



KANSAS CORPORATION COMMISSION 1109780
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 # 33335
Name: IA Operating, Inc.
Address 1: 9915 W 21ST ST, STE B
Address 2: _____
City: WICHITA State: KS Zip: 67205 + _____
Contact Person: Julie Burrows, Jeff Mowry
Phone: (316) 721-0036
CONTRACTOR: License # 33793
Name: H2 Drilling LLC
Wellsite Geologist: Terry McLeod
Purchaser: None

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 #: _____

<u>10/09/2012</u>	<u>10/17/2012</u>	<u>10/18/2012</u>
Spud Date or Recompletion Date	Date Reached TD	Completion Date or Recompletion Date

API No. 15 - 15-055-22180-00-00

Spot Description: _____
SE NE NE NE Sec. 15 Twp. 22 S. R. 31 East West
354 Feet from North / South Line of Section
124 Feet from East / West Line of Section

Footages Calculated from Nearest Outside Section Corner:

- NE NW SE SW

County: Finney

Lease Name: Sonde Well #: 15-1

Field Name: _____

Producing Formation: None

Elevation: Ground: 2896 Kelly Bushing: 2906

Total Depth: 5035 Plug Back Total Depth: 5035

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: 2100 ppm Fluid volume: 400 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 Gantson Date: 01/25/2013

1109780

Operator Name: IA Operating, Inc. Lease Name: Sonde Well #: 15-1
 Sec. 15 Twp. 22 S. R. 31 East West County: Finney

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 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 Attached Top Attached Datum 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
Surface	12.250	8.625	23	225	Common	225	3% CC, 2% gel

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 checked="" type="checkbox"/> Plug Back TD <input type="checkbox"/> Plug Off Zone	-	60/40 Poz	250	4% gel, 1/4# flowseal
	-			

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 checked="" 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)</i> <i>(Submit ACO-4)</i> <input type="checkbox"/> Other (Specify) _____	PRODUCTION INTERVAL: _____ _____
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Form	ACO1 - Well Completion
Operator	IA Operating, Inc.
Well Name	Sonde 15-1
Doc ID	1109780

All Electric Logs Run

Geologist's Well Report
Sonic Log
Dual Induction Log
Dual Compensated Density Neutron Log

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Well Name	Sonde 15-1
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Tops

Krider	2730	-45
Winfield	2781	-41
Heebner Shale	3997	-1091
Lansing	4045	-1139
Base KC	4445	-1539
Marmaton	4516	-1610
Cherokee Shale	4647	-1741
Morrow Sand	4792	-1886
Mississippi	4797	-1891
Total Depth	5035	

ALLIED OIL & GAS SERVICES, LLC 058785

Federal Tax ID: # 20-5975604

REMIT TO P.O. BOX 93999
SOUTHLAKE, TEXAS 76092

SERVICE POINT: Challegny

DATE <u>11/10/11</u>	SEC. <u>15</u>	TWR <u>02</u>	RANGE <u>31</u>	CALLED OUT	ON LOCATION <u>2:20</u>	JOB START <u>5:30</u>	JOB FINISH <u>6:15</u>
LEASE <u>5000</u>	WELL # <u>15-1</u>	LOCATION <u>South City N 70 Webe Rd</u>	COUNTY <u>Garrett</u>	STATE <u>KS</u>	CITY <u>Linney</u>		
OLD OR NEW <u>NEW</u> (circle one)	9E 56 W 10			11/15			

CONTRACTOR H.L. L
 TYPE OF JOB Surface
 HOLE SIZE 12 1/4 I.D. 10
 CASING SIZE 8 1/2 DEPTH 162
 TUBING SIZE DEPTH
 DRILL PIPE DEPTH
 TOOL DEPTH
 PRES. MAX DEPTH
 MEAS. LINE MINIMUM
 CEMENT LEFT IN CSO. 15'
 PERFS.
 DISPLACEMENT 21.46

OWNER Same
 CEMENT AMOUNT ORDERED 2250m 370CC
2000m

COMMON	<u>225</u>	@ <u>17.90</u>	<u>4027.50</u>
POZMIX		@	
GEL	<u>48</u>	@ <u>28.90</u>	<u>1389.20</u>
CHLORIDE	<u>8</u>	@ <u>69.00</u>	<u>552.00</u>
ASC		@	
		@	
		@	
		@	
		@	
		@	
		@	
		@	
		@	
		@	
		@	

EQUIPMENT
 PUMP TRUCK CEMENTER Alan Ryan
 # 431 HELPER 2 Lane Reldoff
 BULK TRUCK
 # 396 DRIVER 3 AJ Bray
 BULK TRUCK
 # DRIVER

