



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1101406
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 |
|-----------------------------------|-----------------|---|

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: _____



1101406

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 |
|--|---|

| 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 |
|----------------|-------|---------|------------|---|

| | |
|---|--|
| 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. <input type="checkbox"/> Commingled <i>(Submit ACO-5)</i> <input type="checkbox"/> Other <i>(Specify)</i> _____ | PRODUCTION INTERVAL: _____ _____ |
|--|--|---|

| | |
|-----------|------------------------|
| Form | ACO1 - Well Completion |
| Operator | Hartman Oil Co., Inc. |
| Well Name | GARDEN CITY B 1-19 |
| Doc ID | 1101406 |

All Electric Logs Run

| |
|---------------------------|
| |
| Dual Compensated Porosity |
| Dual Induction |
| Microresistivity |
| Radial Cement Bond |



INVOICE

PO Box 93999
Southlake, TX 76092

Invoice Number: 133227

Invoice Date: Oct 20, 2012

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

Page: 1



84065

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 | Garden City B #1-19 | Net 30 Days | |
| Job Location | Camp Location | Service Date | Due Date |
| KS1-02 | Oakley | Oct 20, 2012 | 11/19/12 |

| Quantity | Item | Description | Unit Price | Amount |
|----------|-------------|------------------------------|------------|----------|
| 275.00 | MAT | Class A Common | 17.90 | 4,922.50 |
| 4.00 | MAT | Gel | 23.40 | 93.60 |
| 575.00 | MAT | Lightweight | 15.90 | 9,142.50 |
| 750.00 | MAT | Gilsonite | 0.98 | 735.00 |
| 287.00 | MAT | Flo Seal | 2.97 | 852.39 |
| 22.00 | MAT | Salt | 26.35 | 579.70 |
| 986.20 | SER | Cubic Feet | 2.48 | 2,445.77 |
| 3,109.50 | SER | Ton Mileage | 2.60 | 8,084.70 |
| 1.00 | SER | Production -- Bottom Stage | 2,765.75 | 2,765.75 |
| 1.00 | SER | Production -- Top Stage | 2,406.25 | 2,406.25 |
| 75.00 | SER | Pump Truck Mileage | 7.70 | 577.50 |
| 1.00 | SER | Manifold Head Rental | 275.00 | 275.00 |
| 75.00 | SER | Light Vehicle Mileage | 4.40 | 330.00 |
| 1.00 | EQP | 5.5 AFU Float Shoe | 408.33 | 408.33 |
| 1.00 | EQP | 5.5 Latch Down Plug Assembly | 324.09 | 324.09 |
| 1.00 | EQP | 5.5 D V Tool | 5,335.26 | 5,335.26 |
| 2.00 | EQP | 5.5 Basket | 394.29 | 788.58 |
| 10.00 | EQP | 5.5 Centralzier | 57.33 | 573.30 |
| 1.00 | CEMENTER | Andrew Forslund | | |
| 1.00 | EQUIP OPER | Dane Retzloff | | |
| 1.00 | OPER ASSIST | D J Gray | | |

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

\$ 10,343.25

ONLY IF PAID ON OR BEFORE
Nov 14, 2012

| | |
|------------------------|------------------|
| Subtotal | Continued |
| Sales Tax | Continued |
| Total Invoice Amount | Continued |
| Payment/Credit Applied | |
| TOTAL | Continued |

ALLIED

OIL & GAS SERVICES, LLC

Box 93999
 Wrentham, TX 76092

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

INVOICE

Invoice Number: 133227
 Invoice Date: Oct 20, 2012
 Page: 2



| 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 | Garden City B #1-19 | Net 30 Days | |
| Job Location | Camp Location | Service Date | Due Date |
| KS1-02 | Oakley | Oct 20, 2012 | 11/19/12 |

| Quantity | Item | Description | Unit Price | Amount |
|--|-------------|----------------|------------|--------|
| 1.00 | OPER ASSIST | David Scariano | | |
| <p>NEW WELL DRILLED</p> <p><i>A. T. Mulheisen</i></p> <p>10-30-12</p> | | | | |

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

\$ _____

ONLY IF PAID ON OR BEFORE
 Nov 14, 2012

| | |
|------------------------|------------------|
| Subtotal | 40,640.22 |
| Sales Tax | 1,769.77 |
| Total Invoice Amount | 42,409.99 |
| Payment/Credit Applied | |
| TOTAL | 42,409.99 |

ALLIED OIL & GAS SERVICES, LLC 058956

Federal Tax I.D.# 20-5976804

REMIT TO P.O. BOX 93999
SOUTHLAKE, TEXAS 76092

SERVICE POINT:

