

Confidentiality Requested:

Yes No

**KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION**

Form ACO-1

January 2018

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

Gas DH EOR

OG GSW

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 EOR Conv. to SWD

Plug Back Liner Conv. to GSW Conv. to Producer

Commingled Permit #: _____

Dual Completion Permit #: _____

SWD Permit #: _____

EOR Permit #: _____

GSW Permit #: _____

Spud Date or Date Reached TD Completion Date or Recompletion Date

API No.: _____

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 Drill Stem Tests Received

Geologist Report / Mud Logs Received

UIC Distribution

ALT I II III Approved by: _____ Date: _____

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 Geologist Report / Mud Logs <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				

1. Did you perform a hydraulic fracturing treatment on this well? Yes No *(If No, skip questions 2 and 3)*
2. Does the volume of the total base fluid of the hydraulic fracturing treatment exceed 350,000 gallons? Yes No *(If No, skip question 3)*
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)*

Date of first Production/Injection or Resumed Production/Injection:	Producing Method: <input type="checkbox"/> Flowing <input type="checkbox"/> Pumping <input type="checkbox"/> Gas Lift <input type="checkbox"/> Other <i>(Explain)</i> _____			
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> <i>(Submit ACO-4)</i>	PRODUCTION INTERVAL: Top Bottom
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Shots Per Foot	Perforation Top	Perforation Bottom	Bridge Plug Type	Bridge Plug Set At	Acid, Fracture, Shot, Cementing Squeeze Record <i>(Amount and Kind of Material Used)</i>

TUBING RECORD:	Size:	Set At:	Packer At:	
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ALLIED OIL & GAS SERVICES, LLC

Federal Tax I.D. #20-5975804

067865

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

SERVICE POINT:

Oglety

DATE <u>11-17-15</u>	SEC. <u>1</u>	TWP. <u>27S</u>	RANGE <u>33W</u>	CALLED OUT	ON LOCATION <u>5:30 AM</u>	JOB START <u>5:30 AM</u>	JOB FINISH <u>2:00 AM</u>
LEASE <u>60 na unit</u>	WELL# <u>12-1</u>	LOCATION <u>Garden city stock</u>			COUNTY <u>Haskell</u>	STATE <u>KS</u>	
OLD OR NEW (Circle one) <u>NEW</u>			<u>1/2 w 1/2 s winto</u>				

CONTRACTOR Beredco 1 OWNER Same

TYPE OF JOB Production (2 stage)

HOLE SIZE 7 7/8 T.D.

CASING SIZE 5 1/2 DEPTH 5200'

TUBING SIZE DEPTH

DRILL PIPE DEPTH

TOOL DV DEPTH 3198'

PRES. MAX MINIMUM

MEAS. LINE SHOE JOINT 42'

CEMENT LEFT IN CSG. 42'

PERFS.

DISPLACEMENT

EQUIPMENT

PUMP TRUCK CEMENTER Andrew J Forstlund

431 HELPER Paul Beaver

BULK TRUCK

890 DRIVER Cory Brown

BULK TRUCK

898 DRIVER Monty Phillips

CEMENT

AMOUNT ORDERED 205 sbs Arc, 115 sbs Arc, 200 sbs Fluidless, 25 Deformer, 40 sbs Lite, 1/2 Fla-seal

200 sbs Fluidless, 25 Deformer

40 sbs Lite, 1/2 Fla-seal

COMMON @

POZMIX @

GEL @

CHLORIDE @

ASC 205 315 @ 23.50 4817.50

Lite 405 sbs @ 19.88 8049.20

Arc 115 30# @ .80 1205.40

Fluidless 95# @ 18.90 1833.30

Deformer 25# @ 3.50 182.00

Fla-seal 102# @ 3.17 3120.9

@

@

@

TOTAL 16,804.99

DISCOUNT 48% 8066.39

REMARKS:

Mix 75 sbs Lite followed by 115 sbs Arc. Wash pump and line clean. Release plug and displace 1000' lift. Uncased plug. Plug held. Open DV 800'. Plug mouse hole and Rathole mix cement down 5 1/2. Wash pump and line clean. Release plug and displace 1000' lift. 2000' sand plug. Tool closed cement did circulate.

