



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1165699
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: _____

1165699

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 <i>(Attach Additional Sheets)</i>	<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 <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> _____ <input type="checkbox"/> Other <i>(Specify)</i> _____	PRODUCTION INTERVAL: _____ _____
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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/>

Shari Feist Albrecht, Chair
Jay Scott Emler, Commissioner
Pat Apple, Commissioner

Sam Brownback, Governor

April 24, 2014

Kristin Gragg
Urban Oil and Gas Group LLC
1000 E 14TH ST
SUITE 300
PLANO, TX 75074

Re: ACO-1
API 15-173-21028-00-00
Hamant 21X
NW/4 Sec.14-26S-02E
Sedgwick County, Kansas

Dear Kristin Gragg:

K.A.R. 82-3-107 provides for all completion information to be filed within 120 days of the spud date. Subsection(e)(2) of that regulation states "All rights to confidentiality shall be lost if the filings are not timely."

The above referenced well was spudded on 09/17/2013 and the ACO-1 was received on April 15, 2014 (not within the 120 days timely requirement).

Therefore, your request for confidential treatment of data contained within the ACO-1 filing cannot be granted at this time.

If you should have any questions, please do not hesitate to contact me at (316)337-6200.

Sincerely,

Production Department



CONSOLIDATED
Oil Well Services, LLC

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

TICKET NUMBER 43157
LOCATION 180
FOREMAN Larry Storm

FIELD TICKET & TREATMENT REPORT

CEMENT API-15-173-21028-00-CB

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
9-21-13		HAMANT 21X	14	26S	2E	26E

CUSTOMER	TRUCK #	DRIVER	TRUCK #	DRIVER
Urban Oil & Gas LLC 1000 E 14th St Ste 300 Dlawd TX 75074	603	Jeremy A		
	681	Jeremy Mc		
	502	Mark		
	539	Larry		

JOB TYPE Prod B HOLE SIZE 7 7/8 HOLE DEPTH 3440 CASING SIZE & WEIGHT 5 1/2 15 1/2 16
 CASING DEPTH _____ DRILL PIPE _____ TUBING _____ OTHER _____
 SLURRY WEIGHT 10.5-14.5 SLURRY VOL 196 bbls WATER gal/sk _____ CEMENT LEFT in CASING 10 ft
 DISPLACEMENT 79.25 DISPLACEMENT PSI 975 MIX PSI 300 RATE 5.72 bbls

REMARKS: ROOSED UP BUCKE CIRCULATION - MIXED 250 SKS 60/40 LITE
+ 1% CACH 2 + 3 lbs col seal + 1/2 lb Poly-Flake - TAYLED 175 SKS A +
3% Gel + 1% CACH 2 + 5 lbs col seal - FLOHER PUMPED PIPES -
REPLACED Plug with 79.34 bbls LAUDED Plug to MED lbs - RELEASED
Plug to MED lbs - RIGGED DOWN
Count 3225 - 20 FT Count 3222 - 20 FT
Replacement in 34 1/2 bbls Cement to Surface - Circulated Cement
to Surface.

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401	1	PUMP CHARGE	1085.00	1085.00
5406	17	MILEAGE	4.20	71.40
5402	840	Footage	.23	193.20
1131	250	SKS 60/40 LITE	13.18	3295.00
11043	175	SKS A	15.70	2747.50
1102	480	lbs CACH 2	.78	374.40
1118B	2550	lbs Gel	.22	561.00
1110A	1350	lbs Col-seal	.46	621.00
1135A	50	lbs CFL-115	11.08	554.00
1127	50	lbs CAF-38	8.48	424.00
1107	125	lbs Poly	2.47	308.75
5407	2	Bulk Depressant	368.00	736.00
4159	1	5 1/2 AFU Float Shoe	361.00	361.00
4454	1	5 1/2 Latex down	266.75	266.75
4104	2	5 1/2 BASKETS	290.00	580.00
4130	5	3 1/2 CENTRIFUGES	50.50	252.50
		Subtotal		9169.45
		SALES TAX		
		ESTIMATED TOTAL		

Ravin 3737
 AUTHORIZATION _____ TITLE 9/21/13 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

FIELD TICKET & TREATMENT REPORT

TICKET NUMBER 43628
LOCATION 180
FOREMAN Jeff Shell

CEMENT API 15-173-21028-00-00

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
9/16/13	8225	Hymnat 21X	14	26	2	Sedgwick

CUSTOMER
Urban Oil and Gas Group

MAILING ADDRESS
1000 E 14th St.

CITY Piano STATE TX ZIP CODE 75074

TRUCK #	DRIVER	TRUCK #	DRIVER
467	Ron M.		
502	Zevi A.		
471	Jeff S.		

JOB TYPE Surface HOLE SIZE 12 1/4 HOLE DEPTH 216 CASING SIZE & WEIGHT 8 5/8

CASING DEPTH 214.27 DRILL PIPE _____ TUBING _____ OTHER _____

SLURRY WEIGHT _____ SLURRY VOL 30.27 WATER gal/sk _____ CEMENT LEFT in CASING _____

DISPLACEMENT 12.5 DISPLACEMENT PSI _____ MIX PSI _____ RATE _____

REMARKS: Safety Meeting, Brake circ. Pumped 125 Sks class A cement
3% calcium, 2% gel, 1/2 lb Polyflake Displaced with 12 1/2 bbls freshwater

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401S	1	PUMP CHARGE	870.00	870.00
5406	19	MILEAGE	4.20	79.80
5407	1	min Bulk Delivery	368.00	368.00
11045	12 Sks	Class A cement	15.70	1962.50
1102	320 lbs	Calcium chloride	.42	134.40
1118	250 lbs	Gel	.22	55.00
1107	50 lbs	Polyflake	2.47	123.50
			Subtotal	3593.20
			SALES TAX	
			ESTIMATED TOTAL	

AUTHORIZATION Cotton TITLE _____ DATE _____

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