

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 OFS, LLC

Federal Tax I.D. #81-2169190

68028

REMIT TO: Allied OFS, LLC
P.O. Box 133366
Spring, TX 77393

SERVICE POINT:
Daddy, Ky

DATE <u>6/24/16</u>	SEC <u>23</u>	TWP. <u>Y</u>	RANGE <u>28</u>	CALLED OUT	ON LOCATION	JOB START <u>8:30a</u>	JOB FINISH <u>9:00a</u>
LEASE <u>Lease</u>	WELL # <u>SWD 1</u>	LOCATION <u>HELEN 1101E 1/2 N</u>	COUNTY <u>Cherokee</u>		STATE <u>KY</u>		
OLD OR NEW (Circle one)							

CONTRACTOR Murphy 7

TYPE OF JOB Surface

HOLE SIZE 12 1/4 TD. 261

CASING SIZE 8 5/8 DEPTH 260

TUBING SIZE DEPTH

DRILL PIPE DEPTH

TOOL DEPTH

PRES. MAX MINIMUM

MEAS. LINE SHOE JOINT

CEMENT LEFT IN CSG.

PERFS.

DISPLACEMENT

OWNER Same

CEMENT AMOUNT ORDERED 250 Com 390CC
11450

EQUIPMENT

PUMP TRUCK CEMENTER Alan Ryan

566281 HELPER Kevin Ryan

BULK TRUCK

891 DRIVER Cory Brown

BULK TRUCK

DRIVER

COMMON 250 9K @ 17.20 4425.00

POZMIX @

GEL @

CHLORIDE 705 @ 1.10 775.50

ASC @

@

@

@

@

@

@

@

TOTAL 5,250.00

REMARKS:

Non-Cy Circulate, Mix cement, Displace cement.

Shut in.

Cement did to circulate 10 BBL

to RT

Did not get a bid - did not take or the contract.

Did offer to go out there, Kelly told Alan, Kevin, Cory me. NO.

DISCOUNT 50% 2,625.25

CHARGE TO: SUE MARR

STREET _____

CITY _____ STATE _____ ZIP _____

SERVICE

HANDLING 269 CF @ 2.40 667.12

MILEAGE 2.25 per mile 1336.25

DEPTH OF JOB _____

PUMP TRUCK CHARGE 152.25

EXTRA FOOTAGE @

HV MILEAGE 40 @ 7.20 508.00

LV MILEAGE 40 @ 4.40 176.00

@

@

TOTAL 3,949.87

DISCOUNT 50% 1,999.93

To: Allied OFS, 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.

PLUG & FLOAT EQUIPMENT

@

@

@

@

@

TOTAL _____

DISCOUNT _____ %

PRINTED NAME KELLY WILSON

SIGNATURE Kelly Wilson

SALES TAX (If Any) _____

TOTAL CHARGES 9,250.37

DISCOUNT 4,625.18 (50%) IF PAID IN 30 DAYS

NET TOTAL 4,625.18 IF PAID IN 30 DAYS

B:d

Date 6/14/16 District Calley Ticket No. 066008
 Company Summit Rig AmEx 7
 Lease Quinn Well No. SWD
 County Sheridan State WY
 Location _____ Field _____

CEMENT DATA:

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

CASING DATA: Conductor PTA Squeeze Misc
 Surface Intermediate Production Liner
 Size 8 5/8 Type Alum Weight 27 Collar _____

LEAD: Pump Time _____ hrs. Type 390CL14PG
 Amt. 250 Skys Yield 1.33 Excess _____
 ft³/sk Density 14.9 PPG

TAIL: Pump Time _____ hrs. Type _____
 Amt. _____ Skys Yield _____ Excess _____
 ft³/sk Density _____ PPG

Casing Depths: Top 126 Bottom _____

WATER: Lead 6.2 gals/sk Tail _____ gals/sk Total _____ Bbls.

Pump Trucks Used 566781
 Bulk Equip. 891

Drill Pipe: Size 4 1/2 Weight _____ Collars _____

Open Hole: Size 12 1/4 T.D. _____ ft. P.B. to _____ ft.

