



KANSAS CORPORATION COMMISSION 1081061
OIL & GAS CONSERVATION DIVISION

Form ACO-1

June 2009

Form Must Be Typed

Form must be Signed

All blanks must be Filled

WELL COMPLETION FORM
WELL HISTORY - DESCRIPTION OF WELL & LEASE

OPERATOR: License # 34648
Name: A & L Energy Operations LLC
Address 1: 575 MADISON AVENUE 22ND FL
Address 2: _____
City: NEW YORK State: NY Zip: 10022 + _____
Contact Person: Andrew Pietra
Phone: (212) 586-6665
CONTRACTOR: License # 33715
Name: Town Oilfield Service
Wellsite Geologist: NA
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
☐ Conv. to GSW
☐ Plug Back: _____ Plug Back Total Depth
☐ Commingled Permit #: _____
☐ Dual Completion Permit #: _____
☐ SWD Permit #: _____
☐ ENHR Permit #: _____
☐ GSW Permit #: _____

4/30/2012 5/2/2012 5/2/2012
Spud Date or Date Reached TD Completion Date or
Recompletion Date Recompletion Date

API No. 15 - 15-045-21760-00-00
Spot Description: _____
NE SE NW SW Sec. 12 Twp. 15 S. R. 20 ☒ East ☐ West
1815 Feet from ☐ North / ☒ South Line of Section
4125 Feet from ☒ East / ☐ West Line of Section
Footages Calculated from Nearest Outside Section Corner:
☐ NE ☐ NW ☒ SE ☐ SW
County: Douglas
Lease Name: Jones Well #: 19
Field Name: Baldwin
Producing Formation: Squirrel
Elevation: Ground: 1093 Kelly Bushing: 0
Total Depth: 913 Plug Back Total Depth: _____
Amount of Surface Pipe Set and Cemented at: 50 Feet
Multiple Stage Cementing Collar Used? ☐ Yes ☒ No
If yes, show depth set: _____ Feet
If Alternate II completion, cement circulated from: 0
feet depth to: 50 w/ 7 sx cmt.

Drilling Fluid Management Plan
(Data must be collected from the Reserve Pit)

Chloride content: 1500 ppm Fluid volume: 80 bbls
Dewatering method used: Evaporated
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

- ☐ Letter of Confidentiality Received
Date: _____
☐ Confidential Release Date: _____
☒ Wireline Log Received
☐ Geologist Report Received
☐ UIC Distribution
ALT ☐ I ☒ II ☐ III Approved by: Deanna Garlick Date: 06/11/2012



1081061

Operator Name: A & L Energy Operations LLC Lease Name: Jones Well #: 19
 Sec. 12 Twp. 15 S. R. 20 ☒ East ☐ West County: Douglas

INSTRUCTIONS: Show important tops and base 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. Attach complete copy of all Electric Wire-line Logs surveyed. Attach final geological well site report.

Drill Stem Tests Taken <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (Attach Additional Sheets) Samples Sent to Geological Survey <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Cores Taken <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Electric Log Run <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Electric Log Submitted Electronically <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No (If no, Submit Copy) List All E. Logs Run: GammaRay/Neutron/CCL	<input type="checkbox"/> Log Formation (Top), Depth and Datum <input type="checkbox"/> Sample Name Top Datum GammaRay
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CASING RECORD <input checked="" 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
Surface	9	7	10	50	Portland	7	50/50 POZ
Completion	5.6250	2.8750	8	882	Portland	117	50/50 POZ

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	-			

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
3	850.5-858.5	2" DML RTG	8

TUBING RECORD:		Size:	Set At:	Packer At:	Liner Run: <input type="checkbox"/> Yes <input type="checkbox"/> No
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 (Explain) _____		
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 (If vented, Submit ACO-18.)	METHOD OF COMPLETION: <input type="checkbox"/> Open Hole <input type="checkbox"/> Perf. <input type="checkbox"/> Dually Comp. <input type="checkbox"/> Commingled (Submit ACO-5) (Submit ACO-4) <input type="checkbox"/> Other (Specify) _____	PRODUCTION INTERVAL: _____ _____
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CONSOLIDATED
Oil Well Services, LLC

PO Box 884, Chanute, KS 66720
620-431-9210 or 800-467-8676

TICKET NUMBER 39705

LOCATION 2 ttaw

FOREMAN Alan Mader

FIELD TICKET & TREATMENT REPORT

CEMENT

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
5-2-12	3898	Jones 19	SW 12	15	20	D6
CUSTOMER <u>AOE Energy</u>						
MAILING ADDRESS <u>575 Madison Ave 22nd Fl</u>						
CITY <u>New York</u>	STATE <u>NY</u>	ZIP CODE <u>10022</u>				
JOB TYPE <u>long string</u>			HOLE SIZE <u>5 7/8</u>	HOLE DEPTH <u>210</u>	CASING SIZE & WEIGHT <u>2 7/8</u>	
CASING DEPTH <u>382</u>			DRILL PIPE	TUBING	OTHER	
SLURRY WEIGHT			SLURRY VOL	WATER gal/sk	CEMENT LEFT in CASING <u>yes</u>	
DISPLACEMENT <u>5.1</u>			DISPLACEMENT PSI <u>800</u>	MIX PSI <u>200</u>	RATE <u>46 gpm</u>	

REMARKS: Held crew meet. Established rate. Mixed & pumped 100# gel followed by 117 sk 50/150 cement plus 290 gal. Circulated cement. Flushed pump. Pumped plug to casing ID. Well held 800 PST. Set float. Closed valve.

TO: Chad

Alan Mader

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401	1	PUMP CHARGE	368	1030.00
5406	25	MILEAGE	368	100.00
5402	882	casing footage	368	
5407	min	100 miles	510	350.00
5502C	2 hr	80 gal	675	180.00
1124	117.3K	50/150 cement		1281.15
11183	297#	gel		62.37
4402	1	2 1/2 plug		28.00
SCANNED				
			SALES TAX	100.11
			ESTIMATED TOTAL	3131.63

Ravin 3737

NO company rep

AUTHORIZATION Jim DK'd

TITLE

DATE

I acknowledge that the payment terms, unless specifically amended in writing on the front of the form or in the customer's account records, at our office, and conditions of service on the back of this form are in effect for services identified on this form.

Franklin County, KS
 Well: Jones # 19
 Lease Owner: A L
 Energy

Town Oilfield Service, Inc.
 (913) 837-8400

Commenced Spudding:
 4/30/2012

WELL LOG

Thickness of Strata	Formation	Total Depth
9	Soil-Clay	9
64	Sandstone	73
11	Shale	84
32	Lime	116
92	Shale	208
7	Lime	215
3	Shale	218
15	Lime	233
7	Shale	240
9	Lime	249
7	Shale	256
17	Lime	273
32	Shale	305
18	Lime	323
75	Shale	398
22	Lime	420
17	Shale	437
7	Lime	444
24	Shale	468
15	Lime	483
20	Shale	503
7	Lime	510
6	Sandy Lime	516
10	Lime	526
8	Shale	534
23	Lime	557
5	Shale	562
4	Lime	566
3	Shale	569
11	Lime	580
6	Shale	586
5	Sand	591
28	Shale	619
39	Sandy Shale	658
90	Shale	748
7	Lime	755
5	Shale	760
7	Lime	767
9	Shale	776
4	Lime	780

Franklin County. KS
Well: Jones # 19
Lease Owner: A L
Energy

Town Oilfield Service, Inc.
(913) 837-8400

Commenced Spudding:
4/30/2012

[illegible]

[illegible]