



KANSAS CORPORATION COMMISSION 1094343
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 # 31938
Name: Indian Oil Co., Inc.
Address 1: PO BOX 209
Address 2: 2507 SE US 160 HWY
City: MEDICINE LODGE State: KS Zip: 67104 + 0209
Contact Person: Anthony Farrar
Phone: (620) 886-3763
CONTRACTOR: License # 5822
Name: Val Energy, Inc.
Wellsite Geologist: Scott Alberg
Purchaser: Sunoco/Atlas

Designate Type of Completion:
 New Well Re-Entry Workover
 Oil WSW SWD SLOW
 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 #: _____
5/18/2012 5/26/2012 6/19/2012
Spud Date or Date Reached TD Completion Date or
Recompletion Date Recompletion Date

API No. 15 - 15-007-23880-00-00
Spot Description: _____
NW SE NE SE Sec. 10 Twp. 35 S. R. 12 East West
1815 Feet from North / South Line of Section
335 Feet from East / West Line of Section
Footages Calculated from Nearest Outside Section Corner:
 NE NW SE SW
County: Barber
Lease Name: Helen Well #: 1
Field Name: _____
Producing Formation: Mississippi
Elevation: Ground: 1392 Kelly Bushing: 1404
Total Depth: 5233 Plug Back Total Depth: 5107
Amount of Surface Pipe Set and Cemented at: 780 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: 5000 ppm Fluid volume: 0 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: 09/21/2012
 Confidential Release Date: _____
 Wireline Log Received
 Geologist Report Received
 UIC Distribution
ALT I II III Approved by: NAOMI JAMES Date: 09/24/2012



1094343

Operator Name: Indian Oil Co., Inc. Lease Name: Helen Well #: 1
 Sec. 10 Twp. 35 S. R. 12 East West County: Barber

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 Wireline Logs surveyed. Attach final geological well site report.

Drill Stem Tests Taken <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>(Attach Additional Sheets)</i> Samples Sent to Geological Survey <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Cores Taken <input type="checkbox"/> Yes <input checked="" 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 <i>(If no, Submit Copy)</i> List All E. Logs Run: Attached	<input checked="" type="checkbox"/> Log Formation (Top), Depth and Datum <input type="checkbox"/> Sample Name Top Datum Attached Attached Attached
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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
CONDUCTOR	17.5	13.375	54.50	203	CLASS A	215	4SX GEL, 8 SX CHL
SURFACE	12.25	8.625	23.00	822	CLASS A 65:35	300	5SX GEL, 19SX CHL, FLOSEAL
PRODUCTION	7.875	5.5	15.50	5107	CLASS A 60:40	50	KOLSEAL, 2% GASLOCK

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	-			
	-			

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	4867-4873, 4844-4858, 4830-4840M 4816-4826	SW FRAC 457900 GAL, 210400 # SD	4816-4873

TUBING RECORD: Size: <u>2.875</u> Set At: <u>4783</u> Packer At: _____		Liner Run: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Date of First, Resumed Production, SWD or ENHR. <u>7/10/2012</u>		Producing Method: <input type="checkbox"/> Flowing <input checked="" 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 checked="" 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 checked="" type="checkbox"/> Perf. <input type="checkbox"/> Dually Comp. <input type="checkbox"/> Commingled <i>(Submit ACO-5)</i> <i>(Submit ACO-4)</i> <input type="checkbox"/> Other (Specify) _____	PRODUCTION INTERVAL: <u>4816</u> <u>4873</u>
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Form	ACO1 - Well Completion
Operator	Indian Oil Co., Inc.
Well Name	Helen 1
Doc ID	1094343

All Electric Logs Run

dual induction
porosity
bond
geo

Form	ACO1 - Well Completion
Operator	Indian Oil Co., Inc.
Well Name	Helen 1
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Tops

hushpuckney shale	4573	-3167
B/KC	4621	-3217
PAWNEE	4720	-3316
CHER GRP	4770	-3366
CHER SD	4796	-3392
MISS	4815	-3411
KIND SH	5100	-3696
WDFD SH	5176	-3772

Conservation Division
Finney State Office Building
130 S. Market, Rm. 2078
Wichita, KS 67202-3802



Phone: 316-337-6200
Fax: 316-337-6211
<http://kcc.ks.gov/>

Mark Sievers, Chairman
Thomas E. Wright, Commissioner
Shari Feist Albrecht, Commissioner

Sam Brownback, Governor

September 21, 2012

Anthony Farrar
Indian Oil Co., Inc.
PO BOX 209
2507 SE US 160 HWY
MEDICINE LODGE, KS 67104-0209

Re: ACO1
API 15-007-23880-00-00
Helen 1
SE/4 Sec.10-35S-12W
Barber County, Kansas

Dear Production Department:

We are herewith requesting that the Well Completion Form ACO-1 and attached information for the subject well be held confidential for a period of two years.