CAPACITY FACTORS:

Casing: Bbls/Lin. ft. 0.037 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. _____

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 HO Amt. _____ Bbls. Weight _____ PPG

Mud Type _____ Weight _____ PPG

COMPANY REPRESENTATIVE _____

CEMENTER M

TIME	PRESSURES PSI		FLUID PUMPED DATA			REMARKS
	DRILL PIPE CASING	ANNULUS	TOTAL FLUID	Pumped Per Time Period	RATE Bbls Min.	
						on location, set up
						run casing, circulate
				38.0	3.9	mix cement
				5.0		displace cement
						shut in
9:00						Job Complete
						Did not look bid, did not take or run centralizers, offered to get them, idally told me no

REMIT TO: Allied OFS, LLC
P.O. Box 133366
Spring, TX 77393

SERVICE POINT: *Clarksville*

DATE <i>6/10/10</i>	SEC <i>23</i>	TWP.	RANGE	CALLED OUT	ON LOCATION	JOB START <i>12:00 PM</i>	JOB FINISH <i>1:00 PM</i>
LEASE <i>Heckler</i>	WELL # <i>SWD 1-23</i>	LOCATION <i>Solden N 70 110 1E 1/2 W</i>	COUNTY <i>Spencer</i>	STATE <i>KS</i>			
OLD OR NEW (Circle one)							

CONTRACTOR *Monty Phillips*
TYPE OF JOB *Prod & Storage*
HOLE SIZE *7 7/8* T.D.
CASING SIZE *5 1/2* DEPTH *2440'*
TUBING SIZE DEPTH
DRILL PIPE DEPTH
TOOL *OV* DEPTH *1650*
PRES. MAX MINIMUM
MEAS. LINE SHOE JOINT *42*
CEMENT LEFT IN CSG. *42*
PERFS.
DISPLACEMENT *Bottom 160 17 1/2 and 19*
EQUIPMENT *700 1/2 D*

OWNER *James*
CEMENT
AMOUNT ORDERED *405* @ *19.80* = *8051.40*
1/2 Flu Seal, 20 ASC, 10 3/4 Galv, 5 Galv, 2
B&F 1900 C&P, 1 1/4 lb Defamer
405 @ *21.50* = *8602.50*
COMMON
POZMIX @
GEL @
CHLORIDE @
ASC *70* @ *23.50* = *1645.00*
Flu Seal 203 @ *3.00* = *602.91*
Galv 14 350 lb @ *0.99* = *346.00*
CP 330 53 lb @ *23.20* = *1229.30*
Defamer 10 lb @ *3.50* = *35.00*
Mud 40 bbl @ *25.40* = *1016.00*
1/2 lb 10 gal @ *3.70* = *370.00*
TOTAL *13,249.11*

PUMP TRUCK CEMENTER *Alan Ryan*
281 HELPER *Kevin Ryan*
BULK TRUCK
373 DRIVER *Corey Brown*
BULK TRUCK
891 DRIVER *Monty Phillips*

REMARKS:

In Coy Circulate Pump Mud Clean Pump 20 5K ALW
Mix 20 5K ASC, Wash Tank, Displace Pump w/ 17 1/2
160 1/2 bbl 39 bbl mud, 160 1/2 bbl 1800
4 1/2 500 155 Grit, Spent 200-800-800-800 Cr.
3600 mix 30 5K 6 1/4 15 5K MHT, Mix 5 1/2
2000 5 1/2 Wash Tank, Displace Pump w/
39 1/2 bbl 160 1/2 bbl mud, 160 1/2 bbl 1800
Cement & did not Circulate
LOST Circulation 20 5K
w/ approximately lost 70 mix Alan King, Corey Monty

SERVICE

HANDLING *544* @ *2.50* = *1349.00*
MILEAGE *25* @ *9.98* = *2494.50*
DEPTH OF JOB *2440'*
PUMP TRUCK CHARGE *2443*
EXTRA FOOTAGE @
HV MILEAGE *40* @ *7.50* = *300.00*
LV MILEAGE *40* @ *4.40* = *176.00*
190 Stage @ *12.00* = *2400.00*
Head to Meri Fold @ *3.25* = *225.00*
TOTAL *9,452.37*
DISCOUNT *50%* = *4,726.18*

