

Kansas Corporation Commission Oil & Gas Conservation Division

1161542

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 #	API No. 15
Name:	Spot Description:
Address 1:	SecTwpS. R 🔲 East 🗌 West
Address 2:	Feet from North / South Line of Section
City: State: Zip:+	Feet from _ East / _ West Line of Section
Contact Person:	Footages Calculated from Nearest Outside Section Corner:
Phone: ()	□NE □NW □SE □SW
CONTRACTOR: License #	County:
Name:	Lease Name: Well #:
Wellsite Geologist:	Field Name:
Purchaser:	Producing Formation:
Designate Type of Completion:	Elevation: Ground: Kelly Bushing:
New Well Re-Entry Workover	Total Depth: Plug Back Total Depth:
Oil WSW SWD SIOW Gas D&A ENHR SIGW OG GSW Temp. Abd. CM (Coal Bed Methane) Cathodic Other (Core, Expl., etc.):	Amount of Surface Pipe Set and Cemented at: Feet Multiple Stage Cementing Collar Used?
Operator:	
Well Name:	Drilling Fluid Management Plan (Data must be collected from the Reserve Pit)
Original Comp. Date: Original Total Depth: Deepening Re-perf. Conv. to ENHR Conv. to SWD Conv. to GSW	Chloride content: ppm Fluid volume: bbls Dewatering method used:
Plug Back: Plug Back Total Depth	Location of fluid disposal if hauled offsite:
Commingled Permit #:	Operator Name:
Dual Completion Permit #:	Lease Name: License #:
SWD Permit #:	Quarter Sec Twp S. R
☐ ENHR Permit #: ☐ GSW Permit #:	County: Permit #:
Spud Date or Date Reached TD Completion Date or Recompletion Date Recompletion Date	

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:					

Side Two



Operator Name:	Lease Name: Well #:						
Sec Twp	S. R	East West	County:				
time tool open and clo	osed, flowing and shu es if gas to surface te	d base of formations pen t-in pressures, whether s st, along with final chart(well site report.	hut-in pressure rea	ched static level,	hydrostatic press	sures, bottom h	nole temperature, fluid
Drill Stem Tests Taker (Attach Additional		Yes No		og Formatio	n (Top), Depth ar	nd Datum	Sample
Samples Sent to Geo	ological Survey	☐ Yes ☐ No	Nam	е		Тор	Datum
Cores Taken Electric Log Run Electric Log Submitte (If no, Submit Copy	d Electronically	Yes No Yes No Yes No					
List All E. Logs Run:							
		Report all strings set-		ermediate, producti	<u> </u>		
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 / SQL	 JEEZE RECORD			
Perforate Top Bottom Protect Casing		Type of Cement	# Sacks Used Type and Percent Additives				
Plug Back TD Plug Off Zone							
	DEDEODATI	ON RECORD - Bridge Plug	- O-4/T	Acid Fro	cture, Shot, Cemen	t Causana Dagar	
Shots Per Foot	Specify I	forated		mount and Kind of Ma		Depth	
TUBING RECORD:	Size:	Set At:	Packer At:	Liner Run:	Yes No		
Date of First, Resumed	Production, SWD or EN	HR. Producing Meth		Gas Lift C	Other (Explain)		
Estimated Production Per 24 Hours	Oil	Bbls. Gas	Mcf Wat	er B	bls.	Gas-Oil Ratio	Gravity
DISPOSITI	ON OF GAS:		METHOD OF COMPLE	ETION:		PRODUCTIO	ON INTERVAL:
Vented Solo		Open Hole	Perf. Dually	Comp. Cor	nmingled		
(If vented, Su	bmit ACO-18.)	Other (Specify)	(Submit)	4CO-5) (Sub	mit ACO-4)		_

