



KANSAS CORPORATION COMMISSION 1156505
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: _____



1156505

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
<input type="checkbox"/> Perforate <input type="checkbox"/> Protect Casing <input type="checkbox"/> Plug Back TD <input type="checkbox"/> 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> <i>(Submit ACO-4)</i> <input type="checkbox"/> Other <i>(Specify)</i> _____	PRODUCTION INTERVAL: _____ _____
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3613 A Y Road
 Madison, KS 66860
 Office # 620-437-2661
 Brad Cell # 620-437-6765



HURRICANE SERVICES INC
 OILFIELD SERVICES
 MADISON, KANSAS

Location Madison
 Foreman Brad Butler

Cement Service ticket

Date	Customer #	Well Name & Number	Sec./Township/Range	County
8-23-13		Reamer #1 INT-3	28-22-16E	Coffey
Customer		Mailing Address	City	State Zip
HARCON Energy LLC		P.O. Box 292	Leroy	Ks. 66857-0292

Job Type: Liner Job

Hole Size:	Casing Size: <u>4 1/2" @ 1039'</u>	Displacement: <u>3" Bbls</u>	Truck #	Driver
Hole Depth:	Casing Weight:	Displacement PSI: <u>400</u>	<u>201</u>	<u>Kelly</u>
Bridge Plug:	Tubing: <u>2 3/8"</u>	Cement Left in Casing: <u>0'</u>	<u>202</u>	<u>Jerry</u>
Packer:	PBTD: <u>960'</u>		<u>106</u>	<u>David</u>

Quantity Or Units	Description of Services or Product	Pump charge	
<u>35</u>	Mileage	\$3.25/Mile	<u>113.75</u>
<u>58 SACKS</u>	<u>80/20 Pozmix cement</u>	<u>12.75</u>	<u>739.50</u>
<u>104 lbs</u>	<u>Gel 2%</u>	<u>.30</u>	<u>31.20</u>
<u>100 lbs</u>	<u>Gel Flush Ahead</u>	<u>.30</u>	<u>30.00</u>
<u>500 lbs</u>	<u>20/40 Frac SAND</u>	<u>.30</u>	<u>150.00</u>
<u>4 Hrs</u>	<u>WATER Truck</u>	<u>84.00</u>	<u>336.00</u>
<u>3100 GAL</u>	<u>WATER</u>	<u>13" P/100</u>	<u>40.30</u>
<u>35 miles</u>	<u>Truck #200</u>	<u>1.50</u>	<u>52.50</u>
<u>Tons</u>	<u>Bulk Truck > minimum charge</u>	<u>\$1.15/Mile</u>	<u>250.00</u>
	<u>Wireline: Seisless</u>	<u>50.00</u>	<u>N/C</u>
<u>1</u>	<u>Plugs 2 3/8" Top Rubber</u>	<u>20.00</u>	<u>20.00</u>
		Subtotal	<u>2553.25</u>
		Sales Tax <u>6.15%</u>	<u>52.95</u>
		Estimated Total	<u>2606.20</u>

Remarks: Rig up to 4 1/2" casing with wireline - Tagged SAND at 972'
 2 3/8" Tubing set at 960' Rig up to Tubing - Break circulation with WATER, Pumped 58bl. Gel Flush, circulated Gel around to condition well. Mixed 58 Sks. 80/20 Pozmix cement w/ 2% Gel, shut down - wash out. Drop 2 3/8" Plug, Displaced Plug with 3 3/4 Bbls water. Final Pumping at 400 PSI - Loaded Plug with 1200 PSI close Tubing in. Knock loose foam well, wash up Pump Truck, Hook back onto well. Tubing had 800 PSI, Record Pressure: on well for 1 1/2 Hours for KCC / Well Holding 300 PSI
 witnessed by Hurcoy

"Thank you"