



KANSAS CORPORATION COMMISSION 1074859
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 # _____

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: _____



1074859

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
<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 <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

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> _____ <input type="checkbox"/> Other <i>(Specify)</i> _____	PRODUCTION INTERVAL: _____ _____
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PO BOX 31 Russell, KS 67665

INVOICE

Invoice Number: 126788

Invoice Date: Apr 7, 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	Ward #11 81485	Net 30 Days	
Job Location	Camp Location	Service Date	Due Date
KS1-01	Oakley	Apr 7, 2011	5/7/11

Quantity	Item	Description	Unit Price	Amount
150.00	MAT	Class A Common	16.25	2,437.50
23.00	MAT	Chloride	58.20	1,338.60
575.00	MAT	ALW Type 1	15.00	8,625.00
144.00	MAT	Flo Seal	2.70	388.80
783.00	SER	handling	2.25	1,761.75
70.00	SER	Mileage 783 sx @.11 per sk per mi	86.13	6,029.10
1.00	SER	Surface	1,925.00	1,925.00
140.00	SER	Pump Truck Mileage	7.00	980.00
1.00	SER	Manifold & Head Rental	200.00	200.00
140.00	SER	Light Vehicle Mileage	4.00	560.00
4.00	SER	Waiting Hours	400.00	1,600.00
1.00	EQP	8.5/8 AFU Insert	238.00	238.00
2.00	EQP	8.5/8 Basket	314.00	628.00
3.00	EQP	8.5/8 Centralizer	67.00	201.00
1.00	EQP	8.5/8 Rubber Plug	101.00	101.00
1.00	CEMENTER	Alan Ryan		
1.00	EQUIP OPER	Wayne Mc Ghghy		
1.00	OPER ASSIST	Jerry Yates		
1.00	OPER ASSIST	Darrin Racette		

D+A
Dr. M. M. M. M.
4-18-11

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

\$ **5402.75**

ONLY IF PAID ON OR BEFORE
May 2, 2011

Subtotal	27,013.75
Sales Tax	1,039.86
Total Invoice Amount	28,053.61
Payment/Credit Applied	
TOTAL	28,053.61

~~NEW WELL~~
COMPLETION



PO BOX 31 Russell, KS 67665

INVOICE

Invoice Number: 126869

Invoice Date: Apr 12, 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

81485

Customer ID	Well Name# or Customer P.O.	Payment Terms	
Hart	Ward #11	Net 30 Days	
Job Location	Camp Location	Service Date	Due Date
KS1-03	Oakley	Apr 12, 2011	5/12/11

Quantity	Item	Description	Unit Price	Amount
162.00	MAT	Class A Common	16.25	2,632.50
108.00	MAT	Pozmix	8.50	918.00
9.00	MAT	Gel	21.25	191.25
67.50	MAT	Flo Seal	2.70	182.25
281.00	SER	Handling	2.25	632.25
70.00	SER	Mileage 281 sx @.11 per sk per mi	30.91	2,163.70
1.00	SER	Plug to Abandon	2,125.00	2,125.00
140.00	SER	Pump Truck Mileage	7.00	980.00
140.00	SER	Light Vehicle Mileage	4.00	560.00
1.00	CEMENTER	Larene Wentz		
1.00	OPER ASSIST	Darrin Racette		
1.00	OPER ASSIST	Earl Rebarck		

Dr. M. [Signature]
4-25-11

D+A

Subtotal	10,384.95
Sales Tax	773.68
Total Invoice Amount	11,158.63
Payment/Credit Applied	
TOTAL	11,158.63

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

\$ 2076.99

ONLY IF PAID ON OR BEFORE
May 7, 2011

ALLIED CEMENTING CO., LLC. 043333

Federal Tax I.D.# 20-5975804

TO P.O. BOX 31
RUSSELL, KANSAS 67665

SERVICE POINT: Oakley, KS

DATE <u>4-12-11</u>	SEC. <u>16</u>	TWP. <u>22</u>	RANGE <u>33</u>	CALLED OUT	ON LOCATION	JOB START <u>4:00 pm</u>	JOB FINISH <u>5:00 pm</u>
LEASE <u>Ward</u>	WELL# <u>11</u>	LOCATION <u>Garden City N to Barlow Rd</u>			COUNTY <u>Flinn</u>	STATE <u>KS</u>	
OLD OR NEW (Circle one)		<u>3 1/2 West N into</u>					

CONTRACTOR H2 #2

TYPE OF JOB PTA

HOLE SIZE 7 1/8" T.D. 2721

CASING SIZE _____ DEPTH _____

TUBING SIZE _____ DEPTH _____

DRILL PIPE 4 1/2" DEPTH 2490'

TOOL _____ DEPTH _____

PRES. MAX _____ MINIMUM _____

MEAS. LINE _____ SHOE JOINT _____

CEMENT LEFT IN CSG. _____

PERFS. _____

DISPLACEMENT _____

OWNER same

CEMENT AMOUNT ORDERED 270 sks 60/40

4 Tegel 1/4" flo seal/sk

COMMON	<u>162 sks @</u>	<u>16.25</u>	<u>2632.50</u>
POZMIX	<u>108 sks @</u>	<u>8.50</u>	<u>918.00</u>
GEL	<u>9 sks @</u>	<u>21.25</u>	<u>191.25</u>
CHLORIDE	@		
ASC	@		
	@		
	<u>Flo-Seal 67.5 sks @</u>	<u>2.70</u>	<u>182.25</u>
	@		
	@		
	@		
	@		
	@		
HANDLING	<u>281 sks @</u>	<u>2.25</u>	<u>632.25</u>
MILEAGE	<u>114 sk/mile</u>		<u>2163.70</u>
			TOTAL <u>6719.95</u>

EQUIPMENT

PUMP TRUCK CEMENTER Larene

431 HELPER Darvan

BULK TRUCK

394/287 DRIVER Earl

BULK TRUCK

_____ DRIVER _____

REMARKS:

50 sks at 2490'

50 sks at 1790'

50 sks at 1140'

50 sks at 540'

20 sks at 60'

Rot hole 30 sks

Misc hole 20 sks Frank Y04

CHARGE TO: Hartman Oil

STREET _____

CITY _____ STATE _____ ZIP _____

SERVICE

DEPTH OF JOB	<u>2490'</u>		
PUMP TRUCK CHARGE			<u>2125.00</u>
EXTRA FOOTAGE	@		
MILEAGE	<u>70 mi X 2</u>	@ <u>7.00</u>	<u>980.00</u>
MANIFOLD	@		
<u>Light Del wide mileage</u>	@ <u>4.00</u>		<u>560.00</u>
<u>70K 2</u>	@		
			TOTAL <u>3665.00</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 CRAIG

SIGNATURE Steven Craig