



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1275786
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: _____

1275786

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 <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:				

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> _____ <input type="checkbox"/> Other <i>(Specify)</i> _____	PRODUCTION INTERVAL: _____ _____
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QUALITY OILWELL CEMENTING, INC.

Federal Tax I.D.# 20-2886107

Phone 785-483-2025
Cell 785-324-1041

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

No. 331

Date	10-30-14	Sec.	32	Twp.	12	Range	30	County	Grove	State	KANSAS	On Location	Finish
Location													2:45 PM
Grove KS, Post Office 9 1/2 W N INTO													

Lease	ABell Ranch	Well No.	1-32	Owner	To Quality Oilwell Cementing, Inc.
Contractor	Discovery D&G Rig #1	CIEFF		You are hereby requested to rent cementing equipment and furnish cementer and helper to assist owner or contractor to do work as listed.	
Type Job	Surface		Charge To	AMERICAN OIL LLC	
Hole Size	12" 1/4	T.D.	308'	Street	
Csg.	8 5/8 New	Depth	308'	City	State
Tbg. Size	2 3/4 # csg	Depth		The above was done to satisfaction and supervision of owner agent or contractor.	
Tool		Depth		Cement Amount Ordered	200sx Com 3 1/2 cc 24gel
Cement Left in Csg.		Shoe Joint			
Meas Line		Displace	19 BBL		

EQUIPMENT

Pumptrk	18	No.	Cementer	GARY B.	Common
			Helper		
Bulktrk	19	No.	Driver	TYLER B.	Poz. Mix
			Driver		Gel.
Bulktrk		No.	Driver		Calcium
			Driver		Hulls

JOB SERVICES & REMARKS

Remarks:	Salt
Rat Hole	Flowseal
Mouse Hole	Kol-Seal
Centralizers	Mud CLR 48
Baskets	CFL-117 or CD110 CAF 38
D/V or Port Collar	Sand
	Handling
	Mileage
	FLOAT EQUIPMENT
	Guide Shoe
	Centralizer
	Baskets
	AFU Inserts
	Float Shoe
	Latch Down
	Pumptrk Charge
	Mileage
	Tax
	Discount
	Total Charge

Get 8 5/8 Surface @ 308
Reverse Circulation
Cement w/ 200 sx com, 3 1/2
Displace 19 BBL H₂O
SHUT IN @ 300 #.
Cement D.D. Circ
to Surface

Quality Oilwell Cementing

THANKS!

Signature: *[Handwritten Signature]*

QUALITY OILWELL CEMENTING, INC.

Federal Tax I.D.# 20-2886107

Phone 785-483-2025
Cell 785-324-1041

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

No. **973**

Date 11-21-14	Sec. 32	Twp. 12	Range 30	County Cole	State KS	On Location	Finish 2:45 P.M.
Location Colebrook 9 1/2 mi Waco							

Lease Adrian Ranch	Well No. 1-32	Owner To Quality Oilwell Cementing, Inc. You are hereby requested to rent cementing equipment and furnish cementer and helper to assist owner or contractor to do work as listed.
Contractor D. Scott #1		Charge To Amidon 01
Type Job Repair Plug		
Hole Size 7 7/8	T.D. 4600	
Csg. 4 1/2 X-11	Depth	Street
Tbg. Size	Depth	City
Tool	Depth	State
Cement Left in Csg.	Shoe Joint	The above was done to satisfaction and supervision of owner agent or contractor.
		Cement Amount Ordered 255 6/40 4/17 147 1/2

EQUIPMENT		Common
Pumptrk 5	No. Cementer Helper 2-3	Poz. Mix
Bulktrk	No. Driver 6-1	Gel.
Bulktrk 4	No. Driver 1-1	Calcium

JOB SERVICES & REMARKS		Hulls
Remarks:		Salt
Rat Hole 30SK		Flowseal
Mouse Hole 15SK		Kol-Seal
Centralizers		Mud CLR 48
Baskets		CFL-117 or CD110 CAF 38
D/V or Port Collar		Sand
1st 2375 50SK		Handling
2nd 1479 100SK		Mileage
3rd 358 50SK		
4th 40 10SK		

FLOAT EQUIPMENT	
	Guide Shoe
	Centralizer
	Baskets
	AFU Inserts
	Float Shoe
	Latch Down
	Pumptrk Charge
	Mileage

Signature Diff. Mansfield	Tax	
	Discount	
	Total Charge	



TRILOBITE TESTING INC.