#5

HAT DRILLING 12371 KS HWY 7 MOUND CITY, KS 66056 LICENSE # 33734

Mini Farms #5 API # 15-103-21387-00-00 SPUD DATE 9-05-13

Footage	Formation	Thickness	Set 126' of 7'
2	Topsoil	2	TD 828'
32	clay	30	Ran 826' of 2 7/8 on 09-06-13
63	sand/river grave		Tan 020 012 770 01 03 00 13
76	shale	13	
82	sand	6	
104	shale	22	
123	sand	19	
135	lime	12	
140	shale	5	
146	lime	6	
153	shale	7	
161	sand	8	
179	lime	18	
186	shale	7	
193	redbed	7	
212	shall	19	
273	lime	61	
298	shale	25	
303	lime	5	
307	shale	4	
310	lime	3	
317	shale	7	
319	lime	2	
324	shale	5	
334	lime	10	
350	shale	16	
366	lime	16	
370	shale	4	
440	lime	70	
443	shale	3	
452	lime	9	
610	shale	158	
614	lime	4	
629	shale	15	
636	lime	7	
652	shale	16	
655	lime	3	
715	shale	60	
721	sand brown .	6	
722	lime	1	
742	sand	20	no oil

748 oil sand 6 little bleed 758 sandy shale 10 828 shale 70



262113

LOCATION 0++aug
FOREMAN Alau Madie

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

FIELD TICKET & TREATMENT REPORT

620-431-9210 or 800-467-8676 CEMENT								
DATE	CUSTOMER#	WEL	L NAME & NUME	BER	SECTION	TOWNSHIP	RANGE	COUNTY
9-6-13 CUSTOMER	9999	Mini	Farms	#5	Nw 23	12	20	LV
Mini F	farms he	ase d	rund		TRUCK #	DRIVER	TRUCK#	DRIVER
1513	Mustan				368	AlaMad Arl M.D		
Baldw:	1 City	STATE 145	bbook		370 503	he: Car		
JOB TYPE /	nastrine	HOLE SIZE	57/8	HOLE DEPI	0.40	CASING SIZE &	WEIGHT 2	18
CASING DEPTH	08-1-1	DRILL PIPE		TUBING			OTHER	0
SLURRY WEIGH	HT	SLURRY VOL_		WATER gal	/sk	CEMENT LEFT J		25
DISPLACEMENT	T 4,8	DISPLACEMEN	IT PSI_800	MIX PSI	200	RATE 46	en	
REMARKS: H	eld nee	tias.	Establis	shed ,	rate don	un cas	ine /	11:xol
and	pumped	400	# 901	Fella	wed by	1229	5 7013	Diem.
plus 2	10 901	Lirc	Mares	Cem	eut.	Inshed	pump	2 .
Pampe	N plas	TO CO	25.105	10.	Well	rela q	00 PS	7
_OET	116-0 1/2	Clase	coal so	C 390	X			
(0 1	7 5 10	San fr	7.540	73 1.		1	
tat	Drilling				_	11/20	w	
					1 Vana	Man		
					MIN	0		
ACCOUNT CODE	QUANITY o	or UNITS	DES	SCRIPTION o	of SERVICES or PRO	DUCT	UNIT PRICE	TOTAL
3401			PUMP CHARGE	E		368		108500
5406	45		MILEAGE			368		189.00
5402	8	16	Casin	5 tie	stuce	368		10000
5407	M:N		ton -	niles				36890
3502C			80 L	146				27000
1127	12	*	70/3	o ceu	uest			14 28 70
11188	313	5#	SE					1628.70 69.30
1107	31	#	Flose	24.1				07.00
4402		l	21/2	plus				2950
				73				2950
			A-	117		•		
				ALV	1 3	^		
					7 1001			
				hard b	1/91	Lateral WW		
		/	()	nech	MANE			
	1			1	VI			
avin 3737	11-6	Andread	,				SALES TAX	128.28
	1/2 17	MIMA	,)		•		ESTIMATED TOTAL	3845,05
UTHORIZTION_	- 4/1M / //	W/U/U	т	TTLE			DATE	00,00

l 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