

Confidentiality Requested:

☐ Yes ☐ No

KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION

1155563

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

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: _____



1155563

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 (Attach Additional Sheets)	<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 (Amount and Kind of Material Used)	Depth

TUBING RECORD:	Size:	Set At:	Packer At:	Liner Run:
				<input type="checkbox"/> Yes <input type="checkbox"/> No

Date of First, Resumed Production, SWD or ENHR.	Producing Method:
	<input type="checkbox"/> Flowing <input type="checkbox"/> Pumping <input type="checkbox"/> Gas Lift <input type="checkbox"/> Other (Explain) _____

Estimated Production Per 24 Hours	Oil Bbls.	Gas Mcf	Water Bbls.	Gas-Oil Ratio	Gravity

DISPOSITION OF GAS:	METHOD OF COMPLETION:	PRODUCTION INTERVAL:
<input type="checkbox"/> Vented <input type="checkbox"/> Sold <input type="checkbox"/> Used on Lease (If vented, Submit ACO-18.)	<input type="checkbox"/> Open Hole <input type="checkbox"/> Perf. <input type="checkbox"/> Dually Comp. <input type="checkbox"/> Commingled (Submit ACO-5) <input type="checkbox"/> Other (Specify) _____	_____ _____

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 19, 2013

Dennis D. Hodges
Hodges, Dennis D. and/or Peggy D.
1827 Rd Z
Reading, KS 66868

Re: ACO1
API 15-031-23515-00-00
Dean Wilson 2
SE/4 Sec.11-21S-13E
Coffey 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,
Dennis D. Hodges



CONSOLIDATED
Oil Well Services, LLC

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

FIELD TICKET & TREATMENT REPORT

TICKET NUMBER 41687 ✓
LOCATION Eureka
FOREMAN Steve Reed

APR 15-031-23515 CEMENT

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
5-10-13	9999	Dean Wilson #2	11	815	13E	Coffey
CUSTOMER			TRUCK #	DRIVER	TRUCK #	DRIVER
Dennis Hodges			485	Alan m		
MAILING ADDRESS			611	Joey		
1827 Rd 2						
CITY	STATE	ZIP CODE				
Reading	KS	66888				

JOB TYPE Surface 0 HOLE SIZE 12 3/4 HOLE DEPTH 162' CASING SIZE & WEIGHT 8 5/8
CASING DEPTH 150' DRILL PIPE _____ TUBING _____ OTHER _____
SLURRY WEIGHT _____ SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT in CASING 10
DISPLACEMENT 8 1/2 bbls DISPLACEMENT PSI _____ MIX PSI _____ RATE _____

REMARKS: SAFETY MEETING: Rig up to 8 5/8 casing. Break circulation w/ fresh water. Mix 100 sks Class A cement w/ 3% Cocl2, 2% Gel. Displace with 8 1/2 bbls fresh water. Shut well in. Good cement returns to surface 7 bbls to pit. Job complete Rig down

Thank You

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
54015	1	PUMP CHARGE	825.00	825.00
5406	43	MILEAGE	4.00	180.00
11045	100 sks	Class A Cement	14.95	1495.00
1102	280#	Cocl2 3%	.74	207.20
111813	188#	Gel 2%	.21	39.48
5407	4.75 an	Ten Mileage Bulk Truck	70.00	350.00
<p>590 <160.32></p> <p>\$3046.09</p> <p>pa CC #1804</p> <p>5-16-13</p> <p>ENTERED</p>				
			Sub Total	3096.68
			SALES TAX	109.73
			ESTIMATED TOTAL	3206.41

Revin 3737

AUTHORIZATION

Curtis Smart

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.



CONSOLIDATED
Oil Well Services, LLC

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

API# 15-031-23515

FIELD TICKET & TREATMENT REPORT
CEMENT

TICKET NUMBER **41569**

LOCATION **Eureka**

FOREMAN **Rick Ledford**

John Chubb
Mike C

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY																
5-16-13	9999	Deen Wilson #2	11	215	13E	Coffey																
CUSTOMER Dennis Hodges			<table border="1"> <tr> <th>TRUCK #</th> <th>DRIVER</th> <th>TRUCK #</th> <th>DRIVER</th> </tr> <tr> <td>520</td> <td>John</td> <td></td> <td></td> </tr> <tr> <td>667</td> <td>Chris B.</td> <td></td> <td></td> </tr> <tr> <td>83</td> <td>Alan G. (MCC, 746)</td> <td></td> <td></td> </tr> </table>				TRUCK #	DRIVER	TRUCK #	DRIVER	520	John			667	Chris B.			83	Alan G. (MCC, 746)		
TRUCK #	DRIVER	TRUCK #					DRIVER															
520	John																					
667	Chris B.																					
83	Alan G. (MCC, 746)																					
MAILING ADDRESS 1827 Rd 2																						
CITY Reading	STATE KS	ZIP CODE 66888																				
3 Rivers																						

