



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1140509
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: _____



1140509

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 <i>(Attach Additional Sheets)</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Log	Formation (Top), Depth and Datum	<input type="checkbox"/> Sample
Samples Sent to Geological Survey	<input type="checkbox"/> Yes <input type="checkbox"/> No	Name	Top	Datum
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:				

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: 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> <i>(Submit ACO-4)</i> <input type="checkbox"/> Other <i>(Specify)</i> _____	PRODUCTION INTERVAL: _____ _____
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Form	ACO1 - Well Completion
Operator	Cimarex Energy Co.
Well Name	Hammer 19-4
Doc ID	1140509

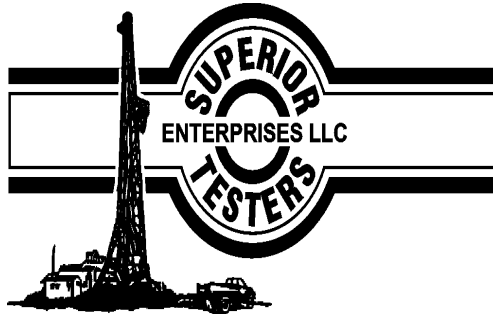
Tops

Name	Top	Datum
Winfield	2780	+81
B/Heebner Shale	4182	-1321
Lansing	4240	-1379
Kansas City	4365	-1504
Marmaton	4862	-2001
Cherokee	5031	-2170
Atoka	5158	-2297
Morrow	5294	-2433
Chester	5465	-2604
St. Genevieve	5490	-2629

Form	ACO1 - Well Completion
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Doc ID	1140509

Perforations

Shots Per Foot	Perforation Record	Material Record	Depth
3	5465-5470 Chester	1200gals 7.5% NEFE HCL w/ 101bbls 2% KCL	5465-5479
3	5472-5479 Chester		
3	5350-5352 Morrow	1000 gals 7.5% HCL NEFE w/ 1200 gals 2% KCL	5319-5352
3	5344-5346 Morrow		
3	5326-5330 Morrow		
3	5319-5321 Morrow		



DRILL STEM TEST REPORT

Prepared For: **Cimarex Energy CO**

348 Rd DD satanta KS 67870

ATTN:

Hammer #19-4

19-30-31 Haskell

Start Date: 2013.02.22 @ 06:00:00

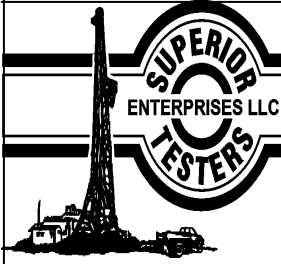
End Date: 2013.02.22 @ 23:05:00

Job Ticket #: 17388 DST #: 1

Superior Testers Enterprises LLC
PO Box 138 Great Bend KS 67530
1-800-792-6902

Printed: 2013.02.22 @ 23:31:27

Cimarex Energy CO
19-30-31 Haskell
Hammer #19-4
DST # 1
Mississippi
2013.02.22



DRILL STEM TEST REPORT

TOOL DIAGRAM

Cimarex Energy CO
 348 Rd DD satanta KS 67870
 ATTN:

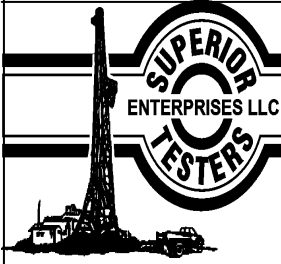
19-30-31 Haskell
Hammer #19-4
 Job Ticket: 17388 **DST#: 1**
 Test Start: 2013.02.22 @ 06:00:00

Tool Information

Drill Pipe:	Length: 4005.00 ft	Diameter: 3.80 inches	Volume: 56.18 bbl	Tool Weight:	1000.00 lb
Heavy Wt. Pipe:	Length: 0.00 ft	Diameter: 0.00 inches	Volume: 0.00 bbl	Weight set on Packer:	20000.00 lb
Drill Collar:	Length: 650.00 ft	Diameter: 2.25 inches	Volume: 3.20 bbl	Weight to Pull Loose:	130000.0 lb
			<u>Total Volume: 59.38 bbl</u>	Tool Chased	0.00 ft
Drill Pipe Above KB:	10.00 ft			String Weight: Initial	101000.0 lb
Depth to Top Packer:	4673.00 ft			Final	120000.0 lb
Depth to Bottom Packer:	ft				
Interval between Packers:	42.00 ft				
Tool Length:	70.00 ft				
Number of Packers:	2	Diameter: 7.88 inches			

Tool Comments: Started out early for test standy by 10:30A 2-20-13 picked up tool 6:00A 2-22-13 Had to make trip back to Great Bend to get 8 3/4 packer and set 4 1/2 elavators

Tool Description	Length (ft)	Serial No.	Position	Depth (ft)	Accum. Lengths
Shut-In Tool	5.00			4650.00	
Hydraulic Tool	5.00			4655.00	
Jars	6.00			4661.00	
Safety Joint	2.00			4663.00	
Packer	5.00			4668.00	28.00 Bottom Of Top Packer
Packer	5.00			4673.00	
Anchor	37.00			4710.00	
Recorder	1.00	6731	Inside	4711.00	
Recorder	1.00	8159	Outside	4712.00	
Bullnose	3.00			4715.00	42.00 Bottom Packers & Anchor
Total Tool Length:	70.00				



