



Confidentiality Requested:

Yes  No

KANSAS CORPORATION COMMISSION 1274958  
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: \_\_\_\_\_

1274958

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

<b>DISPOSITION OF GAS:</b> <input type="checkbox"/> Vented <input type="checkbox"/> Sold <input type="checkbox"/> Used on Lease <i>(If vented, Submit ACO-18.)</i>	<b>METHOD OF COMPLETION:</b> <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>	<b>PRODUCTION INTERVAL:</b> _____ _____
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Form	ACO1 - Well Completion
Operator	Indian Oil Co., Inc.
Well Name	Jerome 1
Doc ID	1274958

All Electric Logs Run

Gamma Ray
Barehole Compensated Neutron
Photoelectric Lithology Density
X-Y Caliper Combined
Phased Induction Tool
Micro Log

Form	ACO1 - Well Completion
Operator	Indian Oil Co., Inc.
Well Name	Jerome 1
Doc ID	1274958

Tops

Name	Top	Datum
HEEBNER	3669	-2075
LANSING	3840	-2246
STARK	4216	-2622
HUSHPUCKNEY	4251	-2657
MISSISSIPPI	4384	-2790
KINDERHOOK SH	4546	-2952
WOODFORD SH	4614	-3020
VOILA	4667	-3073
SIMPSON SH	4766	-3172
SIMPSON SAND	4788	-3194






\*Total Water Volume sources may include fresh water, produced water, and/or recycled water  
\*\* Information is based on the maximum potential for concentration and thus the total may be over 100%

All component information listed was obtained from the supplier's Material Safety Data Sheets (MSDS). As such, the Operator is not responsible for inaccurate and/or incomplete information. Any questions regarding the content of the MSDS should be directed to the supplier who provided it. The Occupational Safety and Health Administration's (OSHA) regulations govern the criteria for the disclosure of this information. Please note that Federal Law protects "proprietary", "trade secret", and "confidential business information" and the criteria for how this information is reported on an MSDS is subject to 29 CFR 1910.1200(j) and Appendix D.



## Cement Job Summary

Job Number: <b>MLK150820230</b>		Job Purpose: <b>02 Production/Long String</b>	
Customer: <b>Indian Oil Co</b>	Date: <b>8/20/2015</b>		
Well Name: <b>JEROME</b>	Number: <b># 1</b>	API/UWI:	
County: <b>Barber</b>	City: <b>VIC MEDICINE LODGE</b>	State: <b>Kansas</b>	
Cust. Rep: <b>ANTHONY FARRAR</b>	Phone:	Rig Phone:	
Distance: <b>3 miles (one way)</b>	Supervisor: <b>Jake Heard</b>		

Employees:	Emp ID	Employees:	Emp ID
JAKE HEARD	#N/A		
KINDEL HOLIMAN	0		
JASON THIMESCH	#N/A		

Equipment:	
CEMENTERS PICK-UP 717	
PUMP TRUCK 892-555	
BULK TRUCK 988-989	

Materials - Pumping Schedule					
STAGE #1					
Fluid Name	Description	Rqstd Qty	Density	Yield	Water (gal/sk)
Spacer 1	HIVIS SWEEP	12	8.40	n/a	n/a
Fluid Name	Description	Rqstd Qty	Density	Yield	Water (gal/sk)
Lead 1	ALLIED SPECIAL BLEND CEMENT - CLASS A	100	14.55	1.57	7.00
Fluid Name	Description	Rqstd Qty	Density	Yield	Water (gal/sk)
Tail 1	ALLIED 40/60/4 POZ BLEND - CLASS A	50	13.89	1.40	6.70
Fluid Name	Description	Rqstd Qty	Density	Yield	Water (gal/sk)
Disp. 1	2% KCL	124.4537803	8.33	n/a	n/a