Should you have any questions or need additional information regarding subject well, please contact our office.

Respectfully,
Anthony Farrar



ALLIED

CEMENTING CO., LLC
Cementing & Acidizing Services

CEMENTING LOG

STAGE NO. _____

Date 5-26-2012 District ML Ticket No. 33954
 Company Indian Oil Rig U91 #5
 Lease Heien Well No. 1
 County Booner State Ks
 Location W.C. Heiener, Ks Field W-35-12-2

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

Casing Depths: Top KB Bottom 5107'

Drill Pipe: Size _____ Weight _____ Collars _____
 Open Hole: Size 7 7/8 T.D. 523 ft. P.B. to _____ ft.

CAPACITY FACTORS:
 Casing: Bbbls/Lin. ft. .0238 Lin. ft./Bbl. 42.01
 Open Holes: Bbbls/Lin. ft. _____ Lin. ft./Bbl. _____
 Drill Pipe: Bbbls/Lin. ft. _____ Lin. ft./Bbl. _____
 Annulus: Bbbls/Lin. ft. .0309 Lin. ft./Bbl. 32.40
 Bbbls/Lin. ft. _____ Lin. ft./Bbl. _____

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

CEMENT DATA:

Spacer Type: 3 bbls water, 500 gals mud clean, 3 bbls water
 Amt. _____ Skys Yield _____ ft³/sk Density _____ PPG

LEAD: Pump Time _____ hrs. Type 60' 40' 4% G-1
RC 1/2 mouse hole Excess _____

Amt. 50 Skys Yield 1.40 ft³/sk Density 14.1 PPG

TAIL: Pump Time _____ hrs. Type CESS & DSC + ST
Kolson + .2% FL 1601 - 2% G-1 water & DSC + ST Excess _____

Amt. 125 Skys Yield 1.57 ft³/sk Density 14.5 PPG

WATER: Lead 6.7 gals/sk Tail 223 gals/sk Total 30 Bbls.

Pump Trucks Used 548-545 - Breat + Dgrin
 Bulk Equip. 364 - Branson

Float Equip: Manufacturer Weatherford

Shoe: Type Guide Shoe Depth _____

Float: Type AFU Inset Depth _____

Centralizers: Quantity _____ Plugs Top 1 Btm. _____

Stage Collars _____

Special Equip. _____

Disp. Fluid Type 2% HCL water Amt. 120 Bbls. Weight 834 PPG

Mud Type _____ Weight _____ PPG

COMPANY REPRESENTATIVE Anthony Ferrer

CEMENTER Dgrin Franklin

TIME AM/PM	PRESSURES PSI		FLUID PUMPED DATA			REMARKS
	DRILL PIPE CASING	ANNULUS	TOTAL FLUID	Pumped Per Time Period	RATE Bbls/Min	
	400					Pipe on bottom & break circled on
	400				6	pump 3 bbls water
	400				6	500 gals mud clean
	400				6	3 bbls water
	100				3	mix 30% for RC + hole
	100				3	mix 20% for mouse hole
	400				6	mix 125% tail cement
						Shut down
						wash pump & lines
						Release plug
	100				7	Stage displacement
	400			85	7	kill pressure at 85 bbls
	600			110	3	slow rate to 3 bbls @ 110 bbls
	1200			120	3	Bump plug @ 120 bbls @ 1200 PSI
						Float did not hold

FINAL DISP. PRESS: 600 PSI BUMP PLUG TO 1200 PSI BLEEDBACK Shut in BBLs.

