



KANSAS CORPORATION COMMISSION 1161777
OIL & GAS CONSERVATION DIVISION

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 # _____

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
- Conv. to GSW
- Plug Back: _____ Plug Back Total Depth _____
- 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

County: _____

Lease Name: _____ Well #: _____

Field Name: _____

Producing Formation: _____

Elevation: Ground: _____ Kelly Bushing: _____

Total 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

- Letter of Confidentiality Received
Date: _____
- Confidential Release Date: _____
- Wireline Log Received
- Geologist Report Received
- UIC Distribution
- ALT I II III Approved by: _____ Date: _____



Operator Name: _____ Lease Name: _____ Well #: _____

Sec. _____ Twp. _____ S. R. _____ East West County: _____

INSTRUCTIONS: Show important tops and base 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. Attach complete copy of all Electric Wire-line Logs surveyed. Attach final geological well site report.

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 Electric Log Submitted Electronically <input type="checkbox"/> Yes <input type="checkbox"/> No <i>(If no, Submit Copy)</i> 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
_____ Perforate _____ Protect Casing _____ Plug Back TD _____ Plug Off Zone				

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) _____

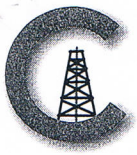
Estimated Production Per 24 Hours	Oil Bbls.	Gas Mcf	Water Bbls.	Gas-Oil Ratio	Gravity
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DISPOSITION OF GAS: <input type="checkbox"/> Vented <input type="checkbox"/> Sold <input type="checkbox"/> Used on Lease <i>(If vented, Submit ACO-18.)</i>	METHOD 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> <i>(Submit ACO-4)</i> <input type="checkbox"/> Other (Specify) _____	PRODUCTION INTERVAL: _____ _____
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HAT DRILLING
 12371 KS HWY 7
 MOUND CITY, KS 66056
 LICENSE # 33734

Mini Farms #9
 API # 15-103-21391-00-00
 SPUD DATE 9-24-13

Footage	Formation	Thickness	Set 126' of 7'
2	Topsoil	2	TD 860'
14	clay	12	Ran 855' of 2 7/8 on 09-25-13
26	brown sand	12	
56	river gravel,sand	30	
98	mucky shale	42	
121	sandy shale	23	
186	lime	65	
215	shale	29	
265	lime	50	
301	shale	36	
306	lime	5	
310	shale	4	
315	lime	5	
320	shale	5	
336	lime	16	
343	shale	7	
405	lime	62	
413	shale	8	
455	lime	42	
569	shale	114	
573	lime	4	
615	shale	42	
620	lime	5	
737	shale	117	
747	sand	10	good odor, little bleed, good stuff 643-647
750	shale	3	
759	sand	9	good odor, good show
767	shale	8	
775	sand	8	no oil
787	shale	12	
795	sand	8	slight show, little odord
860	shale	65	



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

LONGSTRENG #9

INVOICE

Invoice # 262683

Invoice Date: 09/27/2013 Terms: 0/0/30,n/30

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MISCELLANEOUS ACCOUNTS
MINI FAMRS LEASE FUND
1513 MUSTANG DR
BALDWIN CITY KS 66006
() -

MINI-FARMS #9
44681
23-12-20
09-25-2013
KS

Part Number	Description	Qty	Unit Price	Total
1127	70/30 POZ MIX	120.00	13.3500	1602.00
1118B	PREMIUM GEL / BENTONITE	302.00	.2200	66.44
1107	FLO-SEAL (25#)	30.00	2.4700	74.10
4402	2 1/2" RUBBER PLUG	1.00	29.5000	29.50
Description		Hours	Unit Price	Total
369	80 BBL VACUUM TRUCK (CEMENT)	2.50	90.00	225.00
495	CEMENT PUMP	1.00	1085.00	1085.00
495	EQUIPMENT MILEAGE (ONE WAY)	45.00	4.20	189.00
495	CASING FOOTAGE	855.00	.00	.00
548	MIN. BULK DELIVERY	1.00	368.00	368.00

Parts: 1772.04 Freight: .00 Tax: 126.70 AR 3765.74
 Labor: .00 Misc: .00 Total: 3765.74
 Sublt: .00 Supplies: .00 Change: .00

pd. 9/25/13 ck#1085

Thank You!

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

262683

TICKET NUMBER 44681

LOCATION Ottawa KS

FOREMAN Fred Maden

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
9-25-13	9999	Mini Farms # 9	23	12	20	LV
CUSTOMER Mini Farms lease Fund			TRUCK #			
MAILING ADDRESS 1513 Mustang Dr			DRIVER			
CITY Baldwin City		STATE KS	ZIP CODE			
			TRUCK #			
			DRIVER			
			TRUCK #			
			DRIVER			
			TRUCK #			
			DRIVER			

JOB TYPE Long string HOLE SIZE 5 7/8 HOLE DEPTH 860' CASING SIZE & WEIGHT 2 7/8
 CASING DEPTH 855' DRILL PIPE _____ TUBING _____ OTHER _____
 SLURRY WEIGHT _____ SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT in CASING 2 1/2" Plug
 DISPLACEMENT 4.97 DISPLACEMENT PSI _____ MIX PSI _____ RATE 5 BPM

REMARKS: Had crew meeting (safety). Establish circulation. Mix & Pump
100# Gel Flush. Mix & Pump 5ks 70/30 Poz Mix Cement 2 7/8 Gel
1/4" Flo Seal/sk. 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.

Hot Drilling Fred Maden

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401	1	PUMP CHARGE		1065 ⁰⁰
5406	45	MILEAGE		187 ⁰⁰
5402	855'	Casing footage		N/C
5407	Minimum	Ten Miles		368 ⁰⁰
5502C	2 1/2 hrs	80 BBL Vac Truck		225 ⁰⁰
1129	120 sks	70/30 Poz Mix Cement		1602 ⁰⁰
1115B	302 [#]	Premium Gel		66 ⁴⁴
1107	30 [#]	Flo Seal		79 ¹⁰
4402	1	2 1/2" Rubber Plug		29 ⁵⁰
<u>Joe</u> <input checked="" type="checkbox"/> completed				
<u>Fred Maden</u>				
<u>ad 9/25/13 \$ 1085</u>				

SALES TAX 7.15% 1267⁰⁰
 ESTIMATED TOTAL 3765²⁴

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 to