JOB TYPE **1/5 a** HOLE SIZE **7 7/8"** HOLE DEPTH **1850'** CASING SIZE & WEIGHT **5 1/2" 17"**
 CASING DEPTH **1848 ft** DRILL PIPE TUBING OTHER
 SLURRY WEIGHT **13.6*** SLURRY VOL **48 bbl** WATER gal/sk **9.0** CEMENT LEFT in CASING **0'**
 DISPLACEMENT **43 bbl** DISPLACEMENT PSI **700** PSI **1200 Bump plus** RATE

REMARKS: Safety meeting - Rig up to 5 1/2" casing. Break circulation w/ 5 bbl fresh water. Mixed 100# caustic soda pre-flush w/ 12 bbl water 10 bbl water spacer. Mixed 140 sacks thickset cement w/ 5" Kol-seal/sk @ 13.6*/gal. Washout pump & lines, release latch down plug. Displace w/ 43 bbl fresh water. Final pump pressure 700 PSI. Bump plug to 1200 PSI. release pressure, fluid & plug held. Good circulation @ all times. Job complete Rig down.

"THANK YOU"

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401	1	PUMP CHARGE	1030.00	1030.00
5406	45	MILEAGE	4.00	180.00
1126A	140 sacks	thickset cement	19.20	2688.00
1116A	700"	5" Kol-seal/sk	.46	322.00
1103	100#	caustic soda pre-flush	1.61	161.00
5407A	7.7	tax mileage bucket	1.34	464.31
5502C	4 hrs	80 bbl UAC. TRK	90.00	360.00
1123	3000 gals	city water	16.50/1000	49.50
4104	1	5 1/2" cement bucket	229.00	229.00
4130	5	5 1/2" x 7 7/8" centralizers	48.00	240.00
4159	1	5 1/2" AFU float shoe	344.00	344.00
4454	1	5 1/2" latch down plug	254.00	254.00
ENTERED		Ticket# 41687 \$ 3206.41	<div style="border: 1px solid black; border-radius: 50%; padding: 10px; display: inline-block;"> 590 < 329.60 6262.30 </div>	
		Ticket# 41569 \$ 6591.92 Check # 1864		
		\$ 9778.33		
		-5% \$ 489.92		
		Total \$ 9308.41 6.3%	Subtotal	6321.81
			SALES TAX	270.11
			ESTIMATED TOTAL	6591.92

Ravin 3737

AUTHORIZATION

David Hardy

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.

ENTERED

TICKET NUMBER 41603
LOCATION Eureka KS
FOREMAN Shannon Feck

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

FIELD TICKET & TREATMENT REPORT

CEMENT API # 15-031-23515

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
6-7-13	9999	Dean Wilson #2	11	21S	13E	Coffey
CUSTOMER Dennis Hodges						
MAILING ADDRESS 1827 Rd Z						
CITY Reading	STATE KS	ZIP CODE 66888				
			TRUCK #	DRIVER	TRUCK #	DRIVER
			446	Josh G		
			601	Alan M		
			77	Rudy m	McCoys Trucking	80 Bbl

JOB TYPE <u>Perf Squeeze</u>	HOLE SIZE _____	HOLE DEPTH <u>1848'-1850'</u>	CASING SIZE & WEIGHT <u>5 1/2" @ 17 #</u>
CASING DEPTH _____	DRILL PIPE _____	TUBING _____	OTHER _____
SLURRY WEIGHT _____	SLURRY VOL. <u>3 Bbl</u>	WATER gal/sk _____	CEMENT LEFT in CASING <u>25'</u>
DISPLACEMENT <u>40 Bbl</u>	DISPLACEMENT PSI _____	MIX PSI _____	RATE <u>1 1/4 Bbl/min</u>

REMARKS: Rig up to 5 1/2" casing, Load hole w/ 11.5 Bbl H2O. establish injection rate of 1 1/2 Bbl/min @ 2300 psig. Mixed 15 SKS class "A" cement, shut down wash out pump & displace 5 1/2 Rubber plug w/ 40 Bbl H2O, stop plug @ 1726'. Perf hole was @ 1751'.⁵⁰

Displacement	10 Bbl away @ 1.5 Bbl/min @ 2000 PSI
	20 Bbl away @ 1.5 Bbl/min @ 2000 PSI
	30 Bbl away @ 1.5 Bbl/min @ 2000 PSI
	37 1/2 Bbl away @ 1.5 Bbl/min @ 2400 PSI
	40 Bbl away @ 1.5 Bbl/min @ 2625 PSI

11
Thanks

~~Shannon & Crew~~"

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401	1	PUMP CHARGE	1085.00	1085.00
5406	45	MILEAGE	4.20	189.00
11045	15 SKS	Class A cement	15.70	235.50
5407	0.7 Tons	^{1/2} Ton mileage bulk Truck	m/c	368.00
5502C	4 Hours	80 Bbl Vac Truck	90.00	360.00
1123	3000 gal	City H ₂ O	17.30/1000	51.90
4406	1	5½" Rubber Plug	73.50	73.50
		Total 2385. ⁶³	check #	
		-5% 119.29	#2081	
		= 2266. ³⁴		
			Sub Total	2362. ⁹⁰
			SALES TAX	22.74
			ESTIMATED TOTAL	2385. ⁶⁴

Ravin 3737
059-462

Ravin 3737

AUTHORIZATION paid on location 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.