



KANSAS CORPORATION COMMISSION 1094338
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/Oneok

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 #: _____

4/9/2012	4/16/2012	5/31/2012
Spud Date or Recompletion Date	Date Reached TD	Completion Date or Recompletion Date

API No. 15 - 15-007-23865-00-00
Spot Description: _____
NE SW SE NW Sec. 25 Twp. 31 S. R. 13 East West
3040 Feet from North / South Line of Section
1920 Feet from East / West Line of Section
Footages Calculated from Nearest Outside Section Corner:
 NE NW SE SW
County: Barber
Lease Name: Mingona Well #: 1
Field Name: _____
Producing Formation: Mississippi
Elevation: Ground: 1538 Kelly Bushing: 1543
Total Depth: 4340 Plug Back Total Depth: _____
Amount of Surface Pipe Set and Cemented at: 225 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



1094338

Operator Name: Indian Oil Co., Inc. Lease Name: Mingona Well #: 1
 Sec. 25 Twp. 31 S. R. 13 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 <i>(Attach Additional Sheets)</i>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Log Formation (Top), Depth and Datum	<input type="checkbox"/> Sample
Samples Sent to Geological Survey	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Name Attached	Top Attached Datum Attached
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 <i>(If no, Submit Copy)</i>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		

List All E. Logs Run:
Attached

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	12.25	8.625	23.00	227	CLASS A	185	3% CCT 2% GEL
PRODUCTION	7.875	5.5	15.50	4330	60:40	175	KOLSEAL, DEFOAMER

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 <i>(Amount and Kind of Material Used)</i>	Depth
2	4161-4201	10000BBL SW FRAC 1700# SD	4161-4201
		1060 7.5% HCL, 1500 15% HCL, 120 BL SLR	4161-4201

TUBING RECORD:	Size: <u>2.875</u>	Set At: <u>4138</u>	Packer At:	Liner Run: <input type="checkbox"/> Yes <input type="checkbox"/> No
Date of First, Resumed Production, SWD or ENHR. <u>6/2/2012</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>4161</u> <u>4201</u>
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Form	ACO1 - Well Completion
Operator	Indian Oil Co., Inc.
Well Name	Mingona 1
Doc ID	1094338

All Electric Logs Run

dual induction
porosity
bond
geo

Form	ACO1 - Well Completion
Operator	Indian Oil Co., Inc.
Well Name	Mingona 1
Doc ID	1094338

Tops

HEEB	3472	-1929
DOUG SH	3507	-1964
LANS	3666	-2223
STARK	4000	-2457
B/KC	4110	-2567
MARM	4122	-2579
MISS	4160	-2617
KIND SH	4306	-2763

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 15-007-23865-00-00
Mingona 1
NW/4 Sec.25-31S-13W
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. 037962

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

SERVICE POINT: Mcnicore Lubbers

DATE <u>4/16/2014</u>	SEC <u>25</u>	TWP <u>31S</u>	RANGE <u>13W</u>	CALLED OUT	ON LOCATION <u>10:00 AM</u>	JOB START <u>2:15 PM</u>	JOB FINISH <u>3:15 PM</u>
LEASE <u>Mingons</u>	WELL # <u>1</u>	LOCATION <u>Allan Shug, 6 1/2 miles</u>			COUNTY <u>Scott</u>	STATE <u>KS</u>	
OLD OR NEW (Circle one)							

CONTRACTOR Vol #2

TYPE OF JOB Production

HOLE SIZE 7 1/8 T.D.

CASING SIZE 5 1/2 DEPTH 4330

TUBING SIZE DEPTH

DRILL PIPE DEPTH

TOOL DEPTH

PRES. MAX MINIMUM

MEAS. LINE SHOE JOINT 31

CEMENT LEFT IN CSG.

PERFS.

DISPLACEMENT 105 bbls of 2 3/4 KCL water

OWNER Indisa Oil

CEMENT

AMOUNT ORDERED 50% 60 wt 4 1/2 Gm
125% Class A ASC 14F Kelson 1.2%
11.16% + 2% Gas Mix 2.6 Deframer

COMMON @ _____

POZMIX @ _____

GEL @ _____

CHLORIDE @ _____

ASC @ _____

_____ @ _____

_____ @ _____

_____ @ _____

_____ @ _____

_____ @ _____

_____ @ _____

HANDLING @ _____

MILEAGE @ _____

TOTAL _____

EQUIPMENT

PUMP TRUCK CEMENTER Dean F

546-545 HELPER Eddie P

BULK TRUCK

361-250 DRIVER Brennan Joseph

BULK TRUCK

DRIVER

REMARKS:

