



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1082052
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: _____

1082052

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	DAMME 47
Doc ID	1082052

Tops

Name	Top	Datum
B/KC	4308	-1405
Marmaton	4332	-1429
Pawnee	4410	-1507
Ft. Scott	4437	-1534
Cherokee	4454	-1551
Morrow Shale	4641	-1738
Morrow Sand	4660	-1757
Mississippian	4673	-1770
RTD	4870	-1967
LTD	4870	-1967



INVOICE

PO Box 93999
Southlake, TX 76092

Invoice Number: 131161

Invoice Date: May 8, 2012

Voice: (817) 546-7282

Page: 1

Fax: (817) 246-3361



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

81415

Customer ID	Well Name/# or Customer P.O.	Payment Terms	
Hart	Damme #47	Net 30 Days	
Job Location	Camp Location	Service Date	Due Date
KS1-02	Oakley	May 8, 2012	6/7/12

Quantity	Item	Description	Unit Price	Amount
175.00	MAT	Class A Common	16.25	2,843.75
3.00	MAT	Gel	21.25	63.75
175.00	MAT	Class A Lightweight	14.50	2,537.50
17.00	MAT	Salt	23.95	407.15
875.00	MAT	Gilsonite	0.89	778.75
44.00	MAT	FloSeal	2.70	118.80
408.29	SER	Cubic Feet	2.10	857.41
1,218.00	SER	Ton Miles	2.35	2,862.30
1.00	SER	Production	2,405.00	2,405.00
70.00	SER	Heavy Vehicle Mileage	7.00	490.00
1.00	SER	Manifold Head Rental	200.00	200.00
70.00	SER	Light Vehicle Mileage	4.00	280.00
1.00	EQP	5 1/2 AFU Float Shoe	349.00	349.00
1.00	EQP	5 1/2 Latch Down	277.00	277.00
2.00	EQP	5 1/2 Baskets	337.00	674.00
10.00	EQP	5 1/2 Centralizers	49.00	490.00
1.00	CEMENTER	Terry Heinrich		
1.00	EQUIP OPER	Darren Racette		
1.00	EQUIP OPER	Wayne McGhghy		
1.00	OPER ASSIST	Chris Helpingstine		

**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

\$ 3126.89

ONLY IF PAID ON OR BEFORE
Jun 2, 2012

Subtotal	15,634.41
Sales Tax	636.21
Total Invoice Amount	16,270.62
Payment/Credit Applied	
TOTAL	16,270.62

A. V. M. [Signature]
5-21-12

ALLIED CEMENTING CO., LLC. 040968

Federal Tax I.D.# 20-5975804

P.O. BOX 31
RUSSELL, KANSAS 67665

SERVICE POINT:

Oakley

DATE <u>5-8-12</u>	SEC. <u>21</u>	TWP. <u>22</u>	RANGE <u>33</u>	CALLED OUT	ON LOCATION <u>6:30 Am</u>	JOB START <u>12:30 Pm</u>	JOB FINISH <u>2:30 Pm</u>
LEASE <u>Damme</u>	WELL# <u>47</u>	LOCATION <u>Garden City Barlow Rd-4 W</u>			COUNTY <u>Finney</u>	STATE <u>Ks.</u>	
OLD OR <input checked="" type="checkbox"/> NEW (Circle one)				<u>1/25- Binto</u>			

CONTRACTOR H2 Rig #2 OWNER Same

TYPE OF JOB Production
 HOLE SIZE 7 7/8 T.D. 4870
 CASING SIZE 5 1/2 DEPTH 4868.58
 TUBING SIZE _____ DEPTH _____
 DRILL PIPE _____ DEPTH _____
 TOOL _____ DEPTH _____
 PRES. MAX _____ MINIMUM _____
 MEAS. LINE _____ SHOE JOINT 10.74'
 CEMENT LEFT IN CSG. 10.74'
 PERFS. _____
 DISPLACEMENT 115.61

CEMENT
 AMOUNT ORDERED 175 SKS Lite 5# Gilsomite
1/4" Flo + 175 SKS Com 10% Salt 2% Gal

