



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1274794
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: _____

1274794

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: <input type="checkbox"/> Yes <input type="checkbox"/> No
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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> _____
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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> _____	PRODUCTION INTERVAL: _____ _____
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Field Ticket Number: MLK1510281000 Field Ticket Date: Wednesday, October 28, 2015

Bill To:
DK
#N/A
#N/A

Job Name: Surface
Well Location: HOGALMAN-KS - Hodgeman Co.
Well Name: DINK
Well Number: #4
Well Type: NEW
Rig Number: Great Bend
Shipping Point:
Sales Office: Mid Con

PERSONEL	EQUIPMENT
JUSTIN BOWER	PICK UP 674
BRIAN LANG	366
MARLIN SPANGENBERG	609-198

SERVICES - SERVICES - SERVICES

Description	QTY	Unit	Unit Amt	Gross Amt	Unit Net	Discount	Net Amount
PC500	1.00	min. 4 hr	1,512.25	1512.25	907.35	40%	907.35
	0		FALSE	0.00	0.00	40%	0.00
PHDL	164.00	per cu. Ft.	2.48	406.72	1.49	40%	244.03
DRYG	149.00	ton-mile	2.75	409.75	1.65	40%	245.65
MILV	20.00	per mile	4.40	88.00	2.64	40%	52.80
MIHV	20.00	per mile	7.70	154.00	4.62	40%	92.40

FLOAT EQUIPMENT -- FLOAT EQUIPMENT -- FLOAT EQUIPMENT

0	0.00		0.00	0.00	0.00	40%	0.00
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MATERIALS - MATERIALS - MATERIALS

	0	0.00	0.00	FALSE	0.00	0.00	40%	0.00
	0	0.00	0.00	FALSE	0.00	0.00	40%	0.00
	0	0.00	0.00	FALSE	0.00	0.00	40%	0.00
CCAC	160.00	sack	17.90	2,865.00	10.74	40%	1,611.00	
CA-100	423.00	pound	1.10	465.30	0.66	40%	279.18	
CGEL	282.00	pound	1.05	296.10	0.63	40%	177.66	

ADDITIONAL ITEMS - ADDITIONAL ITEMS - ADDITIONAL ITEMS

Additional hours, in excess of set hours		per hour	440.00	0.00	440.00	0%	0.00
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	Gross	Discount	Final
Services Total	2,570.72	1,028.29	1,542.43
Equipment Total	0.00	0.00	0.00
Materials Total	3,446.40	1,378.56	2,067.84
Additional Items	0.00	0.00	0.00
Final Total	6,017.12	2,406.85	3,610.27

Allied Rep: JUSTIN BOWER
Customer Agent:

This output does NOT include taxes. Applicable sales tax will be billed on the final invoice.
Customer hereby acknowledges receipt of the materials and services described above and on the attached documents.
I have read and understand the "GENERAL TERMS AND CONDITIONS" listed on the following page.

X Mike
Customer Signature

Field Ticket Total (USD):

\$3,610.27

GENERAL TERMS AND CONDITIONS

DEFINITIONS: In these terms and conditions, "ALLIED" shall mean Allied Oil & Gas Services, LLC, and "CUSTOMER" shall refer to the party identified by that term on the front of this contract. As applicable, "JOB" relates to the services described on the front side of this contract, "MERCHANDISE" refers to the material described on the front of this contract and to any other materials, products, or supplies used, sold, or furnished under the requirements of this contract.



CHARGE TO: **DK OPERATING**
 ADDRESS
 CITY, STATE, ZIP CODE

TICKET **29082**
 PAGE 1 OF 1

SERVICE LOCATIONS
 1. **Ness City, KS** WELL/PROJECT NO.
 2. **DINK # 4** LEASE
 3. **AEYENNE WELL SERV.** CONTRACTOR
HODGEMAN COUNTY/JURISDICTION
KS STATE
SEYMORE, KS CITY
13NDU15 DATE
WTO KR07E1345, WELL LOCATION
E 107D ORDER NO.
 4. **DIL** WELL TYPE
DEVELOPMENT WELL CATEGORY
Cement Port Collar JOB PURPOSE
 REFERRAL LOCATION INVOICE INSTRUCTIONS

PRICE REFERENCE	SECONDARY REFERENCE/ PART NUMBER	ACCOUNTING		DESCRIPTION	MILEAGE	QTY.		UNIT PRICE	AMOUNT
		LOC	ACCT			QTY.	UM		
5725				Pump Charge	#115	30	MIL	5.00	1500.00
576D						1000		1.250	1250.00
276				FUDGE		45	lbs	2.25	101.25
105				PORT COLLAR DRINK TOL		1000		2.75	2750.00
29D				D-AIR		2	sqm	4.20	84.00
33D				SMD CEMENT		175	bx	15.75	2756.25
281				Cement SERVICE CHARGE		200	bx	1.50	300.00
282				MINIMUM DRAPAGE		1995	lbs	299.25	598.50

LEGAL TERMS: Customer hereby acknowledges and agrees to the terms and conditions on the reverse side hereof which include, but are not limited to, **PAYMENT, RELEASE, INDEMNITY**, and **LIMITED WARRANTY** provisions.

MUST BE SIGNED BY CUSTOMER OR CUSTOMER'S AGENT PRIOR TO START OF WORK OR DELIVERY OF GOODS

DATE SIGNED: **13NDU15** TIME SIGNED: **1545** A.M. P.M.