Production on a heavy circulation
Pump 3 hole size 50000 ASC 3 hole water
mix 30% BC hole 20% cement hole water
of cement. Shug area well 2 1/2 hrs
Run in Pipe 1000' & 1000000' life pump
at 80 bbls slow run to 3000 at 95 bbls
with pump 105 bbls 600-1100 PSI
1000' at hole

SERVICE

DEPTH OF JOB 4330'

PUMP TRUCK CHARGE _____

EXTRA FOOTAGE @ _____

MILEAGE @ _____

MANIFOLD 1000' (100) @ _____

_____ @ _____

_____ @ _____

TOTAL _____

CHARGE TO: Indisa Oil

STREET _____

CITY _____ STATE _____ ZIP _____

PLUG & FLOAT EQUIPMENT

5/2

1 Pump Plug @ _____

1 Grad Plug @ _____

1 AFU/Drum @ _____

6 Concrete @ _____

_____ @ _____

TOTAL _____

To Allied Cementing Co., 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 _____

DISCOUNT _____ IF PAID IN 30 DAYS

PRINTED NAME X Anthony FARRAR

SIGNATURE [Signature]

Thank you!!

ALLIED OIL & GAS SERVICES, LLC 054091

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

SERVICE POINT:
Medicine Lodge KS

DATE <i>4/10/2012</i>	SEC. <i>25</i>	TWP. <i>31s</i>	RANGE <i>13w</i>	CALLED OUT	ON LOCATION	JOB START	JOB FINISH
LEASE <i>Agona</i>		WELL # <i>1</i>		LOCATION <i>West on River Rd 7ai, East</i>		COUNTY <i>Barber</i>	STATE <i>KS</i>
OLD OR (NEW) (Circle one)				into			

CONTRACTOR *Val #2*

TYPE OF JOB *Surface*

HOLE SIZE *12 1/4* T.D. *230*

CASING SIZE *8 1/2* DEPTH *227*

TUBING SIZE DEPTH

DRILL PIPE DEPTH

TOOL DEPTH

PRES. MAX DEPTH

MEAS. LINE MINIMUM

CEMENT LEFT IN CSG. *15'* SHOE JOINT

PERFS.

DISPLACEMENT *13 1/2*

OWNER *Indian Oil*

CEMENT AMOUNT ORDERED *185x Class A + 3% act 2% Gel*

EQUIPMENT

PUMP TRUCK # *310/265* CEMENTER *Jason Thinesch*

BULK TRUCK # *356/290* HELPER *George Wright*

BULK TRUCK DRIVER *Brett Goins / Joe Hawk*

DRIVER

COMMON <i>Class A 185x</i>	@ <i>16.25</i>	<i>3006.25</i>
POZMIX	@	
GEL <i>4x</i>	@ <i>21.25</i>	<i>85</i>
CHLORIDE <i>7x</i>	@ <i>58.20</i>	<i>407.4</i>
ASC	@	
	@	
	@	
	@	
	@	
	@	
	@	
	@	
HANDLING <i>196</i>	@ <i>2.25</i>	<i>441</i>
MILEAGE <i>196x 7x .11</i>		<i>150.92</i>
TOTAL		<i>4,090.57</i>

REMARKS:

CHARGE TO: *Indian Oil*

STREET _____

CITY _____ STATE _____ ZIP _____

SERVICE

DEPTH OF JOB <i>227</i>		
PUMP TRUCK CHARGE		<i>1125</i>
EXTRA FOOTAGE	@	
MILEAGE <i>7</i>	@ <i>7.00</i>	<i>49</i>
MANIFOLD	@ <i>2.00</i>	<i>2.00</i>
<i>LV 7</i>	@ <i>4.00</i>	<i>28</i>
	@	
TOTAL		<i>1402</i>

PLUG & FLOAT EQUIPMENT

<i>Wooden plug</i>	@ <i>92</i>	<i>92</i>
	@	
	@	
	@	
	@	
TOTAL		<i>92</i>

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 *Rick Smith*

SIGNATURE *Rick Smith*

SALES TAX (If Any) _____

TOTAL CHARGES *5584.57*

DISCOUNT _____ IF PAID IN 30 DAYS

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 15-007-23865-00-00
Mingona 1
NW/4 Sec.25-31S-13W
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 4/9/2012 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