DRILL STEM TEST REPORT

FLUID SUMMARY

Cimarex Energy CO
 348 Rd DD satanta KS 67870
 ATTN:

19-30-31 Haskell
Hammer #19-4
 Job Ticket: 17388 **DST#: 1**
 Test Start: 2013.02.22 @ 06:00:00

Mud and Cushion Information

Mud Type: Gel Chem	Cushion Type:	Oil API:	deg API
Mud Weight: 9.00 lb/gal	Cushion Length: ft	Water Salinity:	ppm
Viscosity: 41.00 sec/qt	Cushion Volume: bbl		
Water Loss: 14.00 in ³	Gas Cushion Type:		
Resistivity: ohm.m	Gas Cushion Pressure: psia		
Salinity: 2400.00 ppm			
Filter Cake: 2.00 inches			

Recovery Information

Recovery Table

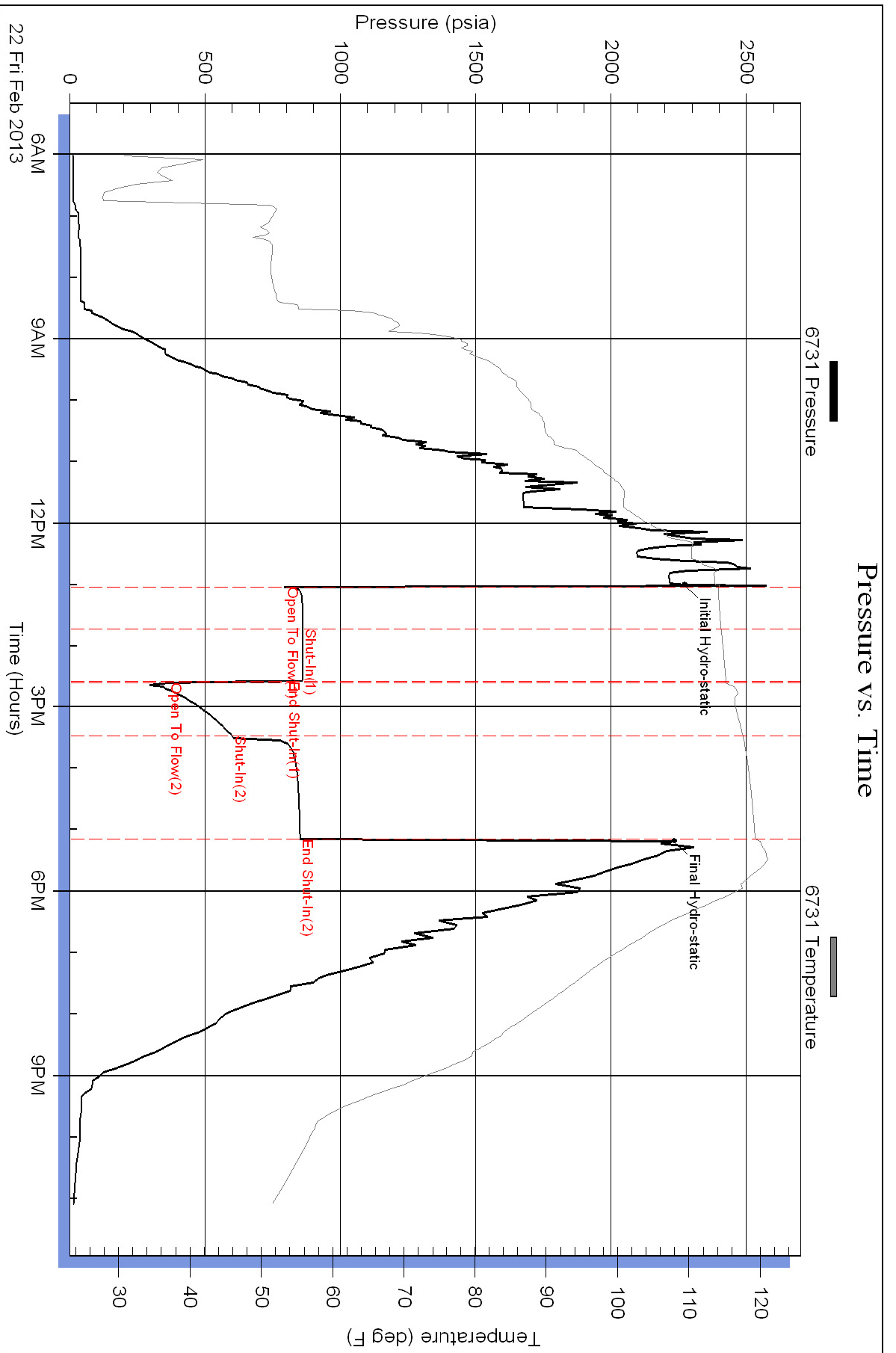
Length ft	Description	Volume bbl
1000.00	w ater 30% mud 70% w ater	8.106
240.00	Slightley oil cut w ater mud	3.367
0.00	5% oil 30% w ater 65% mud	0.000

