reference Elevations: 1978.00 ft (KB)

Total Depth: 3337.00 ft (KB) (TVD)

1970.00 ft (CF)

Hole Diameter: 7.88 inches Hole Condition: Fair

KB to GR/CF: 8.00 ft

Serial #: 8957

Inside

Press @ Run Depth: 40.91 psig @ 3264.00 ft (KB)

Capacity: 8000.00 psig

Start Date: 2015.11.28 End Date: 2015.11.28

Last Calib.: 2015.11.28

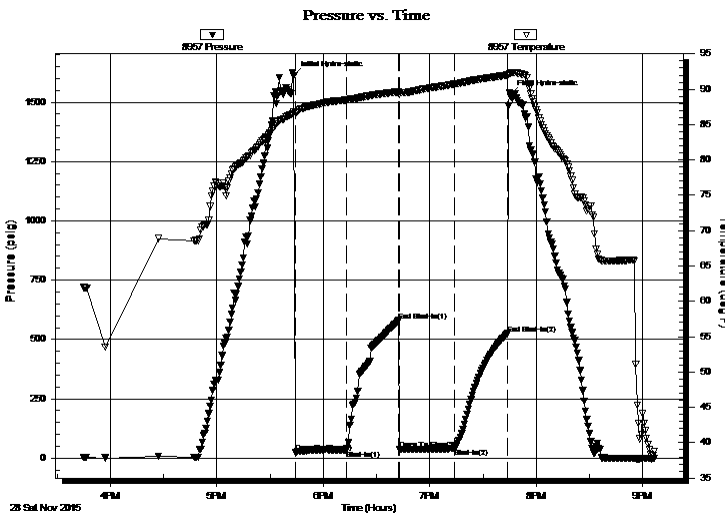
Start Time: 15:45:05 End Time: 21:06:59

Time On Btm: 2015.11.28 @ 17:43:30

Time Off Btm: 2015.11.28 @ 19:45:15

TEST COMMENT: IF- 1 1/4in blow
ISI-no blow
FF-Weak surface blow
FSI-No blow

PRESSURE SUMMARY



Time (Min.)	Pressure (psig)	Temp (deg F)	Annotation
0	1613.44	86.75	Initial Hydro-static
1	23.34	86.62	Open To Flow (1)
30	34.72	88.48	Shut-In(1)
59	579.12	89.63	End Shut-In(1)
60	35.83	89.27	Open To Flow (2)
91	40.91	90.72	Shut-In(2)
121	525.07	92.00	End Shut-In(2)
122	1533.47	92.27	Final Hydro-static