THANK YOU



ALLIED

CEMENTING CO., LLC
Cementing & Acidizing Services

CEMENTING LOG

STAGE NO. _____

Date 5-19-12 District M.L. Ticket No. 32677
 Company Indian Oil Rig Val #5
 Lease Helen Well No. #1
 County Barber State KS
 Location 2 E Hardiner Ks, 1405, W/into Field 10-355-12W

CASING DATA: PTA Squeeze
 Surface Intermediate Production Liner
 Size 2 5/8 Type _____ Weight 23.1 Collar _____

Casing Depths: Top KB Bottom 822.01

Drill Pipe: Size _____ Weight _____ Collars _____
 Open Hole: Size 12 1/4 T.O. 83012 ft. P.B. to _____ ft.

CAPACITY FACTORS:

Casing: Bbbs/Lin. ft. 0.0637 Lin. ft./Bbl. 15.70
 Open Holes: Bbbs/Lin. ft. 0.0735 Lin. ft./Bbl. 13.61
 Drill Pipe: Bbbs/Lin. ft. _____ Lin. ft./Bbl. _____
 Annulus: Bbbs/Lin. ft. _____ Lin. ft./Bbl. _____
 Perforations: From _____ ft to _____ ft Amt. _____

CEMENT DATA:

Spacer Type: Fresh H₂O
 Amt. _____ Skys Yield _____ ft³/sk Density _____ PPG

LEAD: Pump Time _____ hrs. Type 6.5:35:62 gal
+ 37000 + 1/4 610 seal Excess _____

Amt. 250 Skys Yield 1.98 ft³/sk Density 12.8 PPG

TAIL: Pump Time _____ hrs. Type Class 'A' + 320
10 + 270 gal Excess _____

Amt. 250 Skys Yield 1.34 ft³/sk Density 15.2 PPG

WATER: Lead 10.9 gals/sk Tail 651 gals/sk Total 147.81 Bbbs

Pump Trucks Used 471-302

Bulk Equip. 471-252

Floater Equip: Manufacturer Weatherford

Shoe: Type _____ Depth _____

Floater Type AFU Insert Depth _____

Centralizers: Quantity 2 Plugs Top _____ Btm. Rubber

Stage Collars _____

Special Equip. 2 Baskets

Disp. Fluid Type Fresh H₂O Amt. _____ Bbbs. Weight 2.34 PPG

Mud Type _____ Weight _____ PPG

COMPANY REPRESENTATIVE _____

CEMENTER Ron Gilley

TIME AM/PM	PRESSURES PSI		FLUID PUMPED DATA			REMARKS
	DRILL PIPE CASING	ANNULUS	TOTAL FLUID	Pumped Per Time Period	RATE Bbbs Min.	
						pipe on Bottom Break Circu.
11:45	100		3	< 1min	4	pump Fresh H ₂ O Ahead
11:50	150		147.81	27min	5.5	Mix All Cement
						Stop Release Plug
					5	Start Displacement wash up on top plug
			47 1/2		3	Slow at 10 Bbbs out
						Bump plug @ 500' over Cement Did Not Circulate Top Out With 500x A+320

FINAL DISP. PRESS: _____ PSI BUMP PLUG TO _____ PSI BLEEDBACK Hold BBLs. THANK YOU

Conservation Division
Finney State Office Building
130 S. Market, Rm. 2078
Wichita, KS 67202-3802



Phone: 316-337-6200
Fax: 316-337-6211
<http://kcc.ks.gov/>

Mark Sievers, Chairman
Thomas E. Wright, Commissioner
Shari Feist Albrecht, Commissioner

Sam Brownback, Governor

September 24, 2012

Anthony Farrar
Indian Oil Co., Inc.
PO BOX 209
2507 SE US 160 HWY
MEDICINE LODGE, KS 67104-0209

Re: ACO-1
API 15-007-23880-00-00
Helen 1
SE/4 Sec.10-35S-12W
Barber County, Kansas

Dear Anthony Farrar:

K.A.R. 82-3-107 provides for all completion information to be filed within 120 days of the spud date. Subsection(e)(2) of that regulation states "All rights to confidentiality shall be lost if the filings are not timely."

The above referenced well was spudded on 5/18/2012 and the ACO-1 was received on September 21, 2012 (not within the 120 days timely requirement).

Therefore, your request for confidential treatment of data contained within the ACO-1 filing cannot be granted at this time.

If you should have any questions, please do not hesitate to contact me at (316)337-6200.

Sincerely,

Production Department