



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1074416
OIL & GAS CONSERVATION DIVISION

Form ACO-1
August 2013

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
- 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: _____

1074416

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	Hartman Oil Co., Inc.
Well Name	Schamberger Trust 1-32
Doc ID	1074416

All Electric Logs Run

Dual Space Neutron Spectral Dnsity Log
Microlog
Borehole Compensated Sonic Array Log
Array Compensated True Resistivity Log

Form	ACO1 - Well Completion
Operator	Hartman Oil Co., Inc.
Well Name	Schamberger Trust 1-32
Doc ID	1074416

Tops

Name	Top	Datum
Anhydrite	2144	435
Topeka	3630	-1053
Heebner	3853	-1276
Toronto	3874	-1297
Lansing	3890	-1313
Pawnee	4270	-1693
Ft Scott	4350	-1775
Cherokee	4376	-1799
Mississippi	4450	-1873
LTD	4475	-1898



INVOICE

PO Box 31
Russell, KS 67665

Invoice Number: 129893
Invoice Date: Jan 12, 2012
Page: 1

Voice: (817) 546-7282
Fax: (817) 246-3361

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	SchambergerTst# 1-32 <i>83040</i>	Net 30 Days	
Job Location	Camp Location	Service Date	Due Date
KS2-01	Great Bend	Jan 12, 2012	2/11/12

Quantity	Item	Description	Unit Price	Amount
150.00	MAT	Class A Common	16.25	2,437.50
2.00	MAT	Chloride	58.20	116.40
258.00	SER	Handling	2.25	580.50
50.00	SER	Mileage	28.38	1,419.00
1.00	SER	Surface	1,125.00	1,125.00
50.00	SER	Heavy Vehicle Mileage	7.00	350.00
50.00	SER	Light Vehicle Mileage	4.00	200.00
1.00	EQUIP OPER	Greg Redetzke		
1.00	OPER ASSIST	Shane Konzem		
1.00	OPER ASSIST	Jimmy Henkle		

D+A

At. Muletter
1-23-12

01/12
A05500
180202

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

\$ 1245.68

ONLY IF PAID ON OR BEFORE
Feb 6, 2012

Subtotal	6,228.40
Sales Tax	173.67
Total Invoice Amount	6,402.07
Payment/Credit Applied	
TOTAL	6,402.07

<1,245.68
5,156.39



INVOICE

PO Box 93999
Southlake, TX 76092

Invoice Number: 129937
Invoice Date: Jan 19, 2012
Page: 1

Voice: (817) 546-7282
Fax: (817) 246-3361

Bill To:

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

Federal Tax I.D.#: 20-8651475

Customer ID	Well Name/# or Customer P.O.	Payment Terms	
Hart	SchambergerTr#1-32 <i>83040</i>	Net 30 Days	
Job Location	Camp Location	Service Date	Due Date
KS2-03	Oakley	Jan 19, 2012	2/18/12

Quantity	Item	Description	Unit Price	Amount
123.00	MAT	Class A Common	16.25	1,998.75
82.00	MAT	Pozmix	8.50	697.00
7.00	MAT	Gel	21.25	148.75
51.00	MAT	Flo Seal	2.70	137.70
214.00	SER	Handing	2.25	481.50
50.00	SER	Mileage 214 sx @.11	23.54	1,177.00
1.00	SER	Plug to Abandon	1,250.00	1,250.00
50.00	SER	Pump Truck Mileage	7.00	350.00
50.00	SER	Light Vehicle Mileage	4.00	200.00
1.00	EQP	8.5/8 Dry Hole Plug	92.00	92.00
1.00	CEMENTER	Andrew Forslund		
1.00	CEMENTER	Steve Heikkila		
1.00	EQUIP OPER	Jerry Yates		
1.00	OPER ASSIST	Tyler Flipse		

01/12
A05500
180202

**D+A
NEW WELL
COMPLETION**

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

\$ 1306.54

ONLY IF PAID ON OR BEFORE
Feb 13, 2012

Subtotal	6,532.70
Sales Tax	444.22
Total Invoice Amount	6,976.92
Payment/Credit Applied	
TOTAL	6,976.92

A. M. M. M.
1-30-12

<1,306.54>
5,670.38

ALLIED CEMENTING CO., LLC.

Federal Tax I.D.# 20-5975804

035317

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

SERVICE POINT:
OKC

DATE <u>1-19-12</u>	SEC <u>32</u>	TWP. <u>11</u>	RANGE <u>25</u>	LOC. <u>coller in eye</u>	COUNTY <u>INGO</u>	STATE <u>KS</u>
LEASE <u>Schamberger</u>	WELL # <u>1-32</u>	LOCATION <u>coller in eye</u>	OWNER <u>same</u>	JOB START <u>3:00 p.m.</u>	JOB FINISH <u>2:00 p.m.</u>	
OLD OR NEW <u>NEW</u> (Circle one)						

CONTRACTOR H2 Drilling Rig 3

TYPE OF JOB PTA

HOLE SIZE 7 7/8 T.D. 4425'

CASING SIZE _____ DEPTH _____

TUBING SIZE _____ DEPTH _____

DRILL PIPE 4 1/2 DEPTH 2125'

TOOL _____ DEPTH _____

PRES. MAX _____ MINIMUM _____

MEAS. LINE _____ SHOE JOINT _____

CEMENT LEFT IN CSG. _____

PERFS. _____

DISPLACEMENT _____

EQUIPMENT

PUMP TRUCK CEMENTER Andrew Stone

123-281 HELPER Jerry

BULK TRUCK DRIVER Tyler

404

BULK TRUCK DRIVER _____

REMARKS:

25 sks @ 2125'

100 sks @ 1268'

40 sks @ 345'

10 sks @ 40'

30 sks Ref hole

Thank you

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 _____

SIGNATURE Russell Stone

CEMENT AMOUNT ORDERED 205 sks

14 flo seal

COMMON 123 sks @ 16.25 1998.25

POZMIX 82 sks @ 8.25 692.00

GEL 7 sks @ 21.25 148.75

CHLORIDE _____ @ _____

ASC _____ @ _____

Flo seal 51 sks @ 2.70 137.70

HANDLING 214 sks @ 2.25 481.50

MILEAGE 176 sks/mile 172.00

TOTAL 4240.20

SERVICE

DEPTH OF JOB 2125'

PUMP TRUCK CHARGE _____ 1280.00

EXTRA FOOTAGE _____ @ _____

MILEAGE 50 miles @ 2.00 350.00

MANIFOLD light vehicle @ 4.00 200.00

TOTAL 1800.00

PLUG & FLOAT EQUIPMENT

878 dry hole plug @ _____ 92.00

TOTAL 92.00

SALES TAX (if Any) _____

TOTAL CHARGES _____

DISCOUNT _____ IF PAID IN 30 DAYS

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/>

Mark Sievers, Chairman
Ward Loyd, Commissioner
Thomas E. Wright, Commissioner

Sam Brownback, Governor

February 17, 2012

Stan Mitchell
Hartman Oil Co., Inc.
10500 E BERKELEY SQ PKWY STE 100
WICHITA, KS 67206

Re: ACO1
API 15-195-22746-00-00
Schamberger Trust 1-32
SE/4 Sec.32-11S-25W
Trego 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,
Stan Mitchell