

Confidentiality Requested:

☐ Yes ☒ No

KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION

1351595

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 # 5011

Name: Viking Resources, Inc

Address 1: 400 N WOODLAWN ST, STE 18

Address 2: _____

City: WICHITA State: KS Zip: 67208 + 4333

Contact Person: Shawn Devlin

Phone: (316) 262-2502

CONTRACTOR: License # 99975

Name: COMPANY SERVICING TOOLS

Wellsite Geologist: N/A

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.): Run Liner in SWD

If Workover/Re-entry: Old Well Info as follows:

Operator: PETX Petroleum

Well Name: #1 Vogel OWWO

Original Comp. Date: 05/24/1983 Original Total Depth: 1790

☐ Deepening ☐ Re-perf. ☐ Conv. to ENHR ☒ Conv. to SWD
☐ Plug Back ☐ Conv. to GSW ☐ Conv. to Producer

☐ Commingled Permit #: _____
☐ Dual Completion Permit #: _____
☒ SWD Permit #: D-22022
☐ ENHR Permit #: _____
☐ GSW Permit #: _____

05/06/2013 05/20/2013
Spud Date or Date Reached TD Completion Date or
Recompletion Date Recompletion Date

API No. 15 - 15-135-22316-00-02

Spot Description: _____

SW NW NE Sec. 24 Twp. 19 S. R. 26 ☐ East ☒ West

4548 Feet from ☐ North / ☒ South Line of Section

2020 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: Ness

Lease Name: VOGEL Well #: 1-24

Field Name: _____

Producing Formation: Cedar Hills

Elevation: Ground: 2595 Kelly Bushing: 2601

Total Vertical Depth: 1790 Plug Back Total Depth: 1790

Amount of Surface Pipe Set and Cemented at: 1020 Feet

Multiple Stage Cementing Collar Used? ☐ Yes ☒ No

If yes, show depth set: _____ Feet

If Alternate II completion, cement circulated from: 1790

feet depth to: 0 w/ 450 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: Karen Ritter Date: 04/13/2017

1351595

Operator Name: Viking Resources, Inc Lease Name: VOGEL Well #: 1-24
 Sec. 24 Twp. 19 S. R. 26 ☐ East ☒ West County: Ness

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 (Attach Additional Sheets)	☐ Yes ☒ No	☒ Log	Formation (Top), Depth and Datum	☐ Sample
Samples Sent to Geological Survey	☐ Yes ☒ No	Name Cedar Hills	Top 1542'	Datum 1053'
Cores Taken	☐ Yes ☒ No			
Electric Log Run	☐ Yes ☒ No			
List All E. Logs Run:				

CASING RECORD ☐ New ☒ 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
Surface	12.25	8.625	32	1020	Common	500	unknown
Production	7.875	5.5	14	1790	Common	450	unknown
Liner	7.875	4.5	10.5	1517	Common	150	CC, Gel

ADDITIONAL CEMENTING / SQUEEZE RECORD				
Purpose:	Depth Top Bottom	Type of Cement	# Sacks Used	Type and Percent Additives
☐ Perforate				
☐ Protect Casing	-			
☐ Plug Back TD				
☐ 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 (Amount and Kind of Material Used)		Depth
2					1520-1560
TUBING RECORD: Size: Set At: Packer At:			Liner Run:		
2.375 1497 1497			☒ Yes ☐ No		
Date of First, Resumed Production, SWD or ENHR. 05/21/2013		Producing Method: ☐ Flowing ☐ Pumping ☐ Gas Lift ☒ Other (Explain) <u>SWD</u>			
Estimated Production Per 24 Hours	Oil Bbls.	Gas Mcf	Water Bbls.	Gas-Oil Ratio	Gravity

DISPOSITION OF GAS:	METHOD OF COMPLETION:	PRODUCTION INTERVAL:
☐ Vented ☐ Sold ☐ Used on Lease (If vented, Submit ACO-18.)	☐ Open Hole ☒ Perf. ☐ Dually Comp. ☐ Commingled (Submit ACO-5) ☐ Other (Specify) _____	_____ _____

Form	ACO1 - Well Completion
Operator	Viking Resources, Inc
Well Name	VOGEL 1-24
Doc ID	1351595

Casing

Purpose Of String	Size Hole Drilled	Size Casing Set	Weight	Setting Depth	Type Of Cement	Number of Sacks Used	Type and Percent Additives
Surface	12.25	8.625	32	1020	Common	500	unknown
Production	7.875	5.5	14	1790	Common	450	unknown
Liner	7.875	4.5	10.5	1517	Common	150	CC, Gel

SWIFT Services, Inc.

DATE	9 MAY 13	PAGE NO.
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LINKING RESOURCES

WELL NO.

LEASE

VOEFL #1 SWD

IOB TYPE

OB TYPE
CEMENT LINER 4 1/2

TICKET NO

NO. 24758

[illegible]