1515 Commerce Parkway • Hays, Kansas 67601

Test Ticket

NO. 57363

Well Name & No. Abell Ranch #1-32 Test No. 2 Date 11/5/14
 Company American Oil LLC Elevation 2887 KB 2879 GL
 Address 1023 Reservation Rd. Hays, KS 67601
 Co. Rep / Geo. Austin Klaus Rig Discovery Rig
 Location: Sec. 32 Twp. As Rge. 30W Co. Bove State KS

Interval Tested 4525-4545 Zone Tested Miss.
 Anchor Length 20 Drill Pipe Run 4486 Mud Wt. 97
 Top Packer Depth 4521 Drill Collars Run 29 Vis 58
 Bottom Packer Depth 4535 Wt. Pipe Run 0 WL 6.4
 Total Depth 4545 Chlorides 4000 ppm System LCM 1
 Blow Description FI: 1/4 blow in 5min/died
ISI: No Return
FF: No blow

Rec	Feet of	%gas	%oil	%water	%mud
<u>2</u>	<u>MUD</u>			<u>100</u>	
Rec	Feet of	%gas	%oil	%water	%mud
Rec	Feet of	%gas	%oil	%water	%mud
Rec	Feet of	%gas	%oil	%water	%mud
Rec	Feet of	%gas	%oil	%water	%mud

Rec Total 2 BHT 118 Gravity _____ API RW _____ @ _____ ° F Chlorides _____ ppm

(A) Initial Hydrostatic 2289 Test _____ T-On Location 1430
 (B) First Initial Flow 19 Jars _____ T-Started 1447
 (C) First Final Flow 22 Safety Joint _____ T-Open 1715
 (D) Initial Shut-In 696 Circ Sub n/a T-Pulled 1830
 (E) Second Initial Flow 20 Hourly Standby _____ T-Out _____
 (F) Second Final Flow _____ n/a Mileage 92 1/4 Comments _____
 (G) Final Shut-In _____ n/a Sampler _____
 (H) Final Hydrostatic 2243 Straddle _____
 Shale Packer _____ Ruined Shale Packer _____
 Extra Packer _____ Ruined Packer _____
 Extra Recorder _____ Extra Copies _____
 Initial Open 30 Day Standby _____ Sub Total _____
 Initial Shut-In 30 Accessibility _____ Total _____
 Final Flow 1 Sub Total _____ MP/DST Disc't _____
 Final Shut-In _____

Approved By _____ Our Representative [Signature]
 Trilobite Testing Inc. shall not be liable for damaged of any kind of the property or personnel of the one for whom a test is made, or for any loss suffered or sustained, directly or indirectly, through the use of its equipment, or its statements or opinion concerning the results of any test, tools lost or damaged in the hole shall be paid for at cost by the party for whom the test is made.



TRILOBITE TESTING INC.

1515 Commerce Parkway • Hays, Kansas 67601

Relief Tester
James G.
785-639-2581

Test Ticket

NO. 57296

Well Name & No. Acell Ranch # 1-32 Test No. 1 Date 11/3/14
 Company American Oil LLC Elevation 2887 KB 2879
 Address 1023 Reservation Rd, Hays KS, 67601
 Co. Rep / Geo. Austin Klaus Rig Discovery Rig 1
 Location: Sec. 32 Twp. 12S Rge. 30W Co. Goose County State KS

Interval Tested 3930 - 4000 Zone Tested Lansing 'A-D'
 Anchor Length 70 Drill Pipe Run 3885.78 Mud Wt. 8.6
 Top Packer Depth 3926 Drill Collars Run 29.22 Vis 58
 Bottom Packer Depth 3930 Wt. Pipe Run _____ WL 6.4
 Total Depth 4000 Chlorides 1,000 ppm System LCM 1.5 #

Blow Description B.O.B. in 30 sec.
Bled off for 5 min. No return blow
B.O.B. in 2 min.
Bled off for 5 min. No return blow

Rec	Feet of	%gas	%oil	%water	%mu
<u>219</u>	<u>wcm</u>		<u>10</u>	<u>90</u>	
<u>252</u>	<u>wcm</u>		<u>30</u>	<u>70</u>	
<u>315</u>	<u>mcw</u>		<u>70</u>	<u>30</u>	
<u>1575</u>	<u>water</u>		<u>100</u>		
Rec	Feet of	%gas	%oil	%water	%mu

Rec Total 2361 BHT 122 Gravity _____ API RW 25 @ 66 °F Chlorides 31,000 ppm

- (A) Initial Hydrostatic 1,901
- (B) First Initial Flow 519
- (C) First Final Flow 1,047
- (D) Initial Shut-In 1,172
- (E) Second Initial Flow 1,067
- (F) Second Final Flow 1,149
- (G) Final Shut-In 1,175
- (H) Final Hydrostatic 1,865

- Test _____ T-On Location 05:10
- Jars _____ T-Started 06:20
- Safety Joint _____ T-Open 08:05
- Circ Sub N/C T-Pulled 09:30
- Hourly Standby _____ T-Out 12:22

Initial Open 25
 Initial Shut-In 30
 Final Flow 15
 Final Shut-In 15

- Mileage 92 BT
- Sampler _____
- Straddle _____
- Shale Packer _____
- Extra Packer _____
- Extra Recorder _____
- Day Standby _____
- Accessibility _____
- Sub Total _____
- Ruined Shale Packer _____
- Ruined Packer _____
- Extra Copies _____
- Sub Total _____
- Total _____
- MP/DST Disc't _____

Approved By _____ Our Representative [Signature]

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