



KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION

1161808

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: _____

1161808

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 ☐ Yes ☐ No
(Attach Additional Sheets)

Samples Sent to Geological Survey ☐ Yes ☐ No

Cores Taken ☐ Yes ☐ No

Electric Log Run ☐ Yes ☐ No

Electric Log Submitted Electronically ☐ Yes ☐ No
(If no, Submit Copy)

List All E. Logs Run:

☐ Log Formation (Top), Depth and Datum ☐ Sample
Name Top Datum

CASING RECORD ☐ New ☐ 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 (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: <input type="checkbox"/> Vented <input type="checkbox"/> Sold <input type="checkbox"/> Used on Lease (If vented, Submit ACO-18.)	METHOD OF COMPLETION: <input type="checkbox"/> Open Hole <input type="checkbox"/> Perf. <input type="checkbox"/> Dually Comp. (Submit ACO-5) <input type="checkbox"/> Commingled (Submit ACO-4) <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 #IJ-1
API # 15-103-21379-00-00
SPUD DATE 9-24-13

Footage	Formation	Thickness	Set 43' of 8 5/8'
2	Topsoil	2	TD 1104'
10	clay	8	Ran 1100' of 4 1/2 on 09-30-13
11	lime	1	
15	clay/river gravel	4	
21	lime	6	
25	clay/river gravel	4	
28	sand brown/gravel	3	
38	shale/river gravel	10	
42	shale	4	
47	lime	5	
57	mulky shale	10	
118	shale	61	
143	sand	25	
152	shale	9	
164	lime	12	
169	shale	5	
209	lime	40	
237	shale	28	
296	lime	59	
324	shale	28	
329	lime	5	
333	shale	4	
336	lime	3	
342	shale	6	
345	lime	3	
347	shale	2	
357	lime	10	
371	shale	14	
478	lime	107	
596	shale	118	
600	lime	4	
633	shale	33	
643	lime	10	
739	shale	96	
764	sand/light grey	25	fair odor
769	oil sand	5	good odor, good show
776	sandy shale	7	little odor
782	shale	6	
786	oil sand	4	good show, good odor
807	shale	21	
813	oil sand	6	

966	shale	153
979	sand (grey)	13
1023	shale	44
1034	sand	11
1104	shale	70



CONSOLIDATED
Oil Well Services, LLC

262819

TICKET NUMBER 42407

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
9/30/13		Mini Farms # IJ-1	NW 23	12	20	LV
CUSTOMER Mini Farms Lease Fund						
MAILING ADDRESS						
CITY			STATE ZIP CODE			

TRUCK #	DRIVER	TRUCK #	DRIVER
481	Casken	✓	Safety Meeting
666	Gardner	✓	
548	Mikhael	✓	
369	Dermas	✓	

JOB TYPE logistics HOLE SIZE 6 3/4" HOLE DEPTH 1104' CASING SIZE & WEIGHT 4 1/2"
 CASING DEPTH 1101' DRILL PIPE _____ TUBING _____ OTHER _____
 SLURRY WEIGHT _____ SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT in CASING _____
 DISPLACEMENT 17.56 bbls DISPLACEMENT PSI _____ MIX PSI _____ RATE 4.5 bpm

REMARKS: held safety meeting, established circulation, mixed & pumped 100 # Premium Gel, ~~mixed & pumped~~ mixed & pumped 11 bbls dye marker, mixed & pumped 170 sks 70/30 Pozmix cement w/ 2% gel, + 1/4 # Floeal per sk, dye marker to surface, flushed pump clean, pumped 4 1/2" rubber plug to casing TD w/ 17.56 bbls fresh water, pressured to 200 PSI, released pressure, shut in casing.

Signature

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401	1	PUMP CHARGE		1085.00 ✓
5406	45 mi	MILEAGE		189.00 ✓
5402	1101'	casing footage		
5407A	344.25	ton mileage		485.39 ✓
5562C	4.5 hrs	SD Vac		405.00 ✓
1127	170 sks	70/30 Pozmix cement	13.35	2269.50 ✓
1118B	399 #	Premium Gel		87.78 ✓
1107	43 #	Floeal		106.21 ✓
4404	1	4 1/2" rubber plug		47.25 ✓
Paid check # 1093				
\$ 4854.56				
completed				
7.15%				
SALES TAX				179.52 ✓
ESTIMATED TOTAL				4854.65 ✓

Ravin 3737

AUTHORIZATION

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

262754

TICKET NUMBER 44672

LOCATION Ottawa

FOREMAN Alan Mader

FIELD TICKET & TREATMENT REPORT
CEMENT

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
9-26-13	9999	Mini Farms IS-1	NW 23	12	20	LV
CUSTOMER Mini Farms lease Fund						
MAILING ADDRESS 1513 Mustang						
CITY Baldwin City	STATE KS	ZIP CODE 66006				
			TRUCK #	DRIVER	TRUCK #	DRIVER
			516	Ala Mad		
			368	Der Mas		
			370	Mik Hag		
			510	Ke: Car		

JOB TYPE Surface HOLE SIZE 11 3/4 HOLE DEPTH 45 CASING SIZE & WEIGHT 8 5/8
CASING DEPTH 43 DRILL PIPE _____ TUBING _____ OTHER _____
SLURRY WEIGHT _____ SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT in CASING YES
DISPLACEMENT 2.6 DISPLACEMENT PSI _____ MIX PSI 200 RATE 4 bpm

REMARKS: Hold meeting. Established rate down casing. Mixed and pumped 35 sk Portland "A" plus 2% gel, 2% calcium 1/4# flo-seal per sack. Circulated cement. Displaced casing with clean water closed valve.

HAT, Mike

Alan Mader

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
54015	1	PUMP CHARGE	368	870.00 ✓
5406	45	MILEAGE	368	189.00 ✓
5402	43	Casing footage	368	✓
5407	min	ten miles	310	368.00 ✓
5302C	3	80 u/c	370	270.00 ✓
11045	35 sk	Portland "A"		549.50 ✓
11180	66 #	gel		14.52 ✓
1102	66 #	calcium		51.48 ✓
1107	9 #	flo seal		22.23 ✓
PAID check # 1088				
Thanks				
completed				
SALES TAX				45.60 ✓
ESTIMATED TOTAL				2380.33 ✓

Ravin 3737

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 form