



KANSAS CORPORATION COMMISSION 1288451
OIL & GAS CONSERVATION DIVISION

Form must be Typed
Form must be Signed
All blanks must be Filled

Confidentiality Requested:

Yes No

WELL COMPLETION FORM
WELL HISTORY - DESCRIPTION OF WELL & LEASE

OPERATOR: License #

Name:

Address 1:

Address 2:

City: State: Zip: +

Contact Person:

Phone: ()

CONTRACTOR: License #

Name:

Wellsite Geologist:

Purchaser:

Designate Type of Completion:

Grid of completion types: 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:

Grid of completion conversions: Deepening, Re-perf, Conv. to ENHR, Conv. to SWD, Plug Back, Conv. to GSW, Conv. to Producer, Commingled, Dual Completion, SWD, ENHR, GSW with Permit # fields.

Spud Date or Date Reached TD Completion Date or Recompletion Date

API No. 15 -

Spot Description:

Sec. Twp. S. R. East West Feet from North / South Line of Section Feet from East / West Line of Section

Footages Calculated from Nearest Outside Section Corner:

NE NW SE SW

GPS Location: Lat: (e.g. xx.xxxxx), Long: (e.g. -xxx.xxxxx)

Datum: NAD27 NAD83 WGS84

County:

Lease Name: Well #:

Field Name:

Producing Formation:

Elevation: Ground: Kelly Bushing:

Total Vertical Depth: Plug Back Total Depth:

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 #:

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

Grid of checkboxes for office use: Confidentiality Requested, Confidential Release Date, Wireline Log Received, Geologist Report Received, UIC Distribution, ALT I II III Approved by: Date:

Operator Name: _____ Lease Name: _____ Well #: _____

Sec. _____ Twp. _____ S. R. _____ East West County: _____

INSTRUCTIONS: Show important tops 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.

Final Radioactivity Log, Final Logs run to obtain Geophysical Data and Final Electric Logs must be emailed to kcc-well-logs@kcc.ks.gov. Digital electronic log files must be submitted in LAS version 2.0 or newer AND an image file (TIFF or PDF).

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 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				

Did you perform a hydraulic fracturing treatment on this well? Yes No *(If No, skip questions 2 and 3)*
 Does the volume of the total base fluid of the hydraulic fracturing treatment exceed 350,000 gallons? Yes No *(If No, skip question 3)*
 Was the hydraulic fracturing treatment information submitted to the chemical disclosure registry? Yes No *(If No, fill out Page Three of the ACO-1)*

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
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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 <i>(Explain)</i> _____
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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> <input type="checkbox"/> Other <i>(Specify)</i> _____	PRODUCTION INTERVAL: _____ _____
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Form	ACO1 - Well Completion
Operator	K3 Oil & Gas Operating Company
Well Name	Koehn 3-10
Doc ID	1288451

All Electric Logs Run

Sonic Cement Bond
Compensated Neutron Sonic Porosity Overlay
Compensated Sonic with Integrated Transit Time
Mircosensitivity Log
Compact Photo Density, comp Neutron Microresistivity log
Array Induction Shallow focused Electric log

Form	ACO1 - Well Completion
Operator	K3 Oil & Gas Operating Company
Well Name	Koehn 3-10
Doc ID	1288451

Tops

Name	Top	Datum
Anhydrite	2181	+757
Base Anh	2254	+784
Heebner	3910	-872
Lansing	3955	-917
Stark Sh	4274	-1236
Marmaton	4440	-1402
Pawnee	4526	-1488
Cherokee	4562	-1524
Morrow	4737	-1699
Ste Gen	4890	-1852

Summary of Changes

Lease Name and Number: Koehn 3-10

API/Permit #: 15-171-21117-00-00

Doc ID: 1288451

Correction Number: 1

Approved By: Karen Ritter

Field Name	Previous Value	New Value
Approved By	NAOMI JAMES	Karen Ritter
Approved Date	03/24/2015	02/22/2016
Perf_Depth_1		4475-4491
Perf_Depth_2		4468-4472
Perf_Material_1		750 gal 15% NE
Perf_Material_2		1500 gal 15% NEFE w/ 2% solvent
Perf_Record_1		orig perf 4475-4491
Perf_Record_2		orig perf 4468-4472
Perf_Shots_1		4
Perf_Shots_2		4