Ogale

| | | | | | | | |
|-----------------------------|-------------------|--------------------------------------|-----------------|----------------------|-----------------|---------------------------|---------------------------|
| DATE <u>10-20-12</u> | SEC. <u>19</u> | TWP. <u>22</u> | RANGE <u>33</u> | CALLED OUT | ON LOCATION | JOB START <u>10:30 am</u> | JOB FINISH <u>2:30 pm</u> |
| <u>Garden City</u> LEASE | WELL# <u>1-19</u> | LOCATION <u>Tennis Jw 25 1W 2E 5</u> | | COUNTY <u>Harris</u> | STAT# <u>45</u> | | |
| OLD OR NEW (Circle one) | | | | E into | | 1.02 7.45 | |

| | |
|---|--------------------------|
| CONTRACTOR <u>H2 #3</u> | OWNER <u>same</u> |
| TYPE OF JOB <u>Production (2 stage)</u> | |
| HOLE SIZE <u>2 7/8</u> | T.D. <u>4820</u> |
| CASING SIZE <u>5 1/2</u> | DEPTH <u>4852.32'</u> |
| TUBING SIZE | DEPTH |
| DRILL PIPE | DEPTH |
| TOOL <u>DV</u> | DEPTH <u>2010'</u> |
| PRES. MAX | MINIMUM |
| MBAS. LINE | SHOE JOINT <u>12.58'</u> |
| CEMENT LEFT IN CSG. <u>12.58'</u> | |
| PERFS. <u>Bottom</u> | |
| DISPLACEMENT <u>115.30</u> | <u>47.83</u> |

| | |
|---|------------------------|
| CEMENT | |
| AMOUNT ORDERED <u>150 sks Lite 5# Wilsonite</u> | |
| <u>1/2 No-seal 225 sks com mix salt 2# gel</u> | |
| <u>200 sks Lite 1/2 Flu-seal 50 sks com</u> | |
| <u>425</u> | |
| COMMON <u>225 sks</u> | @ 12.90 <u>4922.50</u> |
| POZMIX | @ |
| OEL <u>4.5 sks</u> | @ 23.40 <u>93.60</u> |
| CHLORIDE | @ |
| ASC | @ |

EQUIPMENT

| | |
|-------------------------|--------------------------------|
| PUMP TRUCK # <u>431</u> | CEMENTER <u>Andrew Fischer</u> |
| | HELPER <u>Dane Kottitt</u> |
| BULK TRUCK # <u>566</u> | DRIVER <u>JOY Gray</u> |
| BULK TRUCK # <u>323</u> | DRIVER <u>David Jarman</u> |

| | |
|--|------------------------|
| <u>Lite 525 sks</u> | @ 15.90 <u>9142.50</u> |
| <u>Wilsonite 250#</u> | @ .98 <u>235.00</u> |
| <u>Flu-seal 282#</u> | @ 2.97 <u>852.39</u> |
| <u>salt 22 sks</u> | @ 26.25 <u>579.20</u> |
| HANDLING <u>986.20 54/ET</u> | @ 2.18 <u>2145.22</u> |
| MILBAGE <u>2.10 707/mile 41.46 707</u> | @ 8.08 <u>8084.30</u> |

REMARKS:

Mix 150 sks Lite followed by 225 sks com
Wash pump and line clean. Release plug and
displace 750# Lit. Land Plug 1700' over
DV tool 800'. ~~200' 200' 200' 200'~~ rot
take 30 sks. mix 200 sks Lite down 500' casing
Followed by 50 sks com. Wash pump and
line clean, start displacement 800' Lit
1600' Land plug. Tool closed
Cement circulated.

Thank you

3104.50 TOTAL 26856.16

SERVICE

| | |
|-----------------------------------|----------------------|
| DEPTH OF JOB <u>4852.32'</u> | |
| PUMP TRUCK CHARGES <u>2765.75</u> | <u>2406.25</u> |
| EXTRA FOOTAGE | @ |
| MILBAGE <u>25 miles</u> | @ 2.20 <u>552.50</u> |
| MANIFOLD <u>head</u> | @ <u>225.00</u> |
| Light Vehicle | @ 4.40 <u>330.00</u> |

TOTAL 6354.50

CHARGE TO: Hartman oil

STREET _____

CITY _____ STATE _____ ZIP _____

PLUG & FLOAT EQUIPMENT

| | |
|-------------------------------|------------------------|
| <u>5 1/2</u> | |
| <u>1 Alky float shoe</u> | @ <u>408.83</u> |
| <u>1 notch down plug Assy</u> | @ <u>374.09</u> |
| <u>1 DV tool</u> | @ <u>5935.76</u> |
| <u>2 Baskets</u> | @ 394.29 <u>788.58</u> |
| <u>10 Control Lines</u> | @ 52.38 <u>523.30</u> |

TOTAL 7429.56

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) 176.980

TOTAL CHARGES 40,640.22

DISCOUNT 10363.25 IF PAID IN 30 DAYS

PRINTED NAME Gary Axtell

SIGNATURE Gary Axtell

25.520

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
Shari Feist Albrecht, Commissioner

Sam Brownback, Governor

November 16, 2012

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

Re: ACO1
API 15-055-22013-00-01
GARDEN CITY B 1-19
SW/4 Sec.19-22S-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