Thank you.

SERVICE

HANDLING 243 cu ft @ 2.18 1892.64

MILEAGE 2.25 tank/mile 304.20

DEPTH OF JOB 5200'

PUMP TRUCK CHARGE 3099.25 3099.25

EXTRA FOOTAGE @

HV MILEAGE 35 miles @ 2.70 269.50

LV MILEAGE 35 miles @ 4.40 154.00

@

@

TOTAL 16,231.44

DISCOUNT 48% 5103.19

CHARGE TO: Beredco

STREET

CITY STATE ZIP

PLUG & FLOAT EQUIPMENT

5 1/2

1 APu float shoe @ 545.00

1 Watchdown plug 35# @ 660.00

1 DV tool @ 525.00

3 Baskets @ 395.00 1185.00

1/2 Centralizers @ 57.00 912.00

TOTAL 8,637.00

DISCOUNT 48% 4,146.76

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 [Signature]

SALES TAX (If Any)

TOTAL CHARGES 36073.63

DISCOUNT 17,315.34 (48%) IF PAID IN 30 DAYS

NET TOTAL 18,758.29 IF PAID IN 30 DAYS

Bid

Date 11-12-15 District Oakley Ticket No. 062865
 Company Berexco Rig Berexco
 Lease Leona unit Well No. 12-1
 County Haskell State KS
 Location 1 27 33 Field _____
Garden city 5 to 66 New 1/2 1/2 unit 10
 CASING DATA: Conductor PTA Squeeze Misc
 Surface Intermediate Production Liner
 Size 5 1/2 Type neod Weight _____ Collar _____

CEMENT DATA:

Spacer Type: _____
 Amt. _____ Skys Yield _____ ft³/sk Density _____ PPG

LEAD: Pump Time _____ hrs. Type Lite 1/2 FLO sec
 Excess _____

Amt. 300 Skys Yield 22.2 ft³/sk Density 12 PPG

TAIL: Pump Time _____ hrs. Type ASC
 Excess _____

Amt. 50 Skys Yield 1.58 ft³/sk Density 14.52 PPG

WATER: Lead _____ gals/sk Tail _____ gals/sk Total _____ Bbls.

Casing Depths: Top 180 Bottom 5200

Pump Trucks Used 431

Bulk Equip. 890

Drill Pipe: Size _____ Weight _____ Collars _____

Open Hole: Size 7 7/8 T.D. 5200 ft. P.B. to _____ ft.

CAPACITY FACTORS:

Casing: Bbls/Lin. ft. _____ Lin. ft./Bbl. _____

Open Holes: Bbls/Lin. ft. _____ Lin. ft./Bbl. _____

Drill Pipe: Bbls/Lin. ft. _____ Lin. ft./Bbl. _____

Annulus: Bbls/Lin. ft. _____ Lin. ft./Bbl. _____

Bbls/Lin. ft. _____ Lin. ft./Bbl. _____

Perforations: From _____ ft. to _____ ft. Amt. _____

Float Equip: Manufacturer _____

Shoe: Type _____ Depth _____

Float: Type _____ Depth _____

Centralizers: Quantity _____ Plugs Top _____ Btm. _____

Stage Collars _____

Special Equip. _____

Disp. Fluid Type water Amt. _____ Bbls. Weight _____ PPG

Mud Type _____ Weight _____ PPG

COMPANY REPRESENTATIVE _____

CEMENTER Andrew

TIME	PRESSURES PSI		FLUID PUMPED DATA			REMARKS
	DRILL PIPE CASING	ANNULUS	TOTAL FLUID	Pumped Per Time Period	RATE Bbls Min.	
						plug mouse hole
						plug Rat hole
						mix 300 sks Lite
						mix 50 sks ASC
						wash pump and line clean
						Release plug
						start displacement
				10		
				10		
				10		
				10		
				10		
				10		
				10		
	1000			8		
	2000					plug loaded
						tool closed
						cement did circulate

FINAL DISP. PRESS: 1000 PSI BUMP PLUG TO 2000 PSI BLEEDBACK 1/2 BBLs. THANK YOU