



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
- Conv. to GSW
- Plug Back: _____ Plug Back Total Depth _____
- Commingled Permit #: _____
- Dual Completion Permit #: _____
- SWD Permit #: _____
- ENHR Permit #: _____
- GSW Permit #: _____

Spud Date or Recompletion Date 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

County: _____

Lease Name: _____ Well #: _____

Field Name: _____

Producing Formation: _____

Elevation: Ground: _____ Kelly Bushing: _____

Total 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

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



1052092

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

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

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
_____ 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: Yes No

Date of First, Resumed Production, SWD or ENHR. _____ Producing Method: Flowing Pumping Gas Lift Other *(Explain)* _____

Estimated Production Per 24 Hours	Oil Bbls.	Gas Mcf	Water Bbls.	Gas-Oil Ratio	Gravity
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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> _____ <i>(Submit ACO-4)</i>	PRODUCTION INTERVAL: _____ _____
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Form	ACO1 - Well Completion
Operator	Hartman Oil Co., Inc.
Well Name	Damme 45
Doc ID	1052092

All Electric Logs Run

Array Compensated True Resistivity Log
Spectral Density Dual Spaced Log
Borehole Compensated Sonic Log
Microlog

Form	ACO1 - Well Completion
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Well Name	Damme 45
Doc ID	1052092

Tops

Name	Top	Datum
Heebner Shale	3800	-898
Lansing	3844	-942
BKC	4326	-1424
Marmaton	4345	1443
Pawnee	4408	-1506
Fort Scitt	4438	-1536
Morrow Shale	4671	-1769
St Louis	4750	-1848
TD	4896	-1994

ALLIED CEMENTING CO., LLC. 040879

Federal Tax I.D.# 20-5975804

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

SERVICE POINT: Overlook, KS

DATE <u>2-18-11</u>	SEC <u>28</u>	TWP <u>22</u>	RANGE <u>33</u>	CALLED OUT	ON LOCATION <u>9:30am</u>	JOB START <u>3:00pm</u>	JOB FINISH <u>3:30pm</u>
LEASE <u>Damme</u>	WELL # <u>#45</u>	LOCATION <u>Barlow Rd 3w</u>			COUNTY <u>Furness</u>	STATE <u>KS</u>	
OLD OR NEW (Circle one) <u>NEW</u>				<u>15 - 1 1/2 w 5 + wire</u>			

CONTRACTOR <u>Hg #1</u>	OWNER _____
TYPE OF JOB <u>Surface</u>	
HOLE SIZE <u>17 1/4</u>	T.D. <u>1686'</u>
CASING SIZE <u>8 5/8 24#</u>	DEPTH <u>1686'</u>
TUBING SIZE _____	DEPTH _____
DRILL PIPE _____	DEPTH _____
TOOL _____	DEPTH _____
PRES. MAX _____	MINIMUM _____
MEAS. LINE _____	SHOE JOINT <u>45 23</u>
CEMENT LEFT IN CSG. <u>45 23</u>	
PERFS. _____	
DISPLACEMENT <u>104.5 bags</u>	
EQUIPMENT	
PUMP TRUCK CEMENTER <u>Fuzzt</u>	
# <u>431</u> HELPER <u>Darwin</u>	
BULK TRUCK _____	
# <u>375</u> DRIVER <u>Jerry</u>	
BULK TRUCK _____	
# <u>396</u> DRIVER <u>Wil</u>	

CEMENT	AMOUNT ORDERED <u>550 kite 390cc</u>		
<u>114# flo seal</u>			
<u>150 cement 390cc</u>			
COMMON <u>150 SKS</u>	@ <u>15 45</u>	<u>2317 50</u>	
POZMIX _____	@ _____		
GEL _____	@ _____		
CHLORIDE <u>23 SKS</u>	@ <u>58 20</u>	<u>1338 60</u>	
ASC _____	@ _____		
<u>LITE 550 SKS</u>	@ <u>14 80</u>	<u>8140 00</u>	
_____	@ _____		
_____	@ _____		
_____	@ _____		
_____	@ _____		
_____	@ _____		
HANDLING <u>751 SKS</u>	@ <u>2 40</u>	<u>1802 40</u>	
MILEAGE <u>10 PER SK / MILE</u>		<u>5257 00</u>	
		TOTAL <u>19200 50</u>	

REMARKS:
cement did circulate
Approx 25 bags
lift Press 700#
hand Press 900#
plug down @ 3:30pm
float held
Thanks Fuzzt crew

SERVICE	
DEPTH OF JOB _____	<u>1686'</u>
PUMP TRUCK CHARGE _____	<u>201 2</u>
EXTRA FOOTAGE _____	@ _____
MILEAGE <u>70</u>	@ <u>7 00</u> <u>490 00</u>
MANIFOLD _____	@ _____
_____	@ _____
_____	@ _____
	TOTAL <u>2501 00</u>

CHARGE TO: Hartman Oil
 STREET _____
 CITY _____ STATE _____ ZIP _____

PLUG & FLOAT EQUIPMENT	
<u>1 - AFU Insert</u>	<u>158 00</u>
<u>2 - Baskets</u>	@ <u>221 00</u> <u>442 00</u>
<u>3 - Cents</u>	@ <u>49 00</u> <u>147 00</u>
_____	@ _____
<u>1 - rubber plug</u>	@ _____ <u>74 00</u>
_____	@ _____
	TOTAL <u>823 00</u>

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 James Schultz
 SIGNATURE [Signature]

ALLIED CEMENTING CO., LLC. 040883

Federal Tax I.D.# 20-5975804

P.O. BOX 31
RUSSELL, KANSAS 67665

SERVICE POINT:
Oakley KS

DATE <u>2-26-11</u>	SEC. <u>28</u>	TWP. <u>22</u>	RANGE <u>33</u>	CALLED OUT	ON LOCATION <u>12:30pm</u>	JOB START <u>7:30pm</u>	JOB FINISH <u>8:00pm</u>
LEASE <u>Damme</u>	WELL # <u>45</u>	LOCATION <u>Barlow + Bishower Rds</u>		COUNTY <u>Tinney</u>	STATE <u>Ks</u>		
OLD OR <u>NEW</u> (Circle one)		<u>1.5 mile rd 1 1/2 W SW</u>					

CONTRACTOR H₂ #1

TYPE OF JOB PTA

HOLE SIZE 7 7/8 T.D.

CASING SIZE _____ DEPTH _____

TUBING SIZE _____ DEPTH _____

DRILL PIPE 4 1/2 DEPTH 1700'

TOOL _____ DEPTH _____

PRES. MAX _____ MINIMUM _____

MEAS. LINE _____ SHOE JOINT _____

CEMENT LEFT IN CSG. _____

PERFS. _____

DISPLACEMENT _____

OWNER _____

CEMENT

AMOUNT ORDERED 220 60/40

490 gel 114 # 210 seal

EQUIPMENT

PUMP TRUCK CEMENTER Fuzz4

422 HELPER Raywayne

BULK TRUCK

394 DRIVER Darren

BULK TRUCK

_____ DRIVER _____

COMMON	<u>132</u>	@ <u>15 45</u>	<u>2039.</u>
POZMIX	<u>88</u>	@ <u>8 00</u>	<u>704.</u>
GEL	<u>8</u>	@ <u>20 80</u>	<u>166 4</u>
CHLORIDE		@	
ASC		@	
		@	
<u>Flo seal</u>	<u>55 #</u>	@ <u>2 50</u>	<u>137 5</u>
		@	
		@	
		@	
		@	
		@	
HANDLING	<u>230</u>	@ <u>2 40</u>	<u>552 0</u>
MILEAGE	<u>.10 x 5 K x mile</u>		<u>1610 5</u>
TOTAL			<u>5209 5</u>

REMARKS:

50 SKS @ 1700'

50 SKS @ 1100'

50 SKS @ 600'

20 SKS @ 60'

20 SKS MH

30 SKS RH

Job complete @ 8:00pm

Thanks Fuzz4 + crew

CHARGE TO: Hartman Oil

STREET _____

CITY _____ STATE _____ ZIP _____

SERVICE

DEPTH OF JOB 1700'

PUMP TRUCK CHARGE 1017 0

EXTRA FOOTAGE @ _____

MILEAGE 70 @ 7 00 490 0

MANIFOLD @ _____

@ _____

@ _____

TOTAL 1507 0

PLUG & FLOAT EQUIPMENT

_____ @ _____

_____ @ _____

_____ @ _____

_____ @ _____

_____ @ _____

TOTAL _____

SALES TAX (If Any) _____


TOTAL CHARGES _____

DISCOUNT _____ IF PAID IN 30 DAYS

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.

PRINTED NAME James Shultz

SIGNATURE 

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/>

Thomas E. Wright, Chairman
Ward Loyd, Commissioner

Corporation Commission

Sam Brownback, Governor

March 10, 2011

Catherine H Stucky
Hartman Oil Co., Inc.
10500 E BERKELEY SQ PKWY STE 100
WICHITA, KS 67206

Re: ACO1
API 15-055-22095-00-00
Damme 45
NW/4 Sec.28-22S-33W
Finney 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,
Catherine H Stucky