



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1283243
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: _____

1283243

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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Form	ACO1 - Well Completion
Operator	ESP Development, Inc.
Well Name	Marilyn 1
Doc ID	1283243

All Electric Logs Run

compensated density neutron log
dual induction log
micro resistivity log
borehole compensated sonic log

Form	ACO1 - Well Completion
Operator	ESP Development, Inc.
Well Name	Marilyn 1
Doc ID	1283243

Tops

Name	Top	Datum
anhydrate	892'	+838
base	928'	=802
topeka	2657'	-927
heebner	2904'	-1174'
toronto	2922'	-1192
lansing	294'8	-1218'
BKC	3194'	-1464
Conglomerate	2331'	-1501
Simpson Sand	3294'	-1562
Arbuckle	3320'	-1590
Total Depth	3367'	-1537



Services, Inc.

CHARGE TO: E.S.P.

ADDRESS

CITY, STATE, ZIP CODE

TICKET

No 24895

PAGE 1 OF 2

DATE 8-12-13

ORDER NO. 59998

OWNER

SERVICE LOCATIONS

1. Hays, KS

WELL/PROJECT NO. 6 #44

LEASE

Hayfort
Kiche

COUNTY/PARISH

STATE

CITY

SHIPPED VIA

DELIVERED TO

DATE

ORDER NO.

WELL LOCATION

2. Ness City, KS

TICKET TYPE

CONTRACTOR

Royce Drilling

RIG NAME/NO.

KS

Local for

8-12-13

59998

WELL PERMIT NO.

REFERRAL LOCATION

WELL TYPE

WELL CATEGORY

JOB PURPOSE

WELL PERMIT NO.

WELL LOCATION

WELL LOCATION

WELL LOCATION

WELL LOCATION

PRICE REFERENCE	SECONDARY REFERENCE PART NUMBER	LOC	ACCT	DF	DESCRIPTION	QTY	UM	QTY	UM	UNIT PRICE	AMOUNT
575					MILEAGE #111	40	mi			6.00	240.00
578					Pump Charge (longstring)	100		3000		1500.00	1500.00
221					KEL	4	mi			25.00	100.00
281					Mud Plush	500	gal			1.25	625.00
290					D-Air	5	mi			42.00	210.00
402					Centralizers	8	mi	35		70.00	560.00
403					Baskets	3	mi			285.00	855.00
406					LP Plug & Baffle	1	mi			275.00	275.00
407					Insert Float Shoe	1	mi			275.00	275.00
419					Rotating Head	1	mi			200.00	200.00

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.

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

DATE SIGNED 8-12-13

TIME SIGNED 1406

SWIFT OPERATOR

CUSTOMER ACCEPTANCE OF MATERIALS AND SERVICES

APPROVAL

DATE SIGNED

TIME SIGNED

SWIFT OPERATOR

SURVEY	AGREE	UNDECIDED	DISAGREE	PAGE TOTAL	TOTAL
OUR EQUIPMENT PERFORMED WITHOUT BREAKDOWN?				1	4940.00
WE UNDERSTOOD AND MET OUR NEEDS?				2	9571.50
OUR SERVICES PERFORMED WITHOUT DELAY?				3	14511.50
WE ORDERED THE EQUIPMENT AND PERFORMED OUR CALCULATIONS SATISFACTORILY?				4	8700.01
ARE YOU SATISFIED WITH OUR SERVICE?				5	15381.51

DATE SIGNED 8-12-13

TIME SIGNED 1406

SWIFT OPERATOR

CUSTOMER ACCEPTANCE OF MATERIALS AND SERVICES

APPROVAL

DATE SIGNED

TIME SIGNED

SWIFT OPERATOR

QUALITY OILWELL CEMENTING, INC.

Federal Tax I.D.# 20-2886107

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

No. 1178

Phone 785-483-2025

Cell 785-324-1041

Finish	On Location	State	County	Range	Twp.	Sec.	Date
1:00 PM		KS	BUS.	16	11	35	10-1-15

Location: *Oilwell 510 + 819*

Well No. *1*

Contractor: *Discoring*

Type Job: *Surface*

Hole Size: *19 1/4*

T.D.: *795*

Depth: *725*

Tbg. Size: *4 1/2*

Tool: *4 1/2*

Cement Left in Csg. *4 1/2*

Shoe Joint: *4 1/2*

Displace: *43 1/2 bbls*

Charge To: *FSP Development*

Street: *State*

City: *State*

Depth: *State*

The above was done to satisfaction and supervision of owner agent or contractor.

Cement Amount Ordered: *2908 bbls 3cc 2 gal*

EQUIPMENT	
No. Cementer	18
No. Helper	18
No. Driver	4
No. Driver	4
No. Driver	4
Bulktrk No.	pu

Common

Poz. Mix

Gel

Calcium

Hulls

JOB SERVICES & REMARKS

Remarks:

Rat Hole

Mouse Hole

Centralizers

Baskets

DV or Port Collar

Sand

Handling

Mileage

Guide Shoe

Centralizer

Baskets

AFU Inserts

Float Shoe

Latch Down

Mud CLR 48

Kol-Seal

Flowseal

Salt

Flowseal

Kol-Seal

Mud CLR 48

CFL-117 or CD110 CAF 38

FLOAT EQUIPMENT

Mileage

Handling

Sand

Centralizers

Baskets

DV or Port Collar

Remarks:

Rat Hole

Mouse Hole

Centralizers

Baskets

DV or Port Collar

Sand

Handling

Mileage

Guide Shoe

Centralizer

Baskets

AFU Inserts

Float Shoe

Latch Down

Mud CLR 48

Kol-Seal

Flowseal

Salt

Flowseal

Kol-Seal

Mud CLR 48

CFL-117 or CD110 CAF 38

FLOAT EQUIPMENT

Mileage

Handling

Sand

Centralizers

Baskets

DV or Port Collar

Signature: *W. J. ...*

Total Charge

Discount

Tax