



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1154301
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: _____



1154301

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)*

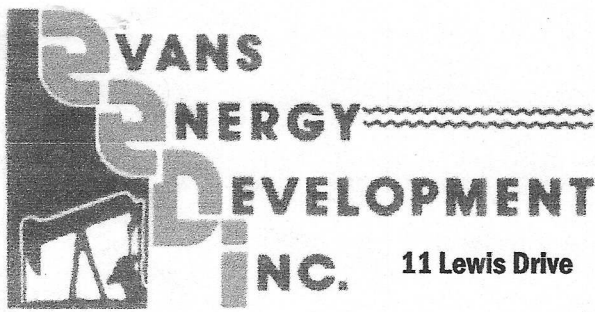
Shots Per Foot	PERFORATION RECORD - Bridge Plugs Set/Type Specify Footage of Each Interval Perforated	Acid, Fracture, Shot, Cement Squeeze Record <i>(Amount and Kind of Material Used)</i>	Depth

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> <input type="checkbox"/> Other <i>(Specify)</i> _____	PRODUCTION INTERVAL: _____ _____
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11 Lewis Drive

Paola, KS 66071

Oil & Gas Well Drilling
Water Wells
Geo-Loop Installation

Phone: 913-557-9083

Fax: 913-557-9084

WELL LOG

Hoehn Oil, LLC

Fleming #1

API #15-059-26,396

May 14 - May 15, 2013

<u>Thickness of Strata</u>	<u>Formation</u>	<u>Total</u>
8	soil & clay	8
4	lime	12
2	shale	14
15	lime	29
6	shale	35
11	lime	46
7	shale	53
4	lime	57
3	shale	60
8	lime	68
35	shale	103
19	lime	122
82	shale	204
20	lime	224
29	shale	253
5	lime	258
31	shale	289
6	lime	295
5	shale	300
1	lime	301
19	shale	320
18	lime	338
1	shale	339
3	lime	342
7	shale	349
22	lime	371 light oil show
12	shale	383
5	lime	388 base of the Kansas City, oil show
147	shale	535
8	lime	543
11	shale	554 60% shale, 40% lime laminated
7	oil sand	561 brown, good bleeding, soft sand
3	shale	564
3	silty shale	567 green
4	broken sand	571 green & grey, no oil
19	shale	590
7	lime	597
11	shale	608

4	lime	612	brown, no oil
2	shale	614	
1	coal	615	
5	shale	620	
8	lime	628	
4	shale	632	
1	lime	633	
6	shale	639	
4	brown lime	643	good oil show
1	broken lime	644	brown & white, ok bleeding
2	lime	646	
5	shale	651	
4	silty shale	655	green
3	broken sand	658	brown & green, light bleeding 60% brown sand, 40% green shale
2	limey sand	660	grey & brown, minimal bleeding
3	broken sand	663	50% brown, 50% green shale, light bleeding
7	oil sand	670	good bleeding
8	broken sand	678	50% good bleeding sand, 50% light shale
8	oil sand	686	solid, good bleeding, brown sand
12	oil sand	698	black sand, scattered good bleeding
4	broken sand	702	20% black bleeding sand, 80% grey shale
7	shale	709	
1	lime	710	
3	shale	713	
2	broken sand	715	20% brown sand, 80% shale, light show
30	shale	745	TD

Drilled a 9 7/8" hole to 22.2'

Drilled a 5 5/8" hole to 745'

Set 22.2' of 7" surface casing with 6 sacks of cement.

Set 735' of 2 7/8" 8 round upset tubing including 3 centralizers, 1 float shoe, and 1 clamp.

	Core Times	
	<u>Minutes</u>	<u>Seconds</u>
663		40
664		40
665		45
666		53
667		56
668		51
669		43
670		39
671		42
672		44
673		45
674		42
675		59
676		42
677		40
678		37
679		38
680		41
681		37
682		44
683		45
684		45
685		53
686		50
687		46
688		44
689		43
690		54
691		44
692		49
693		52
694		52
685		51
696		46
697		44
698		52
699		42
700		41
701		39
702		40



CONSOLIDATED
Oil Well Services, LLC

REMIT TO
Consolidated Oil Well Services, LLC
Dept. 970
P.O. Box 4346
Houston, TX 77210-4346

MAIN OFFICE
P.O. Box 884
Chanute, KS 66720
620/431-9210 • 1-800/467-8676
Fax 620/431-0012

