



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1311966
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: _____

1311966

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> _____				
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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TICKET 295333

CHARGE TO
 Address
 City, State, Zip Code

WELL/PROJECT NO. SUD
 LEASE Rusek
 COUNTY/PARISH Trego
 CITY
 STATE KS
 DATE 6-8-16
 OWNER
 TICKET TYPE SERVICE
 SALES Wild West Well
 DELIVERED TO location
 ORDER NO.
 WELL LOCATION
 WELL PERMIT NO.
 JOB PURPOSE CNT Liner

PRICE REFERENCE	SECONDARY REFERENCE/ PART NUMBER	ACCOUNTING		DESCRIPTION	QTY.	UM	QTY.	UM	UNIT PRICE	AMOUNT
		LOC	ACCT							
575		1			30	Mi			5.00	150.00
578		1		MILEAGE TRK 113	1	EA			1250.00	1250.00
290		1		Pump Charge	2	EA			42.00	84.00
410		1		D-Air	1	EA			65.00	65.00
418		1		Top plug	1	EA			300.00	300.00
		1		Weld on Flush Joint Float Shoe	1	EA		4 1/2		
328-4		2		60/40 potmix 4% gel	130	SKS			10.45	1332.50
581		2		Service Charge Cont	200	SUS			1.50	300.00
583		2		Drainage	404	RM			75	303.00

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 1-8-16 TIME SIGNED

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

OUR EQUIPMENT PERFORMED WITHOUT BREAKDOWN?
 WE UNDERSTOOD AND MET YOUR NEEDS?
 OUR SERVICE WAS PERFORMED WITHOUT DELAY?
 WE OPERATED THE EQUIPMENT AND PERFORMED THE JOB CALCULATIONS SATISFACTORILY?
 ARE YOU SATISFIED WITH OUR SERVICE?
 YES NO

PAGE TOTAL 3784.50
 -572 DISC
 3595.27
 TREGO TAX Co. 8.00
 212.76
 TOTAL 3798.03

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

SWIFT OPERATOR David Edgerton APPROVAL

Thank You!

JOB LOG

SWIFT Services, Inc.

DATE 6-8-16 PAGE NO.

CUSTOMER Abercrombie WELL NO. SIND LEASE Rasck JOB TYPE CMT liner TICKET NO. 29533

CHART NO.	TIME	RATE (BPM)	VOLUME (BBL) (GAL)	PUMPS		PRESSURE (PSI)		DESCRIPTION OF OPERATION AND MATERIALS
				T	C	TUBING	CASING	
	1030							On location
								4 1/2 inside 5 1/2 plug @ 1450 shor @ 1445
	1145	2.5	25			600		Break Circulation
		2.5	0			600		START CMT @ 13.0 PPG
			32			600		Circ CMT / Raise weight to 13.5 PPG
		2.5	35			0		End CMT - 130 sks 60/40 pozmix
			0					Drop plug / wash p# 6
			23					START Disp
								land plug lift - 1200 psi land - 1500 psi
								Circ 95 sks CMT 40 pif
								Thanks ! David, Jon H. & Preston



Every Project Is Personal

Pioneer Wireline Services, LLC

Service Order No.

1 - 49324

Phone: 785.625.3858

Fax: 785.625.8635

Date: 6-7-2016

Client Info	Company <i>Abscrombie Energy, LLC</i>				Client Order # <i>OW SWD</i>			
	Billing Address				City	ST	Zip	
Well Info	Lease & Well # <i>Rose A #4 SWD</i>			Field Name			Legal Description (coordinates) <i>12 12S 23W</i>	
	Nearest Town <i>Wakeeney</i>	County / Parish <i>Trego</i>	ST <i>KS</i>	Rig	Permit #	Price Zone	Casing Size <i>5 1/2</i>	Casing Weight
	Fluid <i>Water</i>	Level (surf.) <i>NA</i>	Reading from <i>5' 16" L</i>	Customer T.D. <i>1638</i>	Pioneer T.D. <i>1610</i>	Elevation <i>2394</i>	KB Elevation <i>NA</i>	
	Engineer <i>D Schmidt</i>	Truck Driver <i>J Henrikson</i>		Crew Members <i>M Hiss</i>			Unit # <i>106</i>	Miles

Product Code	Description	Q-ty	Unit Price	Depth		\$ Amount
				From	To	
15091	Sct 5 1/2" (IBP)		4040		1450	4040
15022	Dump / sack Cement		2400	0	1450	2400
10000	Truck Rental #106		2200			2200 ⁰⁰
	2 Runs					
	API# 15-195-00895-00-02					
	1450					
	8					
	1442					

THE UNDERSIGNED HEREBY CERTIFIES THAT HE HAS FULL AUTHORITY TO ENTER INTO THIS CONTRACT ON BEHALF OF THE CLIENT AND AGREES TO THE TERMS AND CONDITIONS SET FORTH ON THE REVERSE SIDE HEREOF.

Client Approval	
<i>Tim Joban</i>	<i>[Signature]</i> 6/7/16
Name Printed	Signature / Date

Pioneer Field Representative	
<i>D. Schmidt</i>	<i>[Signature]</i> 6-7-2016
Name Printed	Signature / Date

BP = \$2250⁰⁰
 Cement = 18⁰⁰
 DB = 500⁰⁰
 \$2768⁰⁰
 Discount =

SUBTOTAL	
DISCOUNT	
SUBTOTAL	\$1800 ⁰⁰
TAX	
NET TOTAL	

PIONEER OFFICE USE ONLY - Manager Approval	
<i>[Signature]</i>	6/8/16
Name Printed	Signature / Date