

KANSAS CORPORATION COMMISSION
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

ORIGINAL

OPERATOR: License # 5810
Name: Eickbush Production Co (ECCO)
Address 1: P. O. Box 1025
Address 2: _____
City: McPherson State: KS Zip: 67460 + _____
Contact Person: Robert Eickbush
Phone: 620) 241-6350
CONTRACTOR: License # _____
Name: _____
Wellsite Geologist: _____
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: ECCO

Well Name: Armbrister #2
Original Comp. Date: 10/10/01 Original Total Depth: 3690

Deepening Re-perf. Conv. to ENHR Conv. to SWD
 Conv. to GSW

Plug Back: 3925 PDTD 1122 Plug Back Total Depth
 Commingled Permit #: _____
 Dual Completion Permit #: _____
 SWD Permit #: _____
 ENHR Permit #: _____
 GSW Permit #: _____

8-1-13 8-1-13
Spud Date or Date Reached TD Completion Date or
Recompletion Date Recompletion Date

API No. 15 - 051-22,590-0041
Spot Description: N2S25W
~~SE~~ ~~NWSE~~ ~~SW~~ Sec. 30 Twp. 12 S. R. 19 East West
980 988 Feet from North / South Line of Section
3300 3388 Feet from East / West Line of Section
per GPS - KCC-Dig
Footages Calculated from Nearest Outside Section Corner:
 NE NW SE SW
County: Ellis
Lease Name: Armbrister Well # 2
Field Name: Weisner E.
Producing Formation: N/A
Elevation: Ground: _____ Kelly Bushing: 2173
Total Depth: 3925 Plug Back Total Depth: 1122
Amount of Surface Pipe Set and Cemented at: _____ 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: _____ ppm Fluid volume: _____ bbls
Dewatering method used: _____
Location of fluid disposal if hauled offsite: _____
Operator Name: _____
Lease Name: _____ License #: _____ CONSERVATION DIVISION
WICHITA, KS
Quarter _____ Sec. _____ Twp. _____ S. R. _____ East West
County: _____ Permit #: _____

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INSTRUCTIONS: An original and two copies of this form shall be filed with the Kansas Corporation Commission, 130 S. Market - Room 2078, Wichita, Kansas 67202, within 120 days of the spud date, recompletion, workover or conversion of a well. Rule 82-3-130, 82-3-106 and 82-3-107 apply. Information of side two of this form will be held confidential for a period of 12 months if requested in writing and submitted with the form (see rule 82-3-107 for confidentiality in excess of 12 months). One copy of all wireline logs and geologist well report shall be attached with this form. ALL CEMENTING TICKETS MUST BE ATTACHED. Submit CP-4 form with all plugged wells. Submit CP-111 form with all temporarily abandoned wells.

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.

Signature: Robert Eickbush
Title: Partner Date: 8-8-13

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: WO Dg Date: 8/20/13

Operator Name: ECCO Lease Name: Armbrister Well #: 2
 Sec. 30 Twp. 12 S. R. 19 East West County: Ellis

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 type="checkbox"/> No <i>(Attach Additional Sheets)</i> Samples Sent to Geological Survey <input type="checkbox"/> Yes <input type="checkbox"/> No Cores Taken <input type="checkbox"/> Yes <input type="checkbox"/> No Electric Log Run <input type="checkbox"/> Yes <input 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
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CASING RECORD <input 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

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

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TUBING RECORD: Size: Set At: Packer At:		Liner Run: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No 4 1/2" Cemented top to bottom
Date of First, Resumed Production, SWD or ENHR. 8-1-13	Producing Method: <input checked="" type="checkbox"/> Flowing <input type="checkbox"/> Pumping <input type="checkbox"/> Gas Lift <input type="checkbox"/> Other (Explain) _____	
Estimated Production Per 24 Hours 48	Oil Bbls. 6	Gas Mcf 42
	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 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: _____ _____
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CASING MECHANICAL INTEGRITY TEST

DOCKET# D-20,4380

Disposal Well Enhanced Recovery:
Repressuring
Flood
Tertiary

N/2 SE SW, Sec 30, T 12 S, R 19 E/W
990 Feet from South Section Line
3300 Feet from East Section Line
Lease Armbrister Well # 2
County Ellis

