



KANSAS CORPORATION COMMISSION 1155017
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: _____



1155017

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
_____ Perforate _____ Protect Casing _____ Plug Back TD _____ 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
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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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HUGHES DRILLING REPORT

SURFACE CASING

Well No. 8-A Size 7 1/2"
 Farm Flynn Feet 23.40
 Circulated 9 sx cement

PERMANENT CSG.

Size 2 7/8" 80' EUC (New)
 Feet 370' of Pipe
 Bore at 855'

T. D. at Completion 375'

Contractor HUGHES DRILLING CO.

OPERATOR Hughes Drilling

STRATA THICKNESS	FORMATION DRILLED	T.D.
3	Soil	3
4	Clay	7
6	sandstone	13
1	Shale	14
6	sandstone	20
13	Shale	33
3	lime	36
108	Shale	144
24	lime	168
8	shale	176
9	lime	185
5	shale	190
110	lime	206
42	Shale	248
21	lime	269
2	sand	271
69	Shale	340
21	lime	361
19	Shale	380
6	lime	386
28	Shale	414
6	lime	420
12	Shale	432
2	lime	434
13	Shale	447
30'	25	lime 472
13	shale	485
20'	19	lime 504
3	shale	507
3	lime	510
4	shale	514
6	lime	520
160	shale	680
2	lime	682
10	shale	692
7	lime	699
28	shale	719
3	lime	722
17	shale	739
3	lime	742
17	shale	759

DATE	DRILLED		REMARKS - TYPE WORK - BILLING REF.	PIPE TALLY
	FROM	TO		
7/18/13	0	3	Soil	(1) 21.5 - 21.5
	3	7	Clay	(2) 22.5 - 44.0
23'	7	13	Sandstone	(3) 22.5 - 66.5
7/19/13	13	14	Shale	(4) 22.5 - 89.0
59/8	14	20	sandstone	(5) 22.5 - 111.5
FDG BT	20	33	Shale	(6) 22.5 - 134.0
	33	36	lime (Shale 34-35)	(7) 22.5 - 156.5
	36	144	Shale	(8) 22.5 - 179.0
	144	168	lime	(9) 22.5 - 201.5
	168	176	Shale (slate 168-169)	(10) 22.5 - 224.0
	176	185	lime (sdy 176-179)	(11) 22.5 - 246.5
	185	190	Shale	(12) 22.5 - 269.0
	190	206	lime	(13) 22.5 - 291.5
	206	248	Shale (sdy 215-230)	(14) 22.5 - 314.0
	248	269	lime	(15) 22.5 - 336.5
	269	271	sand	(16) 22.5 - 359.0
	271	340	Shale	(17) 22.5 - 381.5
	340	361	lime	(18) 22.5 - 404.0
	361	380	Shale (Red Bed 378-380)	(19) 22.5 - 426.5
	380	386	lime	(20) 22.5 - 449.0
	386	414	Shale	(21) 22.5 - 471.5
	414	420	lime	(22) 22.5 - 494.0
	420	432	Shale	(23) 22.5 - 516.5
	432	434	lime	(24) 22.5 - 539.0
	434	447	Shale	(25) 22.5 - 561.5
3rd	447	472	lime	(26) 22.5 - 584.0
	472	485	Shale (slate 472-473)	(27) 22.5 - 606.5

HUGHES DRILLING REPORT

Well No. 3-A Surface CASING
Farm Flynn Size.....
Circulated _____ sx cement

PERMANENT CSG.
Size 2 1/8" Red FUE (new)
Feet 870' of p.F.
Baffle at 855'
T. D. at Completion 875'
Contractor HUGHES DRILLING CO.

OPERATOR Hughes Drilling

STRATA THICKNESS	FORMATION DRILLED	T.D.
2	Lime	761
24	Shale	790
8	Lt Br. sand	798
27	oil sand	825
5	Bl sand	830
1	Lime	831
44	Shale	875
		T.D.