Slurry: Lead 1		Slurry Name: ALLIED SPECIAL BLEND CEMENT - CLASS A				
Quantity:	100 sacks	Blend Vol:	131.92 cu.ft.		Blend Weight:	11256.6 lbs
Material	Description	Conc. (lb/sk)	Determined by	Load Volume	UOM	
CCAC	CLASS A COMMON	94	% Base Materia	9400.0	lbm	
CA-200	SODIUM CHLORIDE	6	lb/sk	600.0	lbm	
CA-500	GYPSUM	5.17	% BWOC	517.0	lbm	
CGEL	GEL - BENTONITE	1.88	% BWOC	188.0	lbm	
CLC-KOL	KOL-SEAL	5	lb/sk	500.0	lbm	
CFL-210	FLUID LOSS ADDITIVE - LOW TEMP	0.376	% BWOC	37.6	lbm	
CDF-100P	DEFOAMER - POWDER	0.14	lb/sk	14.0	lbm	
Water	Mixing Water	7.00	gal/sk	700	gal	

Slurry: Tail 1		Slurry Name: ALLIED 40/60/4 POZ BLEND - CLASS A				
Quantity:	50 sacks	Blend Vol:	52.87 cu.ft. cu.ft.		Blend Weight:	4472 lbs
Material	Description	Conc. (lb/sk)	Determined by	Load Volume	UOM	
CCAC	CLASS A COMMON	56.4	% Base Materia	2820.0	lbm	
CPOZ	POZMIX FLYASH	29.6	% Base Materia	1480.0	lbm	
CGEL	GEL - BENTONITE	3.44	% BWOC	172.0	lbm	
Water	Mixing Water	6.70	gal/sk	335.0	gal	

Job Number: <b>MLK150820230</b>		Job Purpose: <b>02 Production/Long String</b>	
Customer: <b>Indian Oil Co</b>	Date: <b>8/20/2015</b>		
Well Name: <b>JEROME</b>	Number: <b># 1</b>	API/UWI:	
County: <b>Barber</b>	City: <b>VIC MEDICINE LODGE</b>	State: <b>Kansas</b>	





### Cement Job Summary

Cust. Rep: <b>ANTHONY FARRAR</b>		Phone:		Rig Phone: <b>0</b>		
Distance <b>3 miles (one way)</b>			Supervisor		Jake Heard	
DATE	TIME	PRESSURE - (PSI)		FLUID PUMPED DATA		COMMENTS
		CASING	ANNULUS	VOLUME	RATE (BPM)	
8/20/2015	11:00:00 PM					ARRIVE ON LOCATION
						SAFETY MEETING
	11:15:00 PM					SPOT IN /RIG UP
8-21-15	1:15:00 AM					RUN FLOAT EQUIPMENT
						RUN CASING
						SAFETY MEETING
						PUMP BALL THROUGH
	4:00:00 AM					CIRCULATE
		2500				PRESSURE TEST
		250		12	4	PUMP SPACER
		200		12.5	3	RAT AND MOUSE HOLES
		200		28	6	MIX AND PUMP CEMENT
						STOP
						WASH PUMP AND LINES
		70-450		1-100	6	DISPLACE
		450		101	3	SLOW RATE
		500-1500		109	3	BUMP PLUG
	6:00:00 AM					FLOATS HELD

**Cement Job Summary**

Job Number: <b>MLK15081503</b>	Job Purpose <b>01 Surface</b>
Customer: <b>INDIAN OIL COMPANY</b>	Date: <b>8/15/2015</b>
Well Name: <b>JEROME</b>	Number: <b># 1</b>
County: <b>BARBER</b>	City: <b>VIC MEDICINE LODGE</b>
Cust. Rep: <b>ANTHONY FARRAR</b>	State: <b>KANSAS</b>
Phone:	Rig Phone:
Distance <b>3 miles (one way)</b>	Supervisor <b>Jake Heard</b>

Employees:	Emp. ID:	Employees:	Emp. ID:
JAKE HEARD	#N/A		
JUSTIN BOWER	#N/A		
JOE HALCOMB	0		

Equipment:
CEMENTERS PICK-UP 717
PUMP TRUCK 894-545
BULK TRUCK 949-741

Materials - Pumping Schedule					
STAGE #1					
Fluid Name	Description	Rqstd Qty	Density	Yield	Water (gal/sk)
Spacer 1	FRESH WATER	5	8.34	n/a	n/a
Fluid Name	Description	Rqstd Qty	Density	Yield	Water (gal/sk)
Lead 1	CLASS A COMMON	225	14.90	1.33	6.20
Fluid Name	Description	Rqstd Qty	Density	Yield	Water (gal/sk)
Disp. 1	Displacement	15.73	8.33	n/a	n/a