HANDLING 243.31 @ 2.98 725.07
 MILEAGE 700/mile 11.04 7700.00
888.31 TOTAL 2546.07

REMARKS:
Per City, Circulate, Max Cement
Displace Cement. 3hr in
Cement had Circulate
Thank You Alan Ryan, AJ

SERVICE
 DEPTH OF JOB 352'
 PUMP TRUCK CHARGE 1512.00
 EXTRA FOOTAGE @
 MILEAGE 800 @ 7.20 5760.00
 MANIFOLD in Head @ 35.00 105.00
120 labels @ 4.50 540.00
 TOTAL 2255.00

CHARGE TO: JA Operating
 STREET
 CITY STATE ZIP

PLUG & FLOAT EQUIPMENT
8 1/2 Wash Plug @ 102.00 102.00
 TOTAL 102.00

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.

SALES TAX (If Any) 353.48
 TOTAL CHARGES 10,409.02
 DISCOUNT 2,342.02 IF PAID IN 30 DAYS

PRINTED NAME STEVEN CAZG
 SIGNATURE Steven Craig

22,570

ALLIED OIL & GAS SERVICES, LLC 058937

Federal Tax ID: # 20-6976804

REMIT TO P.O. BOX 93999
SOUTHLAKE, TEXAS 76092

SERVICE POINT

DATE <u>10-18-12</u>	SEC <u>15</u>	TWB <u>22</u>	RANGE <u>31</u>	CALLED OUT	ON LOCATION	JOB START <u>5:00 AM</u>	JOB FINISH <u>6:00 AM</u>
LEASE <u>Sonde</u>	WELL# <u>15-1</u>	LOCATION <u>Tennis Rd + 83 Hwy-15-9E</u>			COUNTY <u>Finney</u>	STATE <u>Ks.</u>	
OLD OR <input checked="" type="checkbox"/> NEW (Circle one)		Sinto					

CONTRACTOR H2 #2

TYPE OF JOB PTA

HOLE SIZE 7 7/8 T.D. 5035'

CASING SIZE _____ DEPTH _____

TUBING SIZE _____ DEPTH _____

DRILL PIPE 4 1/2 DEPTH 2160'

TOOL _____ DEPTH _____

PRES. MAX _____ MINIMUM _____

MBAS. LINE _____ SHOR JOINT _____

CEMENT LEFT IN CSG. _____

PERFS. _____

DISPLACEMENT 23.60

OWNER Same

CEMENT AMOUNT ORDERED 250 SKS 60% 4% GEL

1/4" Flo Seal

COMMON	<u>150 SKS</u>	@ <u>\$12.82</u>	= <u>\$1923.00</u>
POZMIX	<u>100 SKS</u>	@ <u>\$7.85</u>	= <u>\$785.00</u>
GEL	<u>9 SKS</u>	@ <u>\$23.00</u>	= <u>\$207.00</u>
CHLORIDE		@	
ASC		@	
Flo Seal	<u>63</u>	@ <u>\$2.92</u>	= <u>\$184.16</u>

EQUIPMENT

PUMP TRUCK # 481 CEMENTER Amos Proetta 1
HELPER Tyler Filipac 2

BULK TRUCK # 347 DRIVER Brandon Wilkins 3

BULK TRUCK # _____ DRIVER Paul Beaver 3

HANDLING	<u>268.58</u>	x	@ <u>\$2.88</u>	= <u>\$773.51</u>
MILEAGE	<u>16.8</u>	x	<u>79</u>	= <u>\$1327.20</u>
TOTAL				<u>6986.19</u>

REMARKS:

Pump Swater ahead

Mix 50 SKS Cement 2160'

Mix 80 SKS Cement 1290'

Mix 50 SKS Cement 390'

Mix 80 SKS Cement 60'

Plug Mousehole 80 SKS Cement

Plug Hole 80 SKS Cement

SERVICE

DEPTH OF JOB	<u>2160'</u>		
PUMP TRUCK CHARGES			<u>\$2483.32</u>
EXTRA FOOTAGE		@	
MILEAGE	<u>79</u>	@ <u>\$7.79</u>	= <u>\$615.43</u>
MANIFOLD		@	
LV mileage		@ <u>\$4.40</u>	= <u>\$347.60</u>

CHARGE TO: L.A. Operating Inc.

STREET _____

CITY _____ STATE _____ ZIP _____

TOTAL \$3439.40

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.

PLUG & FLOAT EQUIPMENT

1 Top Wooden Plug	@	<u>\$107.00</u>
	@	
	@	
	@	

PRINTED NAME STEVEN CRAIG

SIGNATURE Steven Craig

TOTAL 784.73

SALES TAX (If Any) 9.25

TOTAL CHARGES 10,367.40 10,533.32

DISCOUNT 518.71 IF PAID IN 30 DAYS

5266.66

5070