DATE	DRILLED		REMARKS - TYPE WORK - BILLING REF.	PIPE TALLY
	FROM	TO		
7-20-13	485	504	Lime	(28) 22.5 - 629.0
	504	507	Shale	(29) 22.5 - 651.5
	507	510	Lime	(30) 22.5 - 674.0
"Hanging"	510	514	Shale	(31) 22.5 - 696.5
7-21-13	514	520	Lime	(32) 22.5 - 719.0
515'	520	680	Shale (BRN) 523-526) (BRN) 652-665)	(33) 22.5 - 741.5
7-22-13	680	682	Lime	(34) 22.5 - 764.0
	682	692	Shale	(35) 22.5 - 786.5
	692	699	Lime	(36) 22.5 - 809.0
	699	719	Shale	(37) 22.5 - 831.5
	719	722	Lime	(38) 22.5 - 854.0
	722	739	Shale (BRN 722-730)	
	739	742	Lime (Brown)	
	742	759	Shale (Shale 742-743) (BRN) 751-759)	
	759	761	Lime	
	761	790	Shale (Lime Break 781)	
	790	798	Lt Brown sand	
	798	825	oil sand	Remarks 753
	825	830	Black sand	
	830	831	Lime	
	831	875	Shale	
			T.D.	
7-22-13			set 870' of 2 1/8" Red FUE (new)	
			used 3 centralizers	
			Baffle at 855'	



CONSOLIDATED
Oil Well Services, LLC

260816

TICKET NUMBER 42221

LOCATION Oxtawa KS

FOREMAN Fred Maden

PO Box 884, Chanute, KS 66720
620-431-9210 or 800-467-8676

FIELD TICKET & TREATMENT REPORT
CEMENT

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
7.22.13	3425	Flynn # 8-A	SE 24	15	20	FR
CUSTOMER <u>Hughes Drilling Co</u>			TRUCK #			
MAILING ADDRESS <u>122 main st.</u>			DRIVER			
CITY <u>Wellsville</u>			TRUCK #			
STATE <u>KS</u>			DRIVER			
ZIP CODE <u>66092</u>			TRUCK #			
			DRIVER			

JOB TYPE hang string HOLE SIZE 5 7/8 HOLE DEPTH 825' CASING SIZE & WEIGHT 2 7/8 EUE
 CASING DEPTH 670 DRILL PIPE Baffle h TUBING @ 853' OTHER _____
 SLURRY WEIGHT _____ SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT IN CASING 15' + Plug
 DISPLACEMENT 4.97 BBL DISPLACEMENT PSI _____ MIX PSI _____ RATE 5BPM

REMARKS: Hold crew making. Establish circulation. Mix + Pump 100# Gel
Flush. Mix + Pump @ 112 sks 50/50 Por Mix Cement 2% Gel 1/2" Flo
Seal/sk. Cement to surface. Flush pump + lines clean. Displace
2 1/2" Rubber plug to Baffle - Pressure to 600 PSI. Shut in
casing.

Note: Customer supplied water.

Fred Maden

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401	1	PUMP CHARGE	495	1085 ⁰⁰
5406	20 mi	MIILEAGE	495	84 ⁰⁰
5402	870	Casing footage		N/C
5407	Minimum	Ton Miles	558	368 ⁰⁰
1124	112 sks	50/50 Por Mix Cement		1268 ⁰⁰
115B	288 [#]	Premium Gel		63 ⁵⁰
1107	28 [#]	Flo Seal		69 ⁵⁰
4402	1	2 1/2" Rubber Plug		29 ⁵⁰
			7.652	SALES TAX
				ESTIMATED
				TOTAL

Ravn 3737

Patricia [Signature]

AUTHORIZATION _____ TITLE _____ DATE _____

I acknowledge that the payment terms, unless specifically amended in writing on the front of the form or in the customer's account records, at our office, and conditions of service on the back of this form are in effect for services identified on this form