Slurry: Lead 1		Slurry Name: CLASS A COMMON			
Quantity:	225 sacks	Blend Vol:	237.57 cu.ft.	Blend Weight:	21784.5 lbs
Material	Description	Conc. (lb/sk)	Determined by	Load Volume	UOM
CCAC	CLASS A COMMON	94	% Base Material	21150.0	lbm
CA-100	CALCIUM CHLORIDE, PELLETS OR FLAKE	2.82	% BWOC	634.5	lbm
Water	Mixing Water	6.20	gal/sk	1395	gal

Job Number: <b>MLK15081503</b>	Job Purpose <b>01 Surface</b>
Customer: <b>INDIAN OIL COMPANY</b>	Date: <b>8/15/2015</b>
Well Name: <b>JEROME</b>	Number: <b># 1</b>
County: <b>BARBER</b>	City: <b>VIC MEDICINE LODGE</b>
Cust. Rep: <b>ANTHONY FARRAR</b>	State: <b>KANSAS</b>
Phone:	Rig Phone: <b>0</b>
Distance <b>3 miles (one way)</b>	Supervisor <b>Jake Heard</b>

DATE	TIME	PRESSURE - (PSI)		FLUID PUMPED DATA		COMMENTS
		CASING	ANNULUS	VOLUME	RATE (BPM)	
8/15/2015	2:45:00 AM					ARRIVE ON LOCATION
						SAFETY MEETING
						RIG UP
						SAFETY MEETING
						BREAK CIRCULATION W RIG
	4:00:00 AM	1500				PRESSURE TEST
	4:05:00 AM	200		5	4	PUMP SPACER
	4:07:00 AM	250		53.29	4.5	MIX AND PUMP CEMENT
	4:20:00 AM	90-150		15.73	2-4.5	DISPLACE
						STOP
	4:30:00 AM					SHUT IN WELL

Conservation Division  
266 N. Main St., Ste. 220  
Wichita, KS 67202-1513



Phone: 316-337-6200  
Fax: 316-337-6211  
<http://kcc.ks.gov/>

Shari Feist Albrecht, Chair  
Jay Scott Emler, Commissioner  
Pat Apple, Commissioner

Sam Brownback, Governor

January 13, 2016

Anthony Farrar  
Indian Oil Co., Inc.  
PO BOX 209  
2507 SE US 160 HWY  
MEDICINE LODGE, KS 67104-0209

Re: ACO-1  
API 15-007-24282-00-00  
Jerome 1  
NW/4 Sec.21-32S-12W  
Barber County, Kansas

Dear Anthony Farrar:

K.A.R. 82-3-107 provides for all completion information to be filed within 120 days of the spud date. Subsection(e)(2) of that regulation states "All rights to confidentiality shall be lost if the filings are not timely."

The above referenced well was spudded on 08/14/2015 and the ACO-1 was received on January 13, 2016 (not within the 120 days timely requirement).

Therefore, your request for confidential treatment of data contained within the ACO-1 filing cannot be granted at this time.

If you should have any questions, please do not hesitate to contact me at (316)337-6200.

Sincerely,

Production Department



**TRILOBITE  
TESTING, INC**

# DRILL STEM TEST REPORT

Indian Oil Co., Inc.  
2507 SE US 160 Hwy.  
Medicine Lodge, KS 67104  
ATTN: Aaron Young

**21-32s-12w Barber Co., KS**

**Jerome 1**

Job Ticket: 57884

**DST#: 1**

Test Start: 2015.08.19 @ 08:13:22

## GENERAL INFORMATION:

Formation: **Mississippi**

Deviated: No Whipstock: 0.00 ft (KB)

Time Tool Opened: 09:52:07

Time Test Ended: 15:37:07

Test Type: Conventional Bottom Hole (Initial)

Tester: Ryan Reynolds

Unit No: 68

**Interval: 4361.00 ft (KB) To 4435.00 ft (KB) (TVD)**

Reference Elevations: 1584.00 ft (KB)