COMMON	<u>175 SKS</u>	@ <u>16.25</u>	# <u>2843.75</u>
POZMIX		@	
GEL	<u>3 SKS</u>	@ <u>21.25</u>	# <u>63.75</u>
CHLORIDE		@	
ASC		@	
Lite	<u>175 SKS.</u>	@ <u>14.50</u>	# <u>2537.50</u>
Salt	<u>175 SKS</u>	@ <u>23.25</u>	# <u>407.15</u>
Gilsomite	<u>875#</u>	@ <u>.87</u>	# <u>778.75</u>
Flo Seal	<u>44#</u>	@ <u>2.70</u>	# <u>118.80</u>
		@	
		@	
		@	
HANDLING	<u>408.29 X</u>	@ <u>2.10</u>	# <u>857.41</u>
MILBAGE	<u>12.4 X 70 X</u>	@ <u>2.35</u>	# <u>2862.30</u>
			TOTAL # <u>10469.41</u>

EQUIPMENT
 PUMP TRUCK CEMENTER Damon R. Terry
 # 422 HELPER Wayne
 BULK TRUCK
 # 373 DRIVER Chris
 BULK TRUCK
 # _____ DRIVER _____

REMARKS: 30SKS 20SKS
Circulate 1 hr. Plug RH. + 12 H.
Pump spacer mix 175 SKS Lite + 175 SKS
Com 10% salt 2% Gal
Start water Displacement Land Plug
Flo at Hold Lift Pressure 1000
Land Plug at 1550#

Thank You.

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

SERVICE

DEPTH OF JOB	<u>4868.58</u>		
PUMP TRUCK CHARGE			# <u>2405.00</u>
EXTRA FOOTAGE		@	
MILEAGE	<u>70</u>	@ <u>7.00</u>	# <u>490.00</u>
MANIFOLD	<u>Head</u>	@	# <u>200.00</u>
L.V. Mileage		@ <u>4.00</u>	# <u>280.00</u>
		@	
			TOTAL # <u>3375.00</u>

PLUG & FLOAT EQUIPMENT

Afu float Shoe	@	# <u>349.00</u>
Latch Down Assy.	@	# <u>277.00</u>
2 Baskets	@ <u>337.00</u>	# <u>674.00</u>
10 Centralizers	@ <u>49.00</u>	# <u>490.00</u>
	@	
		TOTAL # <u>1790.00</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 José Carlos Fabela
 SIGNATURE José Carlos Fabela



PO Box 93999
Southlake, TX 76092

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

INVOICE

Invoice Number: 131008
Invoice Date: Apr 30, 2012
Page: 1



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

Customer ID	Well Name# or Customer P.O.	Payment Terms	
Hart	Damme # 47 81415	Net 30 Days	
Job Location	Camp Location	Service Date	Due Date
KS1-01	Liberal	Apr 30, 2012	5/30/12

Quantity	Item	Description	Unit Price	Amount
540.00	MAT	Class A Common	16.25	8,775.00
210.00	MAT	Pozmix	8.50	1,785.00
32.00	MAT	Gel	21.25	680.00
20.00	MAT	Chloride	58.20	1,164.00
150.00	MAT	ASC	2.70	405.00
802.00	SER	Handling	2.25	1,804.50
60,150.00	SER	Drayage	0.11	6,616.50
1.00	SER	Surface	1,925.00	1,925.00
150.00	SER	Heavy Vehicle Mileage	7.00	1,050.00
1.00	SER	Manifold Head Rental	200.00	200.00
150.00	SER	Light Vehicle Mileage	4.00	600.00
1.00	EQP	8 5/8 AFU Insert	382.00	382.00
2.00	EQP	8 5/8 Baskets	478.00	956.00
3.00	EQP	8 5/8 Centralizers	64.00	192.00
1.00	EQP	8 5/8 Guide Shoe	394.00	394.00
1.00	CEMENTER	Jose Gonzalez		
1.00	CEMENTER	Virgil Newton		
1.00	CEMENTER	Kenny Baeza		
1.00	OPER ASSIST	Visente Torres		
1.00	OPER ASSIST	Daniel Pimentel		