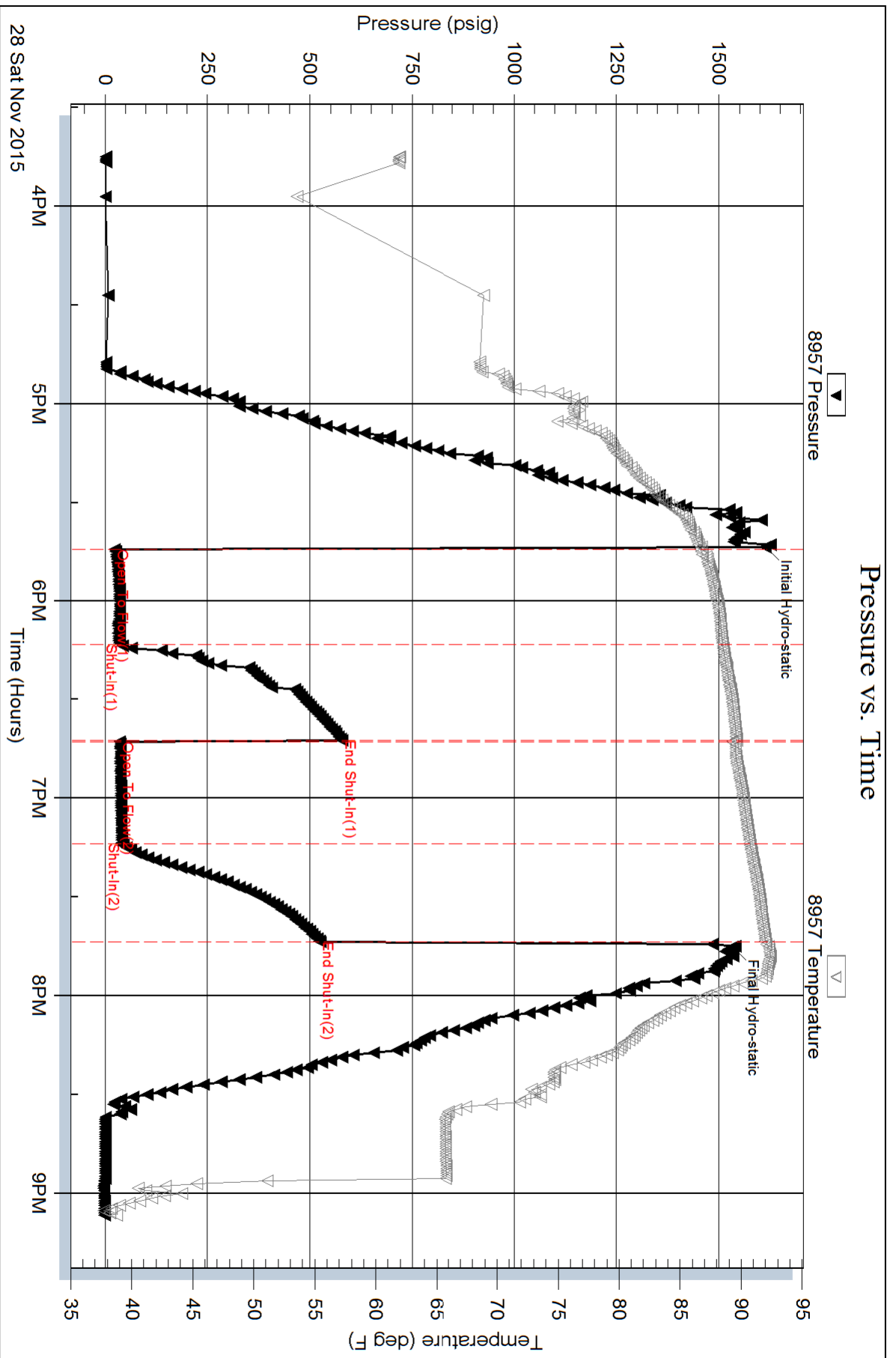
Recovery

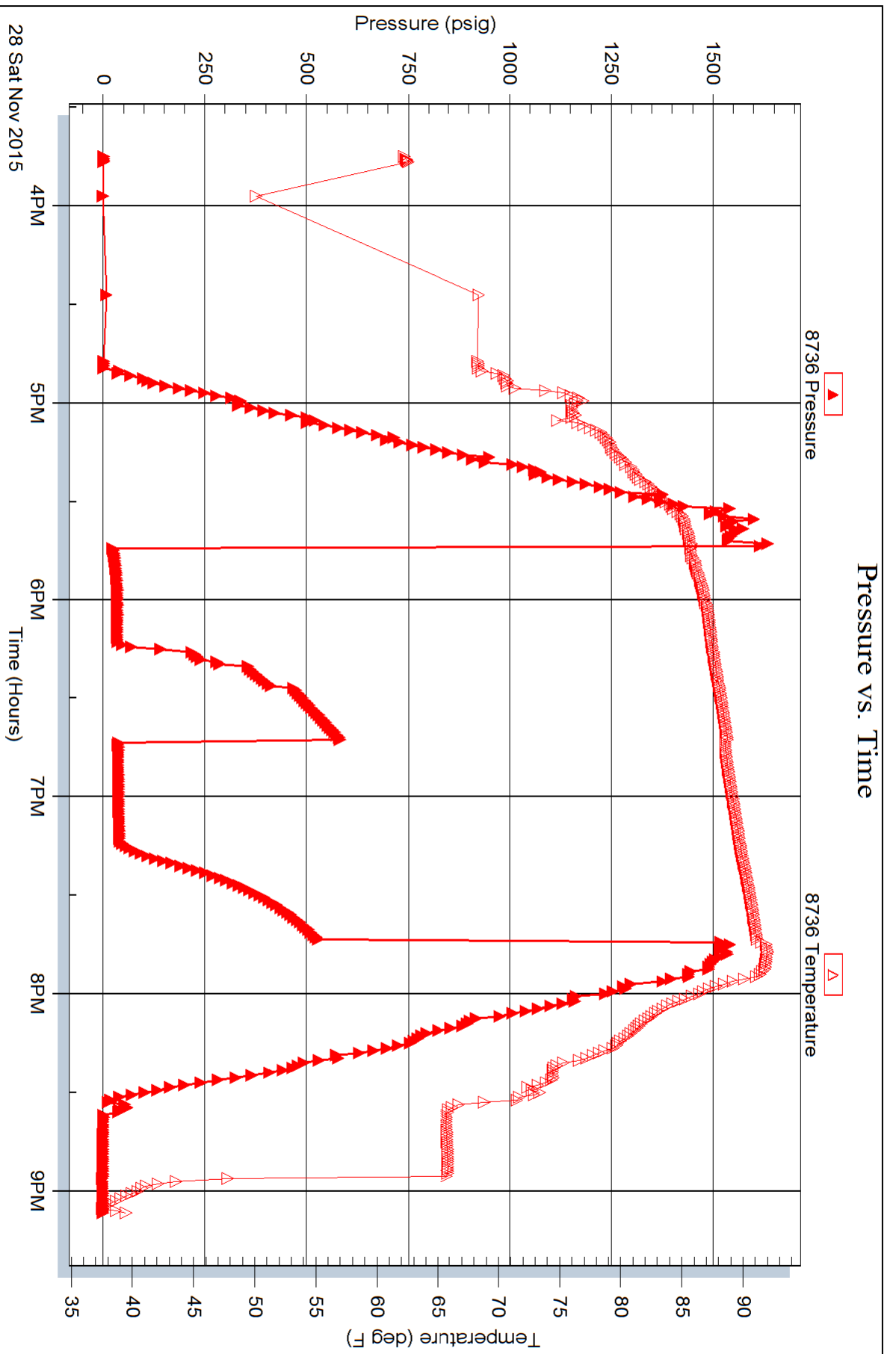
Length (ft)	Description	Volume (bbl)
45.00	OS Mud	0.36