CHARGE TO: *Sueman Exploration - Product*
STREET _____
CITY _____ STATE _____ ZIP _____

PLUG & FLOAT EQUIPMENT

OV @ *53.35* = *5335.00*
Concrete Grease 30 @ *23.70* = *711.00*
Basolite 2 @ *148.50* = *297.00*
AFN shoe 1 @ *545.00*
Watchman 1 @ *610.00*
Threadlock 2 @ *85.00* = *170.00*
Stop collar 2 @ *58.00* = *116.00*
TOTAL *7,328.00*
DISCOUNT *50%* = *4,664.00*

To: Allied OFS, 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.

SALES TAX (If Any) _____
TOTAL CHARGES *32,029.48*
DISCOUNT *16,014.74 (50%)* IF PAID IN 30 DAYS
NET TOTAL *16,014.74* IF PAID IN 30 DAYS

PRINTED NAME _____
SIGNATURE *[Signature]*

Bid

Date 6/16/16 District Ordley Ticket No. 18009
 Company Summit Rig AmBn 7
 Lease Kuchin Well No. Sum 1-23
 County Smith State Ky
 Location _____ Field _____

CASING DATA: Conductor PTA Squeeze Misc
 Surface Intermediate Production Liner
 Size 5 1/2 Type _____ Weight 15 1/2 Collar _____

Casing Depths: Top 188 Bottom 2440'

Drill Pipe: Size 4 1/2 Weight _____ Collars _____
 Open Hole: Size 2 7/8 T.D. _____ ft. P.B. to _____ ft.

CAPACITY FACTORS:

Casing: Bbls/Lin. ft. 0.0238 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. _____

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

COMPANY REPRESENTATIVE _____

CEMENT DATA:

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

LEAD: Pump Time _____ hrs. Type HW 65/35 6" 50'
 Excess _____

Amt. 405 Sks Yield 2.2 ft³/sk Density 12.0 PPG _____

TAIL: Pump Time _____ hrs. Type HW 10" 6" 50'
8-6019.14 Defamer 6" 110'
 Excess _____

Amt. 20 Sks Yield 1.52 ft³/sk Density 14.5 PPG _____

WATER: Lead 12.4 gals/sk Tail 2.02 gals/sk Total _____ Bbls.

Pump Trucks Used 560-281

Bulk Equip. 891
353

Float Equip: Manufacturer _____

Shoe: Type _____ Depth _____

Float: Type AFU Depth _____

Centralizers: Quantity 34 Plugs Top Batch Queen Btm. _____

Stage Collars 0

Special Equip. 2 Buckets

Disp. Fluid Type H₂O Amt. _____ Bbls. Weight _____ PPG _____

Mud Type Big Mud BBV Weight _____ PPG _____

CEMENTER ABL

TIME AM/PM	PRESSURES PSI		FLUID PUMPED DATA			REMARKS
	DRILL PIPE CASING	ANNULUS	TOTAL FLUID	Pumped Per Time Period	RATE Bbls Min.	
						Installation of PTA, Setup
						Run Casing Gradate
	200			40.0	5.0	Pump / Annulus Clean
				6.0	4.0	Mix 80 Bbl 65 BS 6" 1.5 PPG Seal
				12.0	4.0	Mix 50 SK 45 BS Wash Truck
				12.5	4.0	Displace w/ H ₂ O
	500			39.0	4.0	Big Mud w/ PTA Land Plug 1800 w/ PTA Open 100 / Cir. 3 hrs
	1800					
	200					Mix ALW Wash Truck
				39 1/2	2.0	Displace Plug w/ 39 1/2" ALW H ₂ O w/ PTA Land Plug
	600					
	2500					
100 Am						Job Complete
						LOST Gradate on w/ approximately 20 BBS left on mix