Total Depth: 4435.00 ft (KB) (TVD)

1572.00 ft (CF)

Hole Diameter: 7.88 inches Hole Condition: Fair

KB to GR/CF: 12.00 ft

## Serial #: 8790

Press@RunDepth: 37.79 psig @ 4368.00 ft (KB)

Capacity: 8000.00 psig

Start Date: 2015.08.19

End Date:

2015.08.19

Last Calib.:

2015.08.19

Start Time: 08:13:27

End Time:

15:37:06

Time On Btm:

2015.08.19 @ 09:51:07

Time Off Btm:

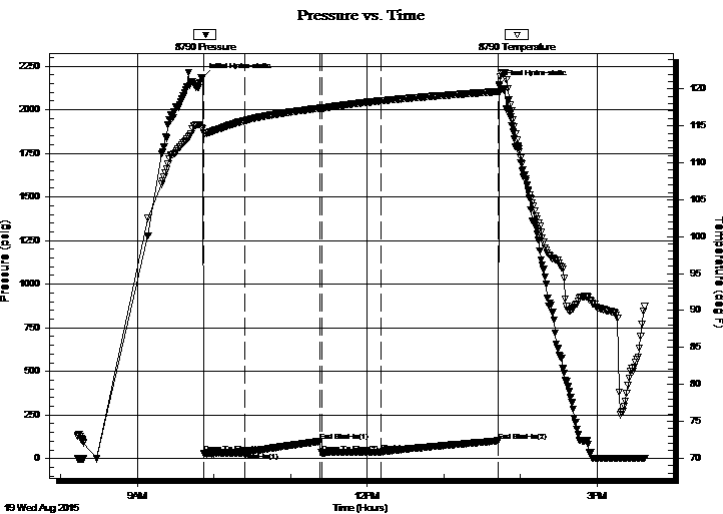
2015.08.19 @ 13:43:07

TEST COMMENT: IF: Fair blow . surf. - 7"

IS: No blow .

FF: Fair blow . 3"- 5".

FS: No blow .



## PRESSURE SUMMARY

Time (Min.)	Pressure (psig)	Temp (deg F)	Annotation
0	2183.10	114.67	Initial Hydro-static
1	28.67	114.06	Open To Flow (1)
33	33.58	115.70	Shut-In(1)
93	98.62	117.40	End Shut-In(1)
93	32.90	117.39	Open To Flow (2)
140	37.79	118.39	Shut-In(2)
232	101.65	119.65	End Shut-In(2)
232	2142.90	120.38	Final Hydro-static

## Recovery

Length (ft)	Description	Volume (bbl)
30.00	SLI OWCM 2%o, 1%w, 97%m	0.15
0.00	360' GIP	0.00

## Gas Rates

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



**TRILOBITE  
TESTING, INC**

# DRILL STEM TEST REPORT

## FLUID SUMMARY

Indian Oil Co., Inc.

**21-32s-12w Barber Co., KS**

2507 SE US 160 Hwy.  
Medicine Lodge, KS 67104

**Jerome 1**

Job Ticket: 57884

**DST#: 1**

ATTN: Aaron Young

Test Start: 2015.08.19 @ 08:13:22

### Mud and Cushion Information

Mud Type: Gel Chem

Mud Weight: 9.00 lb/gal

Viscosity: 54.00 sec/qt

Water Loss: 9.19 in<sup>3</sup>

Resistivity: ohm.m

Salinity: 5000.00 ppm

Filter Cake: 0.08 inches

Cushion Type:

Cushion Length: ft

Cushion Volume: bbl

Gas Cushion Type:

Gas Cushion Pressure: psig

Oil API:

Water Salinity: 5000 ppm

deg API

### Recovery Information

Recovery Table

Length ft	Description	Volume bbl
30.00	SLI OWCM 2%o, 1%w, 97%m	0.148
0.00	360' GIP	0.000

Total Length: 30.00 ft      Total Volume: 0.148 bbl

Num Fluid Samples: 0

Num Gas Bombs: 0

Serial #: none

Laboratory Name:

Laboratory Location:

Recovery Comments:

