



KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION

1074858

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 # _____

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 Date Reached TD Completion Date or
Recompletion Date 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: _____



1074858

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:	<div style="display: flex; justify-content: space-between;"> <input type="checkbox"/> Log Formation (Top), Depth and Datum <input type="checkbox"/> Sample </div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"> Name Top Datum </div>
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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: <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 <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. <i>(Submit ACO-5)</i> <input type="checkbox"/> Commingled <i>(Submit ACO-4)</i> <input type="checkbox"/> Other <i>(Specify)</i> _____	PRODUCTION INTERVAL: _____ _____
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Form	ACO1 - Well Completion
Operator	Hartman Oil Co., Inc.
Well Name	JASPER 1-32
Doc ID	1074858

Tops

Name	Top	Datum
Heebner Shale	3714	-1058
Stark Shale	4009	-1353
Marmanton	4116	-1460
Pawnee	4212	-1556
Ft Scott	4238	-1582
Cherokee Shale	4259	-1603
Johnson Zone	4335	-1679
Missippian	4372	-1716
RTD	4420	-1764



PO BOX 31 Russell, KS 67665

INVOICE

Invoice Number: 125901

Invoice Date: Jan 11, 2011

Page: 1

Voice: (785) 483-3887

Fax: (785) 483-5566

Bill To:

Hartman Oil Co., Inc.
H2 Drilling & H2 Trucking
3545 W. Jones Avenue
Garden City, KS 67846

Federal Tax I.D.#: 20-5975804

Customer ID	Well Name/# or Customer P.O.	Payment Terms	
Hart	Jasper #1-32 87057	Net 30 Days	
Job Location	Camp Location	Service Date	Due Date
KS1-03	Oakley	Jan 11, 2011	2/10/11

Quantity	Item	Description	Unit Price	Amount
132.00	MAT	Class A Common	15.45	2,039.40
88.00	MAT	Pozmix	8.00	704.00
8.00	MAT	Gel	20.80	166.40
55.00	MAT	Flo Seal	2.50	137.50
230.00	SER	Handling	2.40	552.00
50.00	SER	Mileage 230 sx @.10 per sk per mi	23.00	1,150.00
1.00	SER	Plug to Abandon	1,017.00	1,017.00
50.00	SER	Pump Truck Mileage	7.00	350.00
1.00	EQP	8.5/8 Plug	40.00	40.00
D & A				
At [Signature]				
1-21-11				

ALL PRICES ARE NET, PAYABLE
30 DAYS FOLLOWING DATE OF
INVOICE. 1 1/2% CHARGED
THEREAFTER. IF ACCOUNT IS
CURRENT, TAKE DISCOUNT OF

\$ 1231.26

ONLY IF PAID ON OR BEFORE
Feb 5, 2011

Subtotal	6,156.30
Sales Tax	495.58
Total Invoice Amount	6,651.88
Payment/Credit Applied	
TOTAL	6,651.88

ALLIED CEMENTING CO., LLC. 040805

Federal Tax I.D.# 20-5975804

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

SERVICE POINT:

ARKANSAS

1-11-11 DATE	SEC. 32	TWP. 15	RANGE 29	CALLED OUT	ON LOCATION 11:30am	JOB START 5:30pm	JOB FINISH 6:00pm
LEASE 5A5P-12	WELL # 1-32	LOCATION Gove S-City line 4w			COUNTY Gove	STATE KS	
OLD OR NEW (Circle one)			<u>NEW</u>				

CONTRACTOR H. J. #2
TYPE OF JOB PTA
HOLE SIZE 7 7/8 T.D. 4449'
CASING SIZE DEPTH
TUBING SIZE DEPTH
DRILL PIPE 4" 2 DEPTH 2065'
TOOL DEPTH
PRES. MAX MINIMUM
MEAS. LINE SHOE JOINT
CEMENT LEFT IN CSG.
PERFS.
DISPLACEMENT

EQUIPMENT

PUMP TRUCK CEMENTER Fuzz
473 HELPER LA RENE
BULK TRUCK
344 DRIVER Kevin (G.B.)
BULK TRUCK
DRIVER

REMARKS:

25 sks @ 2065'
100 sks @ 1024'
40 sks @ 364'
10 sks @ 40' w/plug
30 sks R.H.
15 sks m.h.
Job complete @ 6:00pm
Thanks Fuzz & crew

CHARGE TO: Hartman Oil
STREET
CITY STATE ZIP

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 STEVEN CRAIG

SIGNATURE Steven Craig

OWNER

CEMENT

AMOUNT ORDERED 220 60/40 4%
gel 1/4" flo seal

COMMON	<u>132</u>	@	<u>15.45</u>	<u>2039.40</u>
POZMIX	<u>88</u>	@	<u>8.00</u>	<u>704.00</u>
GEL	<u>8</u>	@	<u>20.80</u>	<u>166.40</u>
CHLORIDE		@		
ASC		@		
<u>flo seal</u>	<u>55#</u>	@	<u>2.50</u>	<u>137.50</u>
		@		
		@		
		@		
		@		
		@		
		@		
		@		
		@		
HANDLING	<u>230</u>	@	<u>2.40</u>	<u>552.00</u>
MILEAGE	<u>102.54 miles</u>			<u>1150.00</u>
TOTAL				<u>4749.30</u>