Date injection started _____
API #15- 051-22590-00-00

Operator: Ecco
Name & Address P.O. Box 1025
McPherson KS. 67460

Operator License# 5870
Contact Person Robert D. Fickbusch KCC
Phone 620-241-6350

Max. Auth. Injection Press 200 Psi; Max Inj. Rate 250 bbl/d;

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If Dual Completion - Injection above production _____ Injection below production HAYS, KS

Conductor	Surface	Production	Liner	Tubing
Size _____	<u>8 7/8"</u>	<u>5 1/2"</u>	<u>4 1/2"</u>	Size <u>2 3/8"</u>
Set at _____	<u>260'</u>	<u>1122'</u>	<u>1000.51'</u>	Set at <u>996.47'</u>
Cement Top _____	<u>Surf.</u>	<u>Surf.</u>	<u>w/50 SXS</u>	Type <u>Seal Tite</u>
" Bottom _____	<u>260'</u>	<u>1122'</u>		

DV/Perf. ALT-E TD (and plug back) 3925 ASTD-1122 ft. depth
Packer type Baker AD-1 Size 4 1/2" Set at 996.47'

Zone of injection 1020 ft. to ft. 1070 Perf or open hole Perforations

Type MIT: Pressure: 02 Radioactive Tracer Survey: Temperature Survey:

F I E L D A T A Time: Start 0 Min 15 Min 30 Min

Pressures: 300 300 300 Set up 1 System Pres. during test _____

Set up 2 Annular Pres. during test _____

Set up 3 Fluid loss during test _____ bbls

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Tested: Casing or Casing - Tubing Annulus

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The bottom of the tested zone in shut in with A Packer

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Test Date 8-1-2013 Using ATS Tank Service Company's Equipment

The operator hereby certifies that the zone between 0 feet and 996.47 feet

was the zone tested Robert Shuck Signature President man Title

The results were Satisfactory Marginal _____ Not Satisfactory _____ **PASSED**

State Agent: Randy Ford Title: PIRT II Witness: YES NO _____

EMARKS: Lines cemented on 7-23-2013, treated water backside

Origin. Conservation Div.: KDHE/T: 04 Dist. Office

Computer Update Is there Chemical Sealant or a Mechanical Casing patch in the annular space? (Y/N)

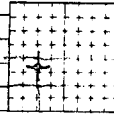
PS Lat 38.97514 GPS Long 099.47688

(If YES please describe in REMARKS)
KCC Form U-7

2-3-39

STATE KANSAS CO. ELLIS MAP NO. _____
 OPER. ECCO DRLG
BOX 1025 MCPHERSON KS 67460
 WELL 2 FRED ARMBRISTER
 CONTR. EMPHASIS OIL
 FIELD WEISNER E (LANS)
 IP. SWDW (CEDAR HILLS) 1020-70
 API 15-051-22590 FR 9-4-81 COMP. 2-1-82

S-T-R 30-12S-19W | WD
 LOC. N/2 S/2 SW | INIT.
 ELEV. 2173 KB | U
 SUBSTRUCTURE _____ | FIN.




SPUD 10-3-81, 8 5/8 @ 263
 DST 1 (TOR) 3466-71, op30, si30, op30, s3i0, 110' GIP, Rec
 130' G&SOCM, ISIP 356, FP 64,100, FSIP 331, HP
 1849-1847
 DST 2 (LANS) 3545-3550, op30, si27, op30, s3i0, Rec 273'
 MCW, ISIP 748, FP 47,134, FSIP 711, HP 1870-1870
 RTD 3925, 5 1/2 @ 3924
 Perf (CEDAR HILLS) 1020-1070, injection rate satis-
 factory

KB SPL TOPS:
 TOPEKA 3207 - 1034
 HEEBNER 3442 - 1319
 TORONTO 3464 - 1291
 LANSING 3484 - 1308
 B/KANSAS CITY 3719 - 1546
 MARMATON 3781 - 1608
 ARBUCKLE 3912 - 1739
 RTD 3925 - 1752
 TD IN ARBUCKLE

SWDW (CEDAR HILLS) 1020-70
 COMPLETED 2-1-82

COMP ISSUED 2-16-82

 **Petroleum Information.**
 Corporation
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ALLIED OIL & GAS SERVICES, LLC 056647

