



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1163085
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: _____



1163085

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 <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 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
<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> _____ <i>(Submit ACO-4)</i>	PRODUCTION INTERVAL: _____ _____
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Form	ACO1 - Well Completion
Operator	Hartman Oil Co., Inc.
Well Name	KYSAR #1-1
Doc ID	1163085

All Electric Logs Run

Microlog
Array Compensated True Resistivity
Dual Spaced Neutron Spectral Density
Borehole Compensated Sonic Array

Form	ACO1 - Well Completion
Operator	Hartman Oil Co., Inc.
Well Name	KYSAR #1-1
Doc ID	1163085

Tops

Name	Top	Datum
heebner	3956	-737
lansing	4017	-798
Stark	4340	-1121
B/KC	4488	-1269
Marmaton	4514	-1295
Beymer	4618	-1399
Cherokee	4675	-1456
Mississippian	4966	-1747
RTD	5100	-1881

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

October 15, 2013

Stan Mitchell
Hartman Oil Co., Inc.
10500 E BERKELEY SQ PKWY STE 100
WICHITA, KS 67206

Re: ACO1
API 15-093-21895-00-00
KYSAR #1-1
SE/4 Sec.01-21S-36W
Kearny 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,
Stan Mitchell



PO Box 93999
Southlake, TX 76092

Voice: (817) 546-7282
Fax: (817) 246-3361

INVOICE

Invoice Number: 138434
Invoice Date: Sep 3, 2013
Page: 1

Bill To:
Hartman Oil Co., Inc. H2 Drilling & H2 Trucking 3545 W. Jones Avenue Garden City, KS 67846

Now Includes:



Customer ID	Field Ticket #	Payment Terms	
Hart	61262	Net 30 Days	
Job Location	Camp Location	Service Date	Due Date
KS1-01	Oakley	Sep 3, 2013	10/3/13

Quantity	Item	Description	Unit Price	Amount
225.00	CEMENT MATERIALS	Kysar #1-1 <i>82046</i> Class A Common	17.90	4,027.50
4.00	CEMENT MATERIALS	Gel	23.40	93.60
8.00	CEMENT MATERIALS	Chloride	64.00	512.00
243.30	CEMENT SERVICE	Cubic Feet	2.48	603.38
881.11	CEMENT SERVICE	Ton Mileage	2.60	2,290.89
1.00	CEMENT SERVICE	Surface	1,512.25	1,512.25
80.00	CEMENT SERVICE	Pump Truck Mileage	7.70	616.00
1.00	CEMENT SERVICE	Manifold Rental	275.00	275.00
80.00	CEMENT SERVICE	Light Vehicle Mileage	4.40	352.00
1.00	CEMENT SUPERVISOR	Alan Ryan		
1.00	EQUIPMENT OPERATOR	Wayne McGhghy		
1.00	OPERATOR ASSISTANT	Kevin Ryan		

D&A
A.T. Muletner
9-16-13

Subtotal	10,282.62
Sales Tax	284.94
Total Invoice Amount	10,567.56
Payment/Credit Applied	
TOTAL	10,567.56

ALL PRICES ARE NET, PAYABLE 30 DAYS FOLLOWING DATE OF INVOICE. 1 1/2% CHARGED THEREAFTER. IF ACCOUNT IS CURRENT, TAKE DISCOUNT OF

\$ 2,673.48

ONLY IF PAID ON OR BEFORE
Sep 28, 2013

ALLIED OIL & GAS SERVICES, LLC 061262

Federal Tax I.D. # 20-8651475

REMIT TO P.O. BOX 93999
SOUTHLAKE, TEXAS 76092

SERVICE POINT:
Rakky 14

DATE <u>9/3/13</u>	SEC. <u>1</u>	TWP. <u>21</u>	RANGE <u>30</u>	CALLED OUT	ON LOCATION	JOB START <u>9:00 am</u>	JOB FINISH <u>4:30 pm</u>
LEASE <u>Hwy 501</u>	WELL # <u>1-1</u>	LOCATION <u>Scott City 572 Ch. Rd</u>			COUNTY <u>Reynolds</u>	STATE <u>Ky</u>	
OLD OR NEW (Circle one)							

CONTRACTOR Hd #4
 TYPE OF JOB Surface
 HOLE SIZE 12"4 T.D. 348
 CASING SIZE 8"8 DEPTH 347.18
 TUBING SIZE DEPTH 347.18
 DRILL PIPE 4" DEPTH
 TOOL DEPTH
 PRES. MAX MINIMUM
 MEAS. LINE SHOE JOINT
 CEMENT LEFT IN CSG. 15'
 PERFS.
 DISPLACEMENT 21.15

OWNER Same
 CEMENT AMOUNT ORDERED 225 Can 3000 lb
200 gal

EQUIPMENT
 PUMP TRUCK CEMENTER Alan Ryan
 # 372 HELPER Wayne McElroy
 BULK TRUCK # 800 DRIVER Kevin Ryan
 BULK TRUCK # DRIVER

COMMON 225 @ 17.22 4027.50
 POZMIX @
 GEL 4 @ 23.44 93.76
 CHLORIDE 8 @ 64.20 512.00
 ASC @
 HANDLING 24 3.30 @ 2.80 67.20
 MILEAGE 11.014 @ 22.90 252.22
 TOTAL 522.59

REMARKS:
Quality, Circulate, Mix Cement
Displace Cement, 5 hours
Cement 800 Circulate
Thank You
Alan, Wayne, Kevin

SERVICE
 DEPTH OF JOB 345.18
 PUMP TRUCK CHARGE 1512.25
 EXTRA FOOTAGE @
 MILEAGE 80 miles @ 7.22 616.00
 MANIFOLD @ 27.5 220.00
Litelle 80 @ 4.40 352.00
 TOTAL 2755.25

CHARGE TO: Hertman
 STREET _____
 CITY _____ STATE _____ ZIP _____

PLUG & FLOAT EQUIPMENT
 @ _____
 @ _____
 @ _____
 @ _____
 @ _____
 TOTAL _____

To: Allied Oil & Gas Services, LLC.
 You are hereby requested to rent cementing equipment and furnish cementer and helper(s) to assist owner or contractor to do work as is listed. The above work was done to satisfaction and supervision of owner agent or contractor. I have read and understand the "GENERAL TERMS AND CONDITIONS" listed on the reverse side.

SALES TAX (If Any) _____
 TOTAL CHARGES 10,282.64
 DISCOUNT 2,673.48 IF PAID IN 30 DAYS
7,609.16 Net.

PRINTED NAME Gary Axtell
 SIGNATURE Gary Axtell