INVOICE

Invoice # 258860

Invoice Date: 05/16/2013 Terms: 0/0/30,n/30

Page 1

HOEHN OIL, LLC
40971 WEST 247TH
WELLSVILLE KS 66092
(913)244-1482

FLEMING #1
41875
20-16-21
05-15-2013
KS

Part Number	Description	Qty	Unit Price	Total
1124	50/50 POZ CEMENT MIX	103.00	11.5000	1184.50
1118B	PREMIUM GEL / BENTONITE	273.00	.2200	60.06
4402	2 1/2" RUBBER PLUG	1.00	29.5000	29.50

Description	Hours	Unit Price	Total
495 CEMENT PUMP	1.00	1085.00	1085.00
495 EQUIPMENT MILEAGE (ONE WAY)	20.00	4.20	84.00
495 CASING FOOTAGE	735.00	.00	.00
548 MIN. BULK DELIVERY	1.00	368.00	368.00
675 80 BBL VACUUM TRUCK (CEMENT)	1.50	90.00	135.00

Parts: 1274.06 Freight: .00 Tax: 99.37 AR 3045.43
 Labor: .00 Misc: .00 Total: 3045.43
 Sublt: .00 Supplies: .00 Change: .00

Signed _____ Date _____

BARTLESVILLE, OK 918/338-0808 EL DORADO, KS 316/322-7022 EUREKA, KS 620/583-7664 PONCA CITY, OK 580/762-2303 OAKLEY, KS 785/672-8822 OTTAWA, KS 785/242-4044 THAYER, KS 620/839-5269 GILLETTE, WY 307/686-4914 CUSHING, OK 918/225-2650



CONSOLIDATED
Oil Well Services, LLC

258860

TICKET NUMBER 41875

LOCATION Ottawa KS

FOREMAN Fred Madur

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
5/15/20	3602	Fleming # 1	SE 20	16	21	FR
CUSTOMER Hoehn Oil			TRUCK # DRIVER TRUCK # DRIVER			
MAILING ADDRESS 40921 W 247 th			712 Fre Mad			
CITY STATE ZIP CODE Wellsville KS 66092			495 Mei Car			
			675 Mei Det			
			548 Milkhaa SES A			
JOB TYPE <u>Longstray</u>	HOLE SIZE <u>5 7/8</u>	HOLE DEPTH <u>2815</u>	CASING SIZE & WEIGHT <u>2 7/8 EUE</u>			
CASING DEPTH <u>735'</u>	DRILL PIPE	TUBING	OTHER			
SLURRY WEIGHT	SLURRY VOL	WATER gal/sk	CEMENT LEFT in CASING <u>2 1/2" Plug</u>			
DISPLACEMENT <u>4.27 BBL</u>	DISPLACEMENT PSI	MIX PSI	RATE <u>53 P/M</u>			

REMARKS: Hold crew meeting. Establish pump rate. Mix + Pump 100# Gel
Flush. Mix + Pump 103 sks 50/50 Poz Mix Cement 2 7/8 Gel.
Cement to surface. Flush pump + lines clean. Displace
2 1/2" Rubber plug to casing TD. Pressure to 800# PSI. Release
pressure to set float valve. Shut in casing.

Evans Energy Dev. Inc. - Mitchell.

Fred Madur

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401	1	PUMP CHARGE	495	1085 ⁰⁰
5406	20 mi	MILEAGE	495	84 ⁰⁰
5402	735'	Casing footage		N/C
5407	Minimum	Ton Miles	548	368 ⁰⁰
5502c	1 1/2 hr	80 BBL Vac Truck	675	135 ⁰⁰
1124	103 sks	50/50 Poz Mix Cement		1184 ⁵⁰
1115B	223#	Premium Gel		60 ⁰⁰
4402	1	2 1/2" Rubber Plug		29 ⁵⁰
			SALES TAX	9937
			ESTIMATED TOTAL	3045 ⁴³

Ravin 3737

AUTHORIZATION

[Signature]

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.

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

August 05, 2013

Jerid Hoehn
Hoehn Oil LLC
40971 W 247TH
WELLSVILLE, KS 66092-4047

Re: ACO1
API 15-059-26396-00-00
Fleming 1
SE/4 Sec.20-16S-21E
Franklin 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,
Jerid Hoehn