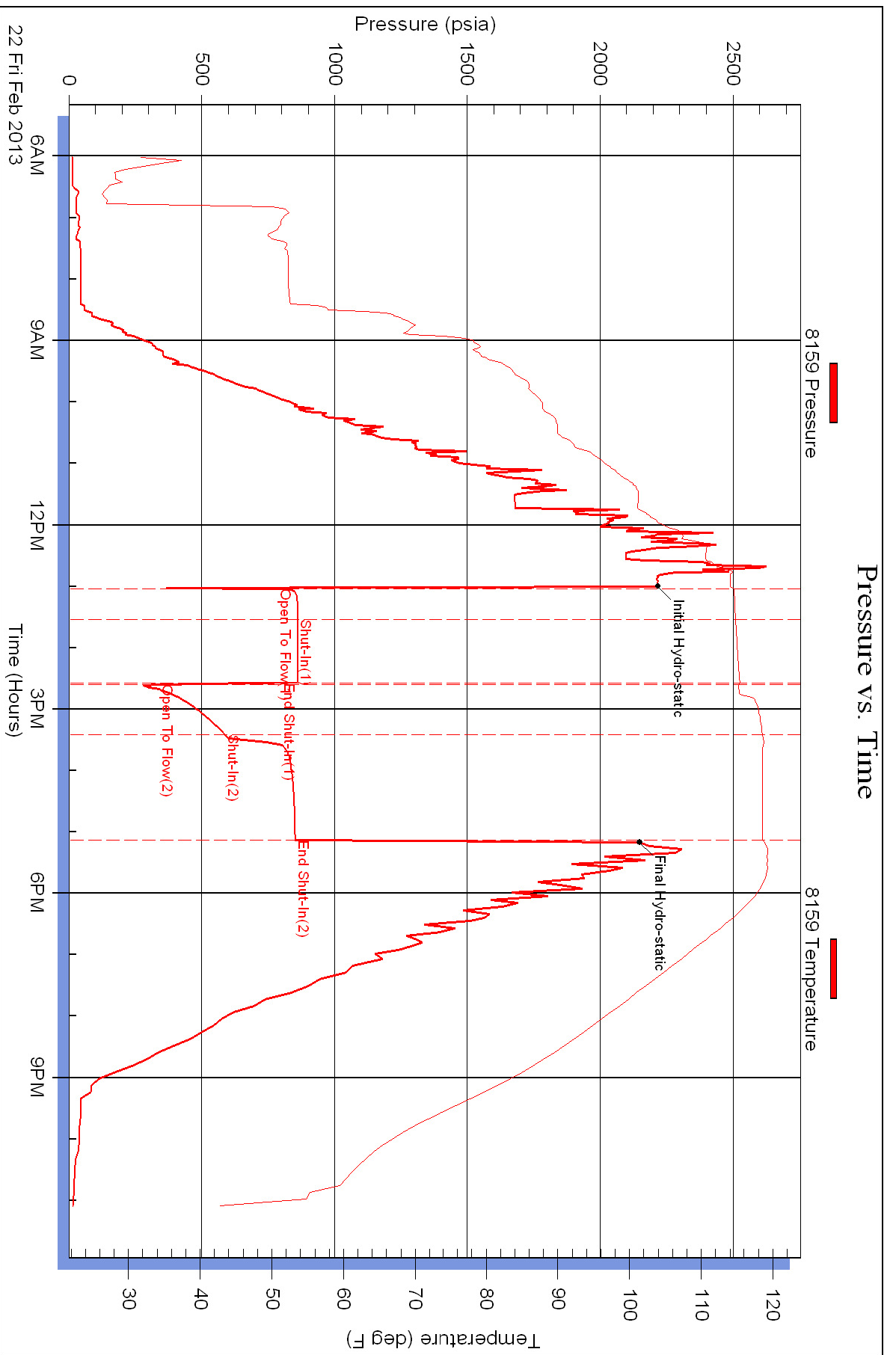
Total Length: 1240.00 ft Total Volume: 11.473 bbl

Num Fluid Samples: 0 Num Gas Bombs: 0 Serial #:

Laboratory Name: Laboratory Location:

Recovery Comments: Started out early for test standy by Time 10:30A 2-20-13 picked up tool 6:00a 2-22-13 had to make a trip back to Great Bend for 8 3/4 packers and 4 1/2 elavators





Conservation Division
Finney State Office Building
130 S. Market, Rm. 2078
Wichita, KS 67202-3802



Phone: 316-337-6200
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<http://kcc.ks.gov/>

Mark Sievers, Chairman
Thomas E. Wright, Commissioner
Shari Feist Albrecht, Commissioner

Sam Brownback, Governor

May 31, 2013

Melissa Imler
Cimarex Energy Co.
348 Rd. DD
Satanta, KS 67870

Re: ACO1
API 15-081-22007-00-00
Hammer 19-4
SE/4 Sec.19-30S-31W
Haskell 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,
Melissa Imler