Summary of changes for correction 1 continued

Field Name	Previous Value	New Value
Save Link	../../../../kcc/detail/operatorEditDetail.cfm?docID=1241512	../../../../kcc/detail/operatorEditDetail.cfm?docID=1288451



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1241512
OIL & GAS CONSERVATION DIVISION

Form ACO-1
August 2013

Form must be Typed
Form must be Signed
All blanks must be Filled

CONFIDENTIAL WELL COMPLETION FORM
WELL HISTORY - DESCRIPTION OF WELL & LEASE

OPERATOR: License # _____

Name: _____

Address 1: _____

Address 2: _____

City: _____ State: _____ Zip: _____ + _____

Contact Person: _____

Phone: (_____) _____

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: _____

Well Name: _____

Original Comp. Date: _____ Original Total Depth: _____

- Deepening Re-perf. Conv. to ENHR Conv. to SWD
- Plug Back Conv. to GSW Conv. to Producer
- Commingled Permit #: _____
- Dual Completion Permit #: _____
- SWD Permit #: _____
- ENHR Permit #: _____
- GSW Permit #: _____

Spud Date or Recompletion Date	Date Reached TD	Completion Date or Recompletion Date
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API No. 15 - _____

Spot Description: _____

_____ - _____ - _____ Sec. _____ Twp. _____ S. R. _____ East West

_____ Feet from North / South Line of Section

_____ Feet from East / West Line of Section

Footages Calculated from Nearest Outside Section Corner:

- NE NW SE SW

GPS Location: Lat: _____, Long: _____
(e.g. xx.xxxxx) (e.g. -xxx.xxxxx)

Datum: NAD27 NAD83 WGS84

County: _____

Lease Name: _____ Well #: _____

Field Name: _____

Producing Formation: _____

Elevation: Ground: _____ Kelly Bushing: _____

Total Vertical Depth: _____ Plug Back Total Depth: _____

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 #: _____

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

- Confidentiality Requested
Date: _____
- Confidential Release Date: _____
- Wireline Log Received
- Geologist Report Received
- UIC Distribution
- ALT I II III Approved by: _____ Date: _____

Operator Name: _____ Lease Name: _____ Well #: _____

Sec. _____ Twp. _____ S. R. _____ East West County: _____

INSTRUCTIONS: Show important tops 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.

Final Radioactivity Log, Final Logs run to obtain Geophysical Data and Final Electric Logs must be emailed to kcc-well-logs@kcc.ks.gov. Digital electronic log files must be submitted in LAS version 2.0 or newer AND an image file (TIFF or PDF).

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 Geologist Report / Mud Logs <input type="checkbox"/> Yes <input type="checkbox"/> No 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				

1. Did you perform a hydraulic fracturing treatment on this well? Yes No *(If No, skip questions 2 and 3)*
2. Does the volume of the total base fluid of the hydraulic fracturing treatment exceed 350,000 gallons? Yes No *(If No, skip question 3)*
3. Was the hydraulic fracturing treatment information submitted to the chemical disclosure registry? Yes No *(If No, fill out Page Three of the ACO-1)*

Date of first Production/Injection or Resumed Production/Injection:	Producing Method: <input type="checkbox"/> Flowing <input type="checkbox"/> Pumping <input type="checkbox"/> Gas Lift <input type="checkbox"/> Other <i>(Explain)</i> _____				
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>	PRODUCTION INTERVAL: Top Bottom
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Shots Per Foot	Perforation Top	Perforation Bottom	Bridge Plug Type	Bridge Plug Set At	Acid, Fracture, Shot, Cementing Squeeze Record <i>(Amount and Kind of Material Used)</i>

TUBING RECORD:	Size:	Set At:	Packer At:	
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Form	ACO1 - Well Completion
Operator	K3 Oil & Gas Operating Company
Well Name	Koehn 3-10
Doc ID	1241512

All Electric Logs Run

Sonic Cement Bond
Compensated Neutron Sonic Porosity Overlay
Compensated Sonic with Integrated Transit Time
Mircosensitivity Log
Compact Photo Density, comp Neutron Microresistivity log
Array Induction Shallow focused Electric log

