



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1154334
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: _____



1154334

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)*

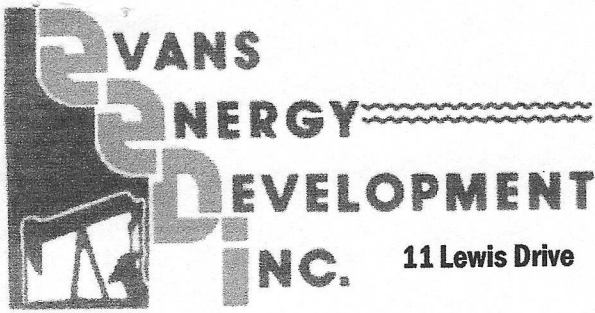
Shots Per Foot	PERFORATION RECORD - Bridge Plugs Set/Type Specify Footage of Each Interval Perforated	Acid, Fracture, Shot, Cement Squeeze Record <i>(Amount and Kind of Material Used)</i>	Depth

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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**EVANS
ENERGY
DEVELOPMENT
INC.**

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 #9

API #15-059-26,403

May 21 - May 22, 2013

<u>Thickness of Strata</u>	<u>Formation</u>	<u>Total</u>
9	soil & clay	9
7	lime	16
4	shale	20
12	lime	32
6	shale	38
19	lime	57
35	shale	92
8	lime	100
4	shale	104
3	lime	107
83	shale	190
20	lime	210
11	shale	221
4	lime	225
12	shale	237
6	lime	243
21	shale	264
24	lime	288
17	shale	305
26	lime	331
7	shale	338
21	lime	359
4	shale	363
4	lime	367
3	shale	370
3	lime	373 base of the Kansas City
150	shale	523
6	lime	529
17	shale	546
14	silty shale	560 green
6	sand	566 green, no oil
3	shale	569
1	coal	570
6	shale	576
9	lime	585
12	shale	597
4	lime	601
1	coal	602

6	shale	608
2	lime	610
2	lime & shale	612 oil show, good bleeding
2	lime & shale	614 ok bleeding
6	shale	620
2	lime	622
5	shale	627 black
3	brown lime	630 good bleeding, fairly soft, good saturation
1	broken lime	631 brown & white, good bleeding, hard
1	lime	632
5	shale	637
9.5	silty shale	646.5 green
0.5	broken sand	647 brown & green, light bleeding
7	silty shale	654
0.5	lime	654.5
5.5	broken sand	660 85% grey shale, 15% sand, light bleeding
3	silty shale	663
2	broken sand	665 brown & grey, 80% sand, 20% shale ok bleeding (gassy)
3	silty shale	668
3	broken sand	671 brown & grey, 60% sand, 40% shale good bleeding (gassy)
5.5	oil sand	676.5 brown sand with few thin grey sand seams good bleeding (gassy)
0.5	lime	677
1	oil sand	678 brown, good bleeding
2.5	oil sand	680.5 black, good bleeding (gassy)
12.5	shale	693
6	silty shale	699 black
12	shale	711
4	broken sand	715 brown & grey, light odor
2	shale	717 TD

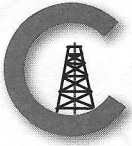
Drilled a 9 7/8" hole to 22.3'

Drilled a 5 5/8" hole to 717'

Set 22.3' of 7" surface casing with 6 sacks of cement.

Set 707' 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>
647		42
648		48
649		47
650		44
651		52
652		49
653	1	0
654	1	10
655		50
656		56
657		47
658		50
659		57
660		56
661		58
662	1	9
663	1	8
664		49
665		53
666		55
667		58
668		53
669		59
670	1	0
671		54
672	1	0
673		53
674	1	24
675	1	31
676		46
677		50
678		51
679		39
680		45
681	1	7
682	1	19
683	2	12
684		54
685		56
686		54
687		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 # 259087

Invoice Date: 05/24/2013 Terms: 0/0/30,n/30

Page 1

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

FLEMING #9
41896
20-16-21
05-22-2013
KS

Part Number	Description	Qty	Unit Price	Total
1124	50/50 POZ CEMENT MIX	96.00	11.5000	1104.00
1118B	PREMIUM GEL / BENTONITE	361.00	.2200	79.42
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
558	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	707.00	.00	.00

~~\$ 18,446.33~~
~~43,496.14~~
~~\$ 61,942.45~~

Parts:	1212.92	Freight:	.00	Tax:	94.60	AR	3024.52
Labor:	.00	Misc:	.00	Total:	3024.52		
Sublt:	.00	Supplies:	.00	Change:	.00		

Signed _____ Date _____



CONSOLIDATED
Oil Well Services, LLC

259087

TICKET NUMBER 41896
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
5/22/13	3602	Fleming # 9	SE 20	16	21	FR
CUSTOMER Hoehn Oil			TRUCK #		DRIVER	
MAILING ADDRESS 40971 W. 247th			481		Carlton	
CITY Wellsville			6666		Gar Moo	
STATE KS			558		Wil Mat	
ZIP CODE 66092			369		Der Mas	

JOB TYPE logstring HOLE SIZE 5 7/8" HOLE DEPTH 717' CASING SIZE & WEIGHT 2 7/8"
CASING DEPTH 707' DRILL PIPE _____ TUBING _____ OTHER _____
SLURRY WEIGHT _____ SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT in CASING _____
DISPLACEMENT 4.09 bbls DISPLACEMENT PSI _____ MIX PSI _____ RATE 4.5 bpm

REMARKS: held safety meeting, established circulation, mixed & pumped 200# Premium Gel followed by 16 bbls fresh water, mixed & pumped 96 sks 50/50 Pozmix cement w/ 2 7/8 gel per sk, cement ~~passed~~ to surface, flushed pump clean, pumped 2 1/2" rubber plug to casing TD w/ 4.09 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	707'	casing footage		
5407	minimum	ton mileage		368.00
5502C	2 hrs	80 Vac		180.00
1124	96 sks	50/50 Pozmix cement		1104.00
1118B	361 #	Premium Gel		79.42
4402	1	2 1/2" rubber plug		29.50
			SALES TAX	94.60
			ESTIMATED TOTAL	3024.52

RAVIN 3737 AUTHORIZATION *Casey Kennedy* 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 06, 2013

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

Re: ACO1
API 15-059-26403-00-00
Fleming 9
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