

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 Recompletion Date \_\_\_\_\_ 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 053360

Federal Tax I.D.# 20-5975804

REMIT TO P.O. BOX 31  
RUSSELL, KANSAS 67665

SERVICE POINT:  
Liberal KS.

DATE <u>1-30-12</u>	SEC. <u>24</u>	TWP. <u>28S</u>	RANGE <u>30W</u>	CALLED OUT	ON LOCATION	JOB START <u>3:30pm</u>	JOB FINISH <u>4:30pm</u>
LEASE <u>Allen Isaac</u>	WELL# <u>1-24NW</u>		LOCATION <u>Vec Copland K.S.</u>		COUNTY <u>Craig</u>	STATE <u>KS.</u>	
OLD OR <input checked="" type="radio"/> NEW (Circle one)			Fast to CR to Nacita 2 miles E into				

CONTRACTOR Val Rig # 7  
 TYPE OF JOB Surface  
 HOLE SIZE 17 1/4 T.D. 1840  
 CASING SIZE 8 5/8 24" ID DEPTH 1839  
 TUBING SIZE \_\_\_\_\_ DEPTH \_\_\_\_\_  
 DRILL PIPE \_\_\_\_\_ DEPTH \_\_\_\_\_  
 TOOL \_\_\_\_\_ DEPTH \_\_\_\_\_  
 PRES. MAX 1000 MINIMUM 500  
 MEAS. LINE \_\_\_\_\_ SHOE JOINT 40.90  
 CEMENT LEFT IN CSG. \_\_\_\_\_  
 PERFS. \_\_\_\_\_  
 DISPLACEMENT 115 Disp

OWNER \_\_\_\_\_  
 CEMENT AMOUNT ORDERED 675 SK 65/35/6%  
gel 3% CC 1/4" # Floeal  
150 SK Class A 3% CC 7" gel  
 COMMON 150 @ 16.25 2437.50  
 POZMIX \_\_\_\_\_ @ \_\_\_\_\_  
 GEL 3 @ 21.25 63.75  
 CHLORIDE 27 @ 58.20 1571.40  
 ASC \_\_\_\_\_ @ \_\_\_\_\_  
 Light Weight 675 @ 15.00 10125.00  
 Floeal 169 @ 2.70 456.30  
 \_\_\_\_\_ @ \_\_\_\_\_  
 \_\_\_\_\_ @ \_\_\_\_\_  
 \_\_\_\_\_ @ \_\_\_\_\_  
 HANDLING 855 @ 2.25 1923.00  
 MILEAGE \_\_\_\_\_ 4702.50  
 TOTAL 21279.45

EQUIPMENT  
 PUMP TRUCK CEMENTER Kenny Boern  
#470-484 HELPER Jose  
 BULK TRUCK  
#457-251 DRIVER Kenny + Jeremiah  
 BULK TRUCK  
#472-467 DRIVER Angel

REMARKS:

\_\_\_\_\_  
 \_\_\_\_\_  
Circulated Cement.  
 \_\_\_\_\_  
THANK YOU!!!

CHARGE TO: Falcon Exploration  
 STREET \_\_\_\_\_  
 CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

### SERVICE

DEPTH OF JOB \_\_\_\_\_ 1840 ft  
 PUMP TRUCK CHARGE \_\_\_\_\_ 1925.00  
 EXTRA FOOTAGE \_\_\_\_\_ @ \_\_\_\_\_  
 MILEAGE 100 @ 7.00 700.00  
 MANIFOLD \_\_\_\_\_ @ 200.00 200.00  
 \_\_\_\_\_ @ 4.00 400.00  
Sugar 40 lb @ 2.75 110.00  
 TOTAL 3335.00

### PLUG & FLOAT EQUIPMENT

Centralizers 3 @ 67.00 201.00  
Baskets 3 @ 314.00 942.00  
Guide Shoe 1 @ 404.00 404.00  
AFB Insert 1 @ 238.00 238.00  
Rubber Plug 1 @ 101.00 101.00  
 TOTAL 1886.00

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 Leon Kuhn  
 SIGNATURE [Signature]

SALES TAX (If Any) \_\_\_\_\_  
 TOTAL CHARGES \$26500.45  
 DISCOUNT \$19875.34 IF PAID IN 30 DAYS

# Cement Report

Customer	Falconi Exploration		Lease No.			Date	2-10-17		
Lease	Allen Isaac		Well #	1-74		Service Receipt			
Casing	4 1/2	Depth	4617		County	Gray		State	KS
Job Type	4 1/2 L.S.		Formation			Legal Description	24-28-30		

Pipe Data		Perforating Data		Cement Data
Casing size	4 1/2	Tubing Size	Shots/Ft	
Depth	4617	Depth	From	To
Volume	77.6	Volume	From	To
Max Press	2500	Max Press	From	To
Well Connection	P.C.	Annulus Vol.	From	To
Plug Depth		Packer Depth	From	To

Lead 220 SK 114-2  
 546W-60, 1085a ft  
 169C-15, 1/4" AD 150 ft  
 226, 1402, 176 @ 14.8#  
 1, 51, 411, 6.6d gal/k  
 Tail in 50 SK same  
 R+M

Time	Casing Pressure	Tubing Pressure	Bbls. Pumped	Rate	Service Log
17:00					on LOC, spot trucks R.O. Sufficiently
17:30					start F.E.
18:00					F.E. Done
20:00					Break Circ.
20:20					PT went down due to fluid failure
22:30					PT on LOC
23:44	150		12	4	Pump Mud Flush
23:52					H2O spacer
23:56					Plug R+M
0:06	150		0	5	start mixing @ 14.8#
0:35	0		60	-	Finish Mixing
0:40					Washup P+L, Drop Plug
0:43	150		0	6.5	start DISP
0:57	700		63	3	slow Rate
01:00	1000-1500		73	-	Plug Down
01:02	1500-0				Release Psi Plug held

Service Units	19488	3722339776	1435519578		
Driver Names	C. Hinz	R. Olds	J. Brjalva		

Chuck Taylor  
Customer Representative

Sunny Bennett  
Station Manager

C. Hinz  
Cementer