Form	ACO1 - Well Completion
Operator	K3 Oil & Gas Operating Company
Well Name	Koehn 3-10
Doc ID	1241512

Tops

Name	Top	Datum
Anhydrite	2181	+757
Base Anh	2254	+784
Heebner	3910	-872
Lansing	3955	-917
Stark Sh	4274	-1236
Marmaton	4440	-1402
Pawnee	4526	-1488
Cherokee	4562	-1524
Morrow	4737	-1699
Ste Gen	4890	-1852

ALLIED OIL & GAS SERVICES, LLC 064631

Federal Tax I.D. # 20-8651475

REMIT TO BOX 93999
 THLAKE, TEXAS 76092

SERVICE POINT:
Dakley, TX
 10:00 10:30 am

DATE <i>2-21-14</i>	SEC. <i>3</i>	TWP. <i>20</i>	RANGE <i>34</i>	CALLED OUT	ON LOCATION <i>4:10 am</i>	JOB START <i>6:30 am</i>	JOB FINISH <i>7:00 am</i>
LEASE <i>Koehn</i> WELL # <i>3-10</i>				LOCATION <i>Scott City, 5 to Rd 70, 6 mi</i>		COUNTY <i>Scott</i>	STATE <i>KS</i>
OLD OR NEW (Circle one)				LOCATION <i>Falcon Rd, 25, 2 1/2 miles</i>			

CONTRACTOR *Duke 1*

TYPE OF JOB *Surface*

HOLE SIZE *12 1/4* TD *312'*

CASING SIZE *8 7/8* DEPTH *312.74'*

TUBING SIZE *8"* DEPTH

DRILL PIPE DEPTH

TOOL DEPTH

PRES. MAX MINIMUM

MEAS. LINE SHOE JOINT

CEMENT LEFT IN CSG. *151*

PERFS.

DISPLACEMENT *1906 bbl*

OWNER *Same*

CEMENT AMOUNT ORDERED *180 sk cement 3% cc*
5% cc 3% cc

EQUIPMENT

PUMP TRUCK CEMENTER *Lakewood Cement*

373/281 HELPER *Kevin Ryan*

BULK TRUCK

810/287 DRIVER *Juan Turner (TWS)*

BULK TRUCK

818/287 DRIVER *Juan Mendez (TWS)*

COMMON	<i>180 sk @ 17.90</i>	<i>3222.00</i>
POZ MIX	<i>75 sk @ 17.90</i>	<i>1342.50</i>
GEL		
CHLORIDE	<i>508 # @ 1.10</i>	<i>558.80</i>
ASC	<i>212 # @ 1.10</i>	<i>2332.00</i>
Material Total		<i>7455.30</i>
Handling <i>78.75 sk @ 2.48</i>		<i>195.30</i>
Mileage <i>3.6 tank @ 50 @ 2.75</i>		<i>499.13</i>
HANDLING <i>15.9 tank @ 2.98</i>		<i>468.72</i>
MILEAGE <i>3.72 tank @ 50 @ 2.75</i>		<i>1198.00</i>

REMARKS:

mix 180 sk cement

Displace with water

Cement did not circulate

1" 75 sk down side of pipe

to surface

Thank you

TOTAL _____

SERVICE

DEPTH OF JOB <i>312.74'</i>	
PUMP TRUCK CHARGE	<i>1512.25</i>
EXTRA FOOTAGE @	
MILEAGE <i>MTW 50 @ 2.20</i>	<i>385.00</i>
MANIFOLD <i>Sevage @</i>	<i>275.00</i>
<i>MTW 50 @ 4.40</i>	<i>220.00</i>

CHARGE TO: *K-3 Oil & Gas*

STREET _____

CITY _____ STATE _____ ZIP _____

TOTAL *4,754.40*

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

_____	@	_____
_____	@	_____
_____	@	_____
_____	@	_____
_____	@	_____

PRINTED NAME *Mike Coffrey*

SIGNATURE *Mike Coffrey*

TOTAL _____

SALES TAX (if Any) _____

TOTAL CHARGES *12,289.70*

DISCOUNT *3,662.91 (30%)* IF PAID IN 30 DAYS

8,546.79 Net