Gas Rates

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

* Recovery from multiple tests





QUALITY OILWELL CEMENTING, INC.

Federal Tax I.D.# 20-2886107

Phone 785-483-2025

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

No. 1925

Cell 785-324-1041

Date	Sec.	Twp.	Range	County	State	On Location	Finish
11-23-15	29	8	16	ROCKS	KS		10:00 PM

Location Matoma W 28 Rd N Dead End 1/2 W 1/2 W

Lease <u>Koellman</u>	Well No. <u>1-29</u>	Owner
Contractor <u>D. Scovell #4</u>		To Quality Oilwell Cementing, Inc.
Type Job <u>Surface</u>		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 <u>12 1/4</u>	T.D. <u>220</u>	Charge To <u>Mikol Oil</u>
Csg. <u>8 5/8</u>	Depth <u>220</u>	Street
Tbg. Size	Depth	City
Tool	Depth	State
Cement Left in Csg. <u>15'</u>	Shoe Joint	The above was done to satisfaction and supervision of owner agent or contractor.
Meas Line	Displace <u>13.3 C</u>	Cement Amount Ordered <u>150⁸⁰/203/1.11.2/652</u>

EQUIPMENT

Pumptrk <u>17</u> No.	Cementer <u>raig</u>	Common <u>120</u>
	Helper <u>Britt</u>	Poz. Mix <u>30</u>
Bulktrk No.	Driver <u>Britt</u>	Gel. <u>3</u>
Bulktrk <u>14</u> No.	Driver <u>Dwg</u>	Calcium <u>6</u>

JOB SERVICES & REMARKS

Remarks:	Hulls
Rat Hole	Salt
Mouse Hole	Flowseal
Centralizers	Kol-Seal
Baskets	Mud CLR 48
D/V or Port Collar	CFL-117 or CD110 CAF 38
<u>8 5/8 on bottom Pot. Circulation</u>	Sand
<u>Mix 150SK + Displace</u>	Handling <u>159</u>
<u>Cement Circulated!</u>	Mileage

FLOAT EQUIPMENT

Guide Shoe
Centralizer
Baskets
AFU Inserts
Float Shoe
Latch Down

Pumptrk Charge Surface

Mileage 42

X Signature Mike Scovell

Tax	
Discount	
Total Charge	

