



KANSAS CORPORATION COMMISSION 1105110  
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 # 30076  
Name: Anderson, Andy dba A & A Production  
Address 1: PO BOX 100  
Address 2: \_\_\_\_\_  
City: HILL CITY State: KS Zip: 67642 + 0100  
Contact Person: Andy Anderson  
Phone: ( 785 ) 567-8068  
CONTRACTOR: License # 34748  
Name: M & T Drilling, LLC  
Wellsite Geologist: n/a  
Purchaser: n/a

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 #: \_\_\_\_\_

<u>11/08/2012</u>	<u>11/15/2012</u>	<u>11/21/2012</u>
Spud Date or Recompletion Date	Date Reached TD	Completion Date or Recompletion Date

API No. 15 - 15-193-20868-00-00

Spot Description: \_\_\_\_\_

NE NE SW SE Sec. 28 Twp. 10 S. R. 34  East  West  
1185 Feet from  North /  South Line of Section  
1360 Feet from  East /  West Line of Section

Footages Calculated from Nearest Outside Section Corner:

- NE     NW     SE     SW

County: Thomas

Lease Name: URBAN Well #: 1

Field Name: Towns South

Producing Formation: Dry Hole

Elevation: Ground: 3201 Kelly Bushing: 3201

Total Depth: 3196 Plug Back Total Depth: 3196

Amount of Surface Pipe Set and Cemented at: 223 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/ 175 sx cmt.

Drilling Fluid Management Plan

(Data must be collected from the Reserve Pit)

Chloride content: 0 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: \_\_\_\_\_  
 Confidential Release Date: \_\_\_\_\_  
 Wireline Log Received  
 Geologist Report Received  
 UIC Distribution  
ALT  I  II  III Approved by: Deanna Garrison Date: 12/20/2012



1105110

Operator Name: Anderson, Andy dba A & A Production Lease Name: URBAN Well #: 1  
 Sec. 28 Twp. 10 S. R. 34  East  West County: Thomas

**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 <i>(Attach Additional Sheets)</i>  Samples Sent to Geological Survey <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No  Cores Taken <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Electric Log Run <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Electric Log Submitted Electronically <input type="checkbox"/> Yes <input type="checkbox"/> No <i>(If no, Submit Copy)</i>  List All E. Logs Run:	<input type="checkbox"/> Log Formation (Top), Depth and Datum <input type="checkbox"/> Sample  Name Top Datum None
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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	12.625	8.875	20	223	Common	175	2% gel; 3% CC

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 <i>(Amount and Kind of Material Used)</i>	Depth

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 <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) (Submit ACO-4)</i> <input type="checkbox"/> Other (Specify) _____	PRODUCTION INTERVAL: _____ _____
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Schippers Oilfield Services LLC

# Invoice

PO Box 90D  
 Hill City, KS 67740

Date 11/9/2012

Phone # 785-675-8974  
 Fax # 785-675-9938

sosllc@ruralnet.net

Invoice # 640

Bill To:

AJA Production  
 PO box 100  
 Hill City, KS 67642

Ship To:

P.O. # Urban 41  
 Terms Net 30

Ship Date 11/14/2012  
 Due Date 12/9/2012  
 Other

Item	Description	Qty	Price	Amount
Cement	Common	175	15.50	2,712.50T
Gel		3	26.00	78.00T
chloride	calcium chloride	6	52.00	312.00T
Handling of mater...	per sack	184	2.15	395.60
Milage and labor		58	18.40	1,067.20
Pump truck charge	Tri-plex pump charge		1,050.00	1,050.00
Pump truck mileage	To and From Location	116	6.50	754.00
Light vehicle mile...	To and From Location	116	2.00	232.00

TAKE 10% DISCOUNT IF PAID WITHIN 20 DAYS. DEDUCT FROM TOTAL.

Subtotal \$6,601.30  
~~Sales Tax (7.3%) \$226.48~~  
**Total** \$6,827.78  
 Payments/Credits \$0.00  
**Balance Due** \$6,827.78

Schippers Oilfield Services LLC

*Ad 11-16-12  
 CR 5-16-12*

*Dis 6827.78  
 \$ 6145.00*

Schippers Oilfield Services LLC

Box 900  
 Hill City, KS 67740

Phone # 785-675-8974 soslic@ruraltel.net  
 Fax # 785-675-9938

# Invoice

Date 11/21/2012  
 Invoice # 644

Bill To
ABA Production PO box 100 Hill City, KS 67642

Ship To

P.O. # Urban #1  
 Terms Net 30

Ship Date 11/26/2012  
 Due Date 12/21/2012  
 Other

Item	Description	Qty	Price	Amount
Cement	Common	123	15.50	1,906.50T
Pozmix		82	8.50	697.00T
Gel		7	26.00	182.00T
Flo Sea.		51	2.25	114.75T
Handling of mater...	per sack	214	2.15	460.10
Mileage and labor		58	21.40	1,241.20
Pump truck charge	Tri-plex pump charge		1,350.00	1,350.00
Pump truck mileage	To and From Location	116	6.50	754.00
Light vehicle mile...	To and From Location	116	2.00	232.00
85/8 plug			79.00	79.00

TAKE 10% DISCOUNT IF PAID WITHIN 20 DAYS. DEDUCT FROM TOTAL.

Subtotal \$7,016.55  
 Sales Tax (7.3%) \$211.72  
 Total \$7,228.27  
 Payments/Credits \$0.00  
 Balance Due \$7,228.27

Schippers Oilfield Services LLC

*Handwritten:* PD, 12-6-12, 25-194