

Confidentiality Requested:

☐ Yes ☐ No

KANSAS CORPORATION COMMISSION  
OIL & GAS CONSERVATION DIVISION

1273351

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: \_\_\_\_\_

Sec. \_\_\_\_\_ Twp. \_\_\_\_\_ S. R. \_\_\_\_\_ ☐ East ☐ West      County: \_\_\_\_\_

Final Radioactivity Log, Final Logs run to obtain Geophysical Data and Final Electric Logs must be emailed to [kcc-well-logs@kcc.ks.gov](mailto: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<br><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:                                       |                              |                             |                              |                                  |                                 |

| <div style="text-align: center;"> <b>CASING RECORD</b> <input type="checkbox"/> New    <input type="checkbox"/> Used         </div> <div style="text-align: center;">           Report all strings set-conductor, surface, intermediate, production, etc.         </div> |                   |                           |                   |               |                |              |                            |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------|---------------------------|-------------------|---------------|----------------|--------------|----------------------------|
| 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<br>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<br>Specify Footage of Each Interval Perforated |                                                                                                                                                                         | Acid, Fracture, Shot, Cement Squeeze Record<br>(Amount and Kind of Material Used) |            | 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:<br><input type="checkbox"/> Flowing <input type="checkbox"/> Pumping <input type="checkbox"/> Gas Lift <input type="checkbox"/> Other (Explain) _____ |                                                                                   |            |                                                                     |       |               |         |
| Estimated Production<br>Per 24 Hours            | Oil                                                                                       | Bbbs.                                                                                                                                                                   | Gas                                                                               | Mcf        | Water                                                               | Bbbs. | Gas-Oil Ratio | Gravity |

|                                                                                                                                                                                        |  |                                                                                                                                                                                                                                                                                                                               |  |                                                       |  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-------------------------------------------------------|--|
| <p>DISPOSITION OF GAS:</p> <p><input type="checkbox"/> Vented    <input type="checkbox"/> Sold    <input type="checkbox"/> Used on Lease</p> <p><i>(If vented, Submit ACO-18.)</i></p> |  | <p>METHOD OF COMPLETION:</p> <p><input type="checkbox"/> Open Hole    <input type="checkbox"/> Perf.    <input type="checkbox"/> Dually Comp.    <input type="checkbox"/> Commingled</p> <p><i>(Submit ACO-5)</i>                      <i>(Submit ACO-4)</i></p> <p><input type="checkbox"/> Other <i>(Specify)</i> _____</p> |  | <p>PRODUCTION INTERVAL:</p> <p>_____</p> <p>_____</p> |  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-------------------------------------------------------|--|

|           |                        |
|-----------|------------------------|
| Form      | ACO1 - Well Completion |
| Operator  | Wildcat Oil & Gas LLC  |
| Well Name | K U 1-B                |
| Doc ID    | 1273351                |

#### Tops

| Name           | Top  | Datum |
|----------------|------|-------|
| Topeka         | 3073 | -1452 |
| Heebner Sh.    | 3328 | -1707 |
| Lansing        | 3570 | -1949 |
| Kansas City    | 3815 | -2194 |
| Stark Sh.      | 3968 | -2347 |
| Swope          | 3976 | -2355 |
| Hertha         | 4007 | -2386 |
| Cherokee Sh.   | 4219 | -2598 |
| Mississippi    | 4345 | -2724 |
| Kinderhook Sh. | 4630 | -3009 |
| Viola          | 4638 | -3117 |
| Simpson        | 4751 | -3130 |

|           |                        |
|-----------|------------------------|
| Form      | ACO1 - Well Completion |
| Operator  | Wildcat Oil & Gas LLC  |
| Well Name | K U 1-B                |
| Doc ID    | 1273351                |

#### Casing

| Purpose Of String | Size Hole Drilled | Size Casing Set | Weight | Setting Depth | Type Of Cement | Number of Sacks Used | Type and Percent Additives |
|-------------------|-------------------|-----------------|--------|---------------|----------------|----------------------|----------------------------|
| Production        | 7.875             | 4.5             | 10.5   | 4253          | Class A        | 125                  | 10%salt;5%                 |
|                   |                   |                 |        |               |                |                      |                            |
|                   |                   |                 |        |               |                |                      |                            |
|                   |                   |                 |        |               |                |                      |                            |