SERVICE

DEPTH OF JOB	<u>2065'</u>
PUMP TRUCK CHARGE	<u>1017.00</u>
EXTRA FOOTAGE	@
MILEAGE	<u>50</u> @ <u>7.00</u> <u>350.00</u>
MANIFOLD	@
	@
	@

TOTAL 1367.00

PLUG & FLOAT EQUIPMENT

<u>1.8 1/8 plug</u>	@	<u>40.00</u>
	@	
	@	
	@	
	@	

TOTAL 40.00

SALES TAX (If Any)

TOTAL CHARGES

DISCOUNT IF PAID IN 30 DAYS



PO BOX 31 Russell, KS 67665

INVOICE

Invoice Number: 125817

Invoice Date: Jan 3, 2011

Page: 1

Voice: (785) 483-3887

Fax: (785) 483-5566

Bill To:

Hartman Oil Co., Inc.
H2 Drilling & H2 Trucking
3545 W. Jones Avenue
Garden City, KS 67846

Federal Tax I.D.#: 20-5975804

Customer ID	Well Name# or Customer P.O.	Payment Terms	
Hart	Jasper #1-32 87057	Net 30 Days	
Job Location	Camp Location	Service Date	Due Date
KS1-01	Oakley	Jan 3, 2011	2/2/11

Quantity	Item	Description	Unit Price	Amount
200.00	MAT	Class A Common	15.45	3,090.00
4.00	MAT	Gel	20.80	83.20
7.00	MAT	Chloride	58.20	407.40
211.00	SER	Handing	2.40	506.40
50.00	SER	Mileage 211 sx @.10 per sk per mi	21.10	1,055.00
1.00	SER	Surface	1,018.00	1,018.00
50.00	SER	Pump Truck Mileage	7.00	350.00
D+A				
Ar. Mulcher				
1-17-11				

ALL PRICES ARE NET, PAYABLE
30 DAYS FOLLOWING DATE OF
INVOICE. 1 1/2% CHARGED
THEREAFTER. IF ACCOUNT IS
CURRENT, TAKE DISCOUNT OF

\$ 1302.00

ONLY IF PAID ON OR BEFORE
Jan 28, 2011

Subtotal	6,510.00
Sales Tax	288.24
Total Invoice Amount	6,798.24
Payment/Credit Applied	
TOTAL	6,798.24

ALLIED CEMENTING CO., LLC. 035171

Federal Tax I.D.# 20-5975804

P.O. BOX 31
RUSSELL, KANSAS 67665

SERVICE POINT:

OAKLEY

DATE 1-3-11	SEC. 32	TWP. 15S	RANGE 29W	CALLED OUT	ON LOCATION 11:30 PM	JOB START 3:00 AM	JOB FINISH 3:30 AM
LEASE JASPER	WELL # 1-32		LOCATION GOLF South To GOLF LANE		COUNTY GOLF	STATE KS	
OLD OR NEW (Circle one)			COUNTY LINE HW-NINTO				

CONTRACTOR H 2 DRLG Rig#

TYPE OF JOB SURFACE

HOLE SIZE 12 1/4" T.D. 316'

CASING SIZE 8 5/8" DEPTH 314.73'

TUBING SIZE DEPTH

DRILL PIPE DEPTH

TOOL DEPTH

PRES. MAX MINIMUM

MEAS. LINE SHOE JOINT

CEMENT LEFT IN CSG. 15'

PERFS.

DISPLACEMENT 19 BBLs

OWNER SAME

CEMENT
AMOUNT ORDERED 200 SKS COM 390 CC 290 GEL

COMMON	<u>200 SKS</u>	@ <u>15 45</u>	<u>3090 00</u>
POZMIX		@	
GEL	<u>4 SKS</u>	@ <u>20 80</u>	<u>83 20</u>
CHLORIDE	<u>7 SKS</u>	@ <u>58 20</u>	<u>407 40</u>
ASC		@	
		@	
		@	
		@	
		@	
		@	
		@	
		@	
HANDLING	<u>211 SKS</u>	@ <u>2 40</u>	<u>506 40</u>
MILEAGE	<u>104 PER SK / MILE</u>		<u>1055 00</u>
TOTAL			<u>5142 00</u>

EQUIPMENT

PUMP TRUCK CEMENTER TERRY

431 HELPER DARRIN

BULK TRUCK

396 DRIVER JERRY

BULK TRUCK

DRIVER

REMARKS:

CEMENT did CURL.

THANK YOU

CHARGE TO: HARTMAN OIL

STREET

CITY STATE ZIP

SERVICE

DEPTH OF JOB	<u>314.73'</u>		
PUMP TRUCK CHARGE			<u>1018 00</u>
EXTRA FOOTAGE		@	
MILEAGE	<u>50 M</u>	@ <u>7 00</u>	<u>350 00</u>
MANIFOLD		@	
		@	
TOTAL			<u>1368 00</u>

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 STEVEN CRAGG

SIGNATURE Steven Cragg