



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1154314
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: _____



1154314

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
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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				

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)*

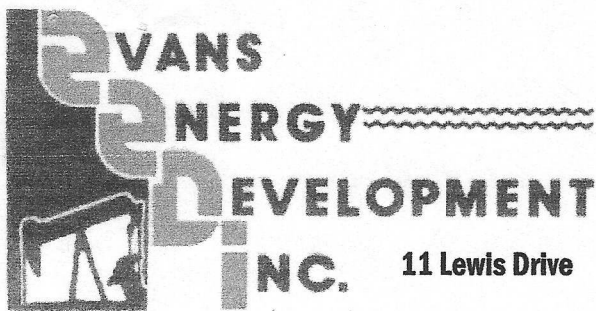
Shots Per Foot	PERFORATION RECORD - Bridge Plugs Set/Type Specify Footage of Each Interval Perforated	Acid, Fracture, Shot, Cement Squeeze Record <i>(Amount and Kind of Material Used)</i>	Depth

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> _____ <i>(Submit ACO-4)</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 #3

API #15-059-26,398

May 17 - May 21, 2013

<u>Thickness of Strata</u>	<u>Formation</u>	<u>Total</u>
11	soil & clay	11
14	lime	25
6	shale	31
11	lime	42
5	shale	47
20	lime	67
29	shale	96
15	lime	111
5	shale	116
3	lime	119
81	shale	200
16	lime	216
1	shale	217
3	lime	220
9	shale	229
3	lime	232 oil show
16	shale	248
6	lime	254
15	shale	269
11	lime	280
3	shale	283
7	lime	300
13	shale	313
38	lime	341
10	shale	351
19	lime	370
5	shale	375
4	lime	379
3	shale	382
3	lime	385 base of the Kansas City
143	shale	528
1	lime	529
5	shale	534
7	lime	541
16	shale	557
8	sand	565 green, no oil
11	silty shale	576
3	shale	579

1	coal	580
6	shale	586
6	lime	592
15	shale	607
2	lime	609
12	shale	621
3	lime	624 light oil show
7	shale	631
1	lime	632 white, no oil
6	shale	638 black
4	brown lime	642 soft, good bleeding
3	lime	645 no oil
5	shale	650
9	silty shale	659 green
1	broken sand	660 brown & green, light bleeding
4	shale	664
1	broken sand	665 brown & green, ok bleeding
3	broken sand	668 brown & green, ok bleeding
1	silty shale	669
5	broken sand	674 95% brown sand, 5% shale, good bleeding (gassy)
2	silty shale	676
3	broken sand	679 brown & grey, 95% sand, (gassy) good bleeding
1	oil sand	680 brown sand, good bleeding, good saturation
0.5	lime	680.5
14.5	shale	695
1	lime & shells	696
11	shale	707
3	black sand	710 no oil
2	broken sand	712 brown & grey, light odor
7	shale	719 TD

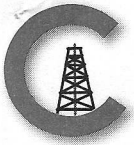
Drilled a 9 7/8" hole to 22'

Drilled a 5 5/8" hole to 719'

Set 22' of 7" surface casing with 6 sacks of cement.

Set 709' 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>
665		36
666		42
667		43
668		43
669		45
670		44
671		44
672		47
673		45
674		41
675		44
676		41
677		46
678		41
679	1	11
680		37
681		41
682		41
683		52
684	1	0
685		55



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 # 259059

Invoice Date: 05/22/2013 Terms: 0/0/30,n/30

Page 1

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

FLEMING #3
41892
20-16-21
05-21-2013
KS

Part Number	Description	Qty	Unit Price	Total
1124	50/50 POZ CEMENT MIX	108.00	11.5000	1242.00
1118B	PREMIUM GEL / BENTONITE	381.00	.2200	83.82
4402	2 1/2" RUBBER PLUG	1.00	29.5000	29.50
Description		Hours	Unit Price	Total
369	80 BBL VACUUM TRUCK (CEMENT)	2.00	90.00	180.00
548	MIN. BULK DELIVERY	1.00	368.00	368.00
666	CEMENT PUMP	1.00	1085.00	1085.00
666	EQUIPMENT MILEAGE (ONE WAY)	20.00	4.20	84.00
666	CASING FOOTAGE	709.00	.00	.00

Parts: 1355.32 Freight: .00 Tax: 105.72 AR 3178.04
Labor: .00 Misc: .00 Total: 3178.04
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

259059

TICKET NUMBER 41892

LOCATION Ottawa KS

FOREMAN Casey Kennedy

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
5/21/13	3602	Flemming # 3	SE 20	16	21	FR
CUSTOMER/ MAILING ADDRESS			TRUCK # DRIVER TRUCK # DRIVER			
Hoch Oil			481 Cas Ken			
40971 W. 247th			6666 Gar Moo			
CITY STATE ZIP CODE			548 MikHaa			
Wellsville KS 66092			369 Der Mas			

JOB TYPE longstring HOLE SIZE 5 7/8" HOLE DEPTH 719' CASING SIZE & WEIGHT 2 7/8"
 CASING DEPTH 709' DRILL PIPE _____ TUBING _____ OTHER _____
 SLURRY WEIGHT _____ SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT in CASING _____
 DISPLACEMENT 4.1 bbls DISPLACEMENT PSI _____ MIX PSI _____ RATE 4.5 bpm

REMARKS: held safety meeting, established circulation, mixed & pumped 200# Premium Gel followed by 10 bbls fresh water, mixed & pumped 108 sks 5950 Pozmix cement w/ 2% gel per sk, cement to surface, flushed pump clean, pumped 2 1/2" rubber plug to casing TD w/ 4.1 bbls fresh water, pressured to 800 PSI, released pressure, shut in casing.

Handwritten signature/initials

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401	1	PUMP CHARGE		1085.00
5406	20 mi	MILEAGE		84.00
5402	709'	casing footage		
5407	minimum	ton mileage		368.00
5502c	2 hrs	80 Vac		180.00
1124	108 sks	5950 Pozmix cement		1242.00
1118B	381 #	Premium Gel		83.82
4462	1	2 1/2" rubber plug		29.50
			7.8%	SALES TAX
				ESTIMATED TOTAL
				105.72
				3178.04

Job completed

Ravin 3737

AUTHORIZATION Jim Hoch

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 15-059-26398-00-00
Fleming 3
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