P.O. Box 205803  
Dallas, TX 75320-5803

Voice: (832) 482-3742  
Fax: (832) 482-3738

# INVOICE

Invoice Number: 150666

Invoice Date: Aug 27, 2015

Page: 1

Federal Tax I.D.#: 20-8651475

**Bill To:**

Wildcat Oil & Gas  
P O Box 40  
Spivey, KS 67142

| Customer ID  | Field Ticket # | Payment Terms |          |
|--------------|----------------|---------------|----------|
| Wild         | 65600          | Net 30 Days   |          |
| Job Location | Camp Location  | Service Date  | Due Date |
| KS2-02       | Great Bend     | Aug 27, 2015  | 9/26/15  |

| Quantity | Item              | Description                                         | Unit Price | Amount    |
|----------|-------------------|-----------------------------------------------------|------------|-----------|
| 1.00     | WELL NAME         | KU #1-B OWWO                                        |            |           |
| 125.00   | CEMENT MATERIALS  | Class A Common                                      | 17.90      | 2,237.50  |
| 625.00   | CEMENT MATERIALS  | Salt                                                | 0.68       | 425.00    |
| 9.00     | CEMENT MATERIALS  | KCL                                                 | 34.40      | 309.60    |
| 55.00    | CEMENT MATERIALS  | 60/40/4% Gel Blend                                  | 18.92      | 1,040.60  |
| 750.00   | CEMENT MATERIALS  | Kol Seal                                            | 0.98       | 735.00    |
| 19.00    | CEMENT MATERIALS  | SMS                                                 | 3.30       | 62.70     |
| 12.00    | CEMENT MATERIALS  | Super Flush                                         | 25.00      | 300.00    |
| 207.20   | CEMENT SERVICE    | Cubic Feet Charge                                   | 2.48       | 513.86    |
| 270.91   | CEMENT SERVICE    | Ton Mileage Charge                                  | 2.75       | 745.00    |
| 1.00     | CEMENT SERVICE    | Production Casing                                   | 2,765.75   | 2,765.75  |
| 30.00    | CEMENT SERVICE    | Pump Truck Mileage                                  | 7.70       | 231.00    |
| 30.00    | CEMENT SERVICE    | Light Vehicle Mileage                               | 4.40       | 132.00    |
| 7.00     | EQUIPMENT SALES   | 4-1/2 Centralizer                                   | 57.00      | 399.00    |
| 1.00     | EQUIPMENT SALES   | 4-1/2 Guide Shoe                                    | 225.00     | 225.00    |
| 1.00     | EQUIPMENT SALES   | 4-1/2 AFU Insert                                    | 325.00     | 325.00    |
| 1.00     | EQUIPMENT SALES   | 4-1/2 Basket                                        | 315.00     | 315.00    |
| 1.00     | EQUIPMENT SALES   | 4-1/2 Rubber Plug                                   | 83.00      | 83.00     |
| 1.00     | JOB DISCOUNT      | Job Discount if paid within terms -- Material       | 2,453.74   | -2,453.74 |
| 1.00     | JOB DISCOUNT      | Job Discount if paid within terms -- Cement Service | 1,667.38   | -1,667.38 |
| 1.00     | CEMENT SUPERVISOR | Kevin Brungardt                                     |            |           |

ALL PRICES ARE NET, PAYABLE  
30 DAYS FOLLOWING DATE OF  
INVOICE. ONLY IF PAID ON OR  
BEFORE

Sep 26, 2015

1 1/2% CHARGED  
THEREAFTER.

|                        |                  |
|------------------------|------------------|
| Subtotal               | Continued        |
| Sales Tax              | Continued        |
| Total Invoice Amount   | Continued        |
| Payment/Credit Applied |                  |
| <b>TOTAL</b>           | <b>Continued</b> |

Voice: (832) 482-3742  
Fax: (832) 482-3738

# INVOICE

Invoice Number: 150666

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Page: 2

Federal Tax I.D.#: 20-8651475

Bill To:

Wildcat Oil & Gas  
P O Box 40  
Spivey, KS 67142

|              |                |               |          |
|--------------|----------------|---------------|----------|
| Customer ID  | Field Ticket # | Payment Terms |          |
| Wild         | 65600          | Net 30 Days   |          |
| Job Location | Camp Location  | Service Date  | Due Date |
| KS2-02       | Great Bend     | Aug 27, 2015  | 9/26/15  |

| Quantity | Item               | Description        | Unit Price | Amount |
|----------|--------------------|--------------------|------------|--------|
| 1.00     | CEMENT SUPERVISOR  | Wayne Davis        |            |        |
| 1.00     | EQUIPMENT OPERATOR | Brian Lang         |            |        |
| 1.00     | OPERATOR ASSISTANT | Marlyn Spangenberg |            |        |

ALL PRICES ARE NET, PAYABLE  
30 DAYS FOLLOWING DATE OF  
INVOICE. ONLY IF PAID ON OR  
BEFORE

Sep 26, 2015

1 1/2% CHARGED  
THEREAFTER.