SIGNED BY: *[Signature]*

REMIT PAYMENT TO:
SWIFT SERVICES, INC.
P.O. BOX 466
NESS CITY, KS 67560
785-798-2300

SURVEY
 OUR EQUIPMENT PERFORMED WITHOUT BREAKDOWN?
 WE UNDERSTOOD AND MET YOUR NEEDS?
 OUR SERVICE WAS PERFORMED WITHOUT DELAY?
 WE OPERATED THE EQUIPMENT AND PERFORMED JOB CALCULATIONS SATISFACTORILY?
 ARE YOU SATISFIED WITH OUR SERVICE?
 CUSTOMER DID NOT WISH TO RESPOND

UN-DECIDED DIS-AGREE

PAGE TOTAL: **5166.50**

TOTAL: **5412.56**

Hodgeman TAX 7.065%
246.06

CUSTOMER ACCEPTANCE OF MATERIALS AND SERVICES The customer hereby acknowledges receipt of the materials and services listed on this ticket.

APPROVAL: *[Signature]*

Thank You!



Services, Inc.

CHARGE TO: D.K. ORENTZAK

ADDRESS

CITY, STATE, ZIP CODE

PAGE 1 OF 2

TICKET 28599

SERVICE LOCATION: Ness City, Ks WELL/PROJECT NO.: # 4 LEASE: Drak COUNTY/PARISH: Hodgeman STATE: Ks CITY: Location DATE: 11-5-15 OWNER: same

TICKET TYPE: SERVICE SALES CONTRACTOR: Pickrell Drilling RIG NAME/NO.: Development SHIPPED VIA: CT DELIVERED TO: Location ORDER NO.: same

WELL TYPE: Dr WELL CATEGORY: Development JOB PURPOSE: 5 1/2" Longstrake WELL PERMIT NO.: NE/Temore, Ks

4. REFERRAL LOCATION: INVOICE INSTRUCTIONS

PRICE REFERENCE	SECONDARY REFERENCE/ PART NUMBER	ACCOUNTING			DESCRIPTION	QTY.	U/M	QTY.	U/M	UNIT PRICE	AMOUNT
		LOC	ACCT	DF							
575		1			MILEAGE # <u>110</u>	30	MI			500	1500.00
578		1			PUMP CHANGE	1	TOB	4471	FT	1250.00	1250.00
221		1			LIQUID KEL	2	BAR			250.00	500.00
281		1			MUDFLUSH	500	BAR			1.25	625.00
403		1			CEMENT BASKETS	2	EA	5 1/2"		250.00	500.00
404		1			PORT COLLAR TOPFIT 7 1/4	1	EA	1516	FT	2500.00	2500.00
406		1			LATCH DOWN PLOG - BATTLE	1	EA			225.00	225.00
407		1			INSERT FLOAT SHOE w/AUTO FILL	1	EA			300.00	300.00
409		1			TORRLOZZERS	5	EA			75.00	375.00

LEGAL TERMS: Customer hereby acknowledges and agrees to the terms and conditions on the reverse side hereof which include, but are not limited to, PAYMENT, RELEASE, INDEMNITY, and LIMITED WARRANTY provisions.

MUST BE SIGNED BY CUSTOMER OR CUSTOMER'S AGENT PRIOR TO START OF WORK OR DELIVERY OF GOODS

DATE SIGNED: 11-5-15 TIME SIGNED: 2000

8 AM - 5 PM

REMIT PAYMENT TO:

SWIFT SERVICES, INC.
P.O. BOX 466
NESS CITY, KS 67560
785-798-2300

SURVEY

OUR EQUIPMENT PERFORMED WITHOUT BREAKDOWN? YES NO

WE UNDERSTOOD AND MET YOUR NEEDS? YES NO

OUR SERVICE WAS PERFORMED WITHOUT DELAY? YES NO

WE OPERATED THE EQUIPMENT AND PERFORMED JOB CALCULATIONS SATISFACTORILY? YES NO

ARE YOU SATISFIED WITH OUR SERVICE? YES NO

CUSTOMER DID NOT WISH TO RESPOND

PAGE TOTAL #	AMOUNT
#1	5975.00
#2	4314.75
TOTAL	10,930.61

CUSTOMER ACCEPTANCE OF MATERIALS AND SERVICES The customer hereby acknowledges receipt of the materials and services listed on this ticket.

APPROVAL: Dwayne Watson

Thank You!

Formation Tops

	DK Operating, Inc. Dink #4 Sec. 17 T21s R22w 1386' FSL & 1278' FWL
Formation	
Anhydrite	1472', +821
Base	1504', +789
Heebner	3786', -1493
Lansing	3839', -1546
BKC	4182', -1889
Pawnee	4272', -1979
Fort Scott	4352', -2059
Cherokee	4374', -2081
Mississippian	4440', -2147
Osage	4463', -2170
RTD	4472', -2179

Sample Zone Descriptions

Miss Osage (4463', -2170): Covered in DST #1
 Δ – Dolo – Partially weathered, slightly triptolic with fair to good scattered vuggy porosity, slightly dolomitic, fine crystalline with light to fair spotted oil stain with very scattered light saturation, slight show of free oil, fair odor, good spotted yellow fluorescents.