NEW WELL COMPLETION

Subtotal	26,929.00
Sales Tax	1,097.61
Total Invoice Amount	28,026.61
Payment/Credit Applied	
TOTAL	28,026.61

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

\$ 5386.80

ONLY IF PAID ON OR BEFORE
May 25, 2012

A. V. [Signature]

5-7-12

ALLIED OIL & GAS SERVICES, LLC 053216

Federal Tax I.D.# 20-5975804

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

SERVICE POINT: _____

DATE <u>4-30-12</u>	SEC. <u>21</u>	TWP. <u>22</u>	RANGE <u>33w</u>	CALLED OUT <u>9:00am</u>	ON LOCATION <u>9:00am</u>	JOB START <u>4:00pm</u>	JOB FINISH <u>5:00pm</u>
LEASE <u>Dimme</u>	WELL# <u>47</u>	LOCATION <u>Northwest Garden City KS</u>	COUNTY <u>Finney</u>	STATE <u>KS</u>			

CONTRACTOR H2 Drilling Ris # 1 OWNER Hartman Oil Company
TYPE OF JOB Surface
HOLE SIZE 12 1/4 T.D. 1873
CASING SIZE 8 5/8 DEPTH 1873
TUBING SIZE DEPTH
DRILL PIPE DEPTH
TOOL Insert Float DEPTH 1833.5 ft
PRES. MAX MINIMUM
MEAS. LINE SHOE JOINT 40.03
CEMENT LEFT IN CSG. 40.03
PERFS.
DISPLACEMENT 116.8

CEMENT
AMOUNT ORDERED 600 SK 65/35/67 gel
37. CC 1/4 Flo = 150 SK class A
37. CC
COMMON Class A 540* @ 16.25 8715.00
POZMIX 210 SK @ 8.50 1785.00
GEL 32 SK @ 21.25 680.00
CHLORIDE 20 SK @ 58.20 1164.00
ASC 150 lb @ 2.70 405.00

EQUIPMENT

PUMP TRUCK CEMENTER Jose Gonzalez / Virgil Norton
549-550 HELPER Kenny Bazza
BULK TRUCK
470-528 DRIVER Vincente Torres
BULK TRUCK
472-467 DRIVER Daniel Pimentel

HANDLING 802 @ 2.25 1804.50
MILEAGE 60150 @ 0.11 6616.50
TOTAL 21230.00

REMARKS:

Pumped 10 BBLs of water
mixed and pumped 600 SK lead cement
mixed and pumped 150 SK Tail Cement
dropped plugged
displace with water 120 BBLs 117 BBLs + 3*
Bleed off pressure float held

SERVICE

DEPTH OF JOB 1873 ft
PUMP TRUCK CHARGE 1925.00
EXTRA FOOTAGE @
MILEAGE (H) 150 @ 7.00 1050.00
MANIFOLD 1 @ 200 200.00
Light V mileage 150 @ 4.00 600.00

TOTAL 3775.00

CHARGE TO: Hartman Oil Company

STREET _____

CITY _____ STATE _____ ZIP _____

PLUG & FLOAT EQUIPMENT

AFU insert 1 @ 382.00 382.00
Baskets 2 @ 478.00 956.00
Centralizers 3 @ 64.00 192.00
Guide shoe 1 @ 394.00 394.00

TOTAL 1924.00

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.

SALES TAX (If Any) _____

TOTAL CHARGES \$ 26929.00

DISCOUNT _____ IF PAID IN 30 DAYS

PRINTED NAME Jose L. Armendariz

SIGNATURE Jose L. Armendariz

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
Thomas E. Wright, Commissioner

Sam Brownback, Governor

July 26, 2012

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

Re: ACO1
API 15-055-22138-00-00
DAMME 47
NW/4 Sec.21-22S-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,
Stan Mitchell