|                        |                 |
|------------------------|-----------------|
| Subtotal               | 6,723.89        |
| Sales Tax              | 290.27          |
| Total Invoice Amount   | 7,014.16        |
| Payment/Credit Applied |                 |
| <b>TOTAL</b>           | <b>7,014.16</b> |

# ALLIED OIL & GAS SERVICES, LLC

Federal Tax I.D. #20-5975804

065600

REMIT TO P.O. BOX 93999  
SOUTHLAKE, TEXAS 76092

SERVICE POINT:

G-unit B-10

|                         |            |          |                               |            |              |                   |                    |
|-------------------------|------------|----------|-------------------------------|------------|--------------|-------------------|--------------------|
| DATE 8-27-15            | SEC. 31    | TWP. 30S | RANGE 07W                     | CALLED OUT | ON LOCATION  | JOB START 8:00 PM | JOB FINISH 9:00 PM |
| LEASE owner Ku          | WELL # 1-B |          | LOCATION Spicay South 4 miles |            | COUNTY Garza | STATE TX          |                    |
| OLD OR NEW (Circle one) |            |          | 2.5 East North into           |            |              |                   |                    |

CONTRACTOR Handt  
TYPE OF JOB Production  
HOLE SIZE 7 7/8 T.D.  
CASING SIZE 4 1/2 DEPTH 4255' ± 86  
TUBING SIZE DEPTH  
DRILL PIPE DEPTH  
TOOL DEPTH  
PRES. MAX MINIMUM  
MEAS. LINE SHOE JOINT 40.89  
CEMENT LEFT IN CSG. 40.89  
PERFS.  
DISPLACEMENT 167 BBLs Kch

EQUIPMENT  
PUMP TRUCK CEMENTER Kevin B.  
# 366 HELPER Brian  
BULK TRUCK  
# 609/198 DRIVER Wm. L.  
BULK TRUCK  
# DRIVER

OWNER Wildcat  
CEMENT  
AMOUNT ORDERED 125 5% class 2 + 10% salt  
+ 5# Keisler  
555x 60/40 + 4% salt + 4 sm  
COMMON 125 @ 17.90 2,237.50  
POZMIX @  
GEL @  
CHLORIDE @  
ASC @  
Salt 625 @ 68 425.00  
Kch 9 Gallon @ 34.40 309.60  
12 BBLs 50cc @ 25.00 300.00  
Blush @  
555x 60/40 + 4% @ 18.92 1,040.00  
Keisler 750 @ 98 735.00  
sm 19 @ 3.30 62.70  
TOTAL 5,110.40

DISCOUNT 38% 1,941.95

## REMARKS:

Ran 20 BBLs Kch with 2% 3 BBLs  
fresh Ran 12 BBLs ASF 3 BBLs 2-cc  
Ran 300x Rat hole 60/40 + 4% salt + 4 sm  
Ran 255x 60/40 + 4% salt + 4 sm  
Ran 125 5% class 2 10% salt + 5# Keisler  
Wash Pump Lines Release Plug  
Displace with 2% Kch Load Plug 1000  
Release and hold  
Pressure fell off Shut in

CHARGE TO: Wildcat oil & Gas  
STREET  
CITY STATE ZIP

## SERVICE

HANDLING 207.20 @ 2.48 513.84  
MILEAGE 9.03 x 30 x 2.75 744.98  
DEPTH OF JOB 4255  
PUMP TRUCK CHARGE 2,765.75  
EXTRA FOOTAGE @  
HV MILEAGE 30 @ 7.70 231.00  
LV MILEAGE 30 @ 4.40 132.00  
TOTAL 4,387.59

DISCOUNT 38% 1,667.38

## PLUG & FLOAT EQUIPMENT

7 Cent. 2-cc @ 57.00 399.00  
Guide shoe @ 225.00 225.00  
Atu Insert @ 325.00 325.00  
1 Basket @ 315.00 315.00  
Rubber Plug @ 83.00 83.00  
TOTAL 1,347.00  
DISCOUNT 38% 511.84

SALES TAX (If Any)  
TOTAL CHARGES 10,844.99  
DISCOUNT 4,121.10 IF PAID IN 30 DAYS  
NET TOTAL 6,723.89 IF PAID IN 30 DAYS

To: Allied Oil & Gas Services, LLC.  
You are hereby requested to rent cementing equipment and furnish cementer and helper(s) to assist owner or contractor to do work as is listed. The above work was done to satisfaction and supervision of owner agent or contractor. I have read and understand the "GENERAL TERMS AND CONDITIONS" listed on the reverse side.

PRINTED NAME  
SIGNATURE Scott Clark