Federal Tax I.D.# 20-5975804

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

SERVICE POINT:
Russell Kc

DATE <u>7.23.13</u>	SEC. <u>30</u>	TWP. <u>12</u>	RANGE <u>19</u>	CALLED OUT	ON LOCATION	JOB START <u>100 pm</u>	JOB FINISH <u>130 pm</u>
LEASE <u>Agreement</u>	WELL #	LOCATION <u>Yorrembo, Kc</u>			COUNTY <u>Ellis</u>	STATE <u>Kc</u>	
OLD OR NEW (Circle one)				<u>1-70 cvl 4 n 3 1/2 w n int.</u>			

CONTRACTOR <u>Fischer</u>	OWNER
TYPE OF JOB <u>Liner</u>	
HOLE SIZE	T.D.
CASING SIZE <u>4 1/2</u>	DEPTH <u>1005'</u>
TUBING SIZE	DEPTH
DRILL PIPE	DEPTH
TOOL	DEPTH
PRES. MAX	MINIMUM
MEAS. LINE	SHOE JOINT
CEMENT LEFT IN CSG.	
PERFS.	
DISPLACEMENT <u>15.5 gal / 1000'</u>	

EQUIPMENT		
PUMP TRUCK	CEMENTER <u>Glenn B. Tony P.</u>	<u>CD-31 = 2552</u> @ <u>10.3</u> \$ <u>257.50</u>
# <u>409</u>	HELPER <u>W. Johnson</u>	<u>DeFosmer = 12.5</u> @ <u>9.8</u> \$ <u>122.50</u>
BULK TRUCK		
# <u>410</u>	DRIVER <u>Danny S.</u>	
BULK TRUCK		
#	DRIVER	
		HANDLING <u>54.25 F³</u> @ <u>2.48</u> \$ <u>134.55</u>
		MILEAGE <u>31.34257m</u> @ <u>2.60</u> \$ <u>81.49</u>
		TOTAL 1341.19

REMARKS:
circled hole 021 5/8" -
* Pumped 5052 @ 7.97 gal/1000'
* Displaced 4 1/2 Top Rubber Plug
2 15' @ 1200' - Landed @
400 PSI
Cement available to surface

KCC-PAY STABS on location? Annex
 CHARGE TO: ECGO Oil
 STREET _____
 CITY _____ STATE _____ ZIP _____

SERVICE	
DEPTH OF JOB	<u>1005'</u>
PUMP TRUCK CHARGE	<u>\$2058.5</u>
EXTRA FOOTAGE	@
MILEAGE <u>Heavy 14m</u>	@ <u>7.70</u> \$ <u>107.8</u>
MANIFOLD <u>Light 14m</u>	@ <u>4.40</u> \$ <u>61.6</u>
	@
	@
TOTAL	<u>\$2,227.9</u>

PLUG & FLOAT EQUIPMENT	
<u>1 X 4 1/2 Top Rubber Plug</u>	<u>\$30.00</u>
	@
	@
	@
	@
TOTAL	<u>\$30.00</u>

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) _____
 TOTAL CHARGES \$3599.09
 DISCOUNT \$713.82 IF PAID IN 30 DAYS
Net 2885.27

PRINTED NAME _____
 SIGNATURE [Signature]

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CEMENTING - DISPATCH SHEET

Rig Contractor Work over		By 0	Field 0	Date 7/23/2013
Company Ecco		Rep 0		Phone 0
Company man Name and Number			Well Name/No.	
County		State Ks	Township	
Formation		Section	Range	
Tubing Size & Weight		Depth 0	Casing Size & Weight	Depth
Type Job liner	Pre Flush		Hole Size	

1st Stage 50 60/40 4%gel .7%cd-31 defoamer							
Lead	Yield	Weight	Water	Tail	Yield	Weight	Water
	1.4	14.1	6.7				
2nd Stage							
Lead	Yield	Weight	Water	Tail	Yield	Weight	Water

Location Time	Pump Time	Call In Time	Yard Time
Top Plug	Bottom Plug	Displacement Type (Fluid)	

Special Instructions

Cementer	Unit #	Directions
Unit No.	Driver	Float Equipment and Price
		Yocemento - I-70
		4 north to Hopewell Rd
		2 1/2 west
		north into
		14 miles

Front Pot	Unit No.	Back Pot	Front Pot	Unit No.	Back Pot
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Materials	Pounds	Materials	Pounds	Materials	Pounds	Materials	Pounds
410							
class a	27 sk						
poz	23 sk						
gel	2 sk						
cd-31	31#						
defoamer	11#						
Total Pounds	0	Total Pounds	0	Total Pounds	0	Total Pounds	0

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