



Confidentiality Requested:

Yes  No

KANSAS CORPORATION COMMISSION 1167930  
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: \_\_\_\_\_

1167930

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

<b>DISPOSITION OF GAS:</b> <input type="checkbox"/> Vented <input type="checkbox"/> Sold <input type="checkbox"/> Used on Lease <i>(If vented, Submit ACO-18.)</i>	<b>METHOD OF COMPLETION:</b> <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> _____	<b>PRODUCTION INTERVAL:</b> _____ _____
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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/>

Mark Sievers, Chairman  
Thomas E. Wright, Commissioner  
Shari Feist Albrecht, Commissioner

Sam Brownback, Governor

January 07, 2014

Irvin E Haselhorst  
Habit Petroleum, LLC  
639 280TH AVE  
PO BOX 243  
HAYS, KS 67601-9530

Re: ACO-1  
API 15-051-26547-00-00  
SCHMIDT 3  
NW/4 Sec.12-15S-18W  
Ellis County, Kansas

Dear Irvin E Haselhorst:

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 07/08/2013 and the ACO-1 was received on January 03, 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

**INVOICE**

Date	6/25/2013
Invoice #	1053

Global Cementing LLC dba SOS LLC

18048 I-70 Road  
Russell, KS 67665

Bill To  
HABIT PETROLEUM  
PO BOX 243  
HAYS KS 67601

P.O. No.	SCHMIDT #3
Terms	Net 30
Project	

Quantity	Description	Rate	Amount
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180	COMMON		
4	GEL		
7	CALCIUM		
191	HANDLING		
12	BULK MILEAGE		
1	TRI-PLEX PUMP CHARGE FOR SURFACE		
24	PUMP TRUCK MILEAGE		
24	PICKUP		
	8 5/8 WOOD PLUG		
	DISCOUNT IF PAID WITHIN 30 DAYS OF INVOICE.		
	ELLIS CO		

*6370*

*6385*

*1*

Phone #	785-324-2658
Fax #	785-445-3526
E-mail	<i>X</i> globalcementingllc@gmail.com

Please remit to above address.

**Total**

18048 I-70 Road  
Russell, KS 67665

Invoice #	1058
Date	6/29/2013

Bill To	HABIT PETROLEUM PO BOX 243 HAYS KS 67601
---------	--

P.O. No.	SCHMIDT #3
Terms	Net 30
Project	

Quantity	Description	Rate	Amount
	<p>RAIN AFU FLOAT SHOE ON BOTTOM JOINT WITH LATCH DOWN BAFFLE IN JOINTS-BASKETS ON THE 3RD JOINT IN THE HOLE- RAN BASKET ON JOINT #58 AND DV TOOL IN COLLAR OF #58 AND CENT ON #57 AND #58- DV TOOL IS SET @ 1193' TIED ON TO 5/12 CASING AND EST CIRCULATION FOR 1HR- PUMPED 500 GAL DV-1000 AND 10 BBL KCL-MIXED 135 SX COM 10% SALT 2% GEL- SHUT DOWN AND WASHED PUMP AND LINES CLEAN-RELEASED PLUG AND DISP 86BBL OF H2O WITH LIFTING PRESSURE @ 600PSI-PLUG LANDED @ 1500PSI-RELEASED AND FLOAT HELD!!! DROPPED OPENING DART AND OPENED WITH TRUCK @ 800PSI- CIRCULATED FOR 1HR- PUMPED 500 GAL DV-1100 AND 10 BBL KCL-MIXED 300 SX 60/40 6% GEL-SHUT DOWN AND WASHED PUMP AND LINES CLEAN-RELEASED PLUG AND DISP 28 1/2 BBL OF H2O-LIFTING PRESSURE @ 350PSI-PLUG LANDED @ 1000PSI-CIRCULATED ABOUT 70 SX TO PIT!!!</p> <p>THANK YOU ELIIS CO</p>		
	<b>Total</b>		

*02/23/13*

Please remit to above address.

Phone #	785-324-2658
Fax #	785-445-3526
E-mail	globalcementingllc@gmail.com

**INVOICE**

**INVOICE**

Invoice #	1058
Date	6/29/2013

**Global Cementing LLC dba SOS LLC**

18048 I-70 Road  
Russell, KS 67665

HABIT PETROLEUM PO BOX 243 HAYS KS 67601	
Bill To	

P.O. No.	SCHMIDT #3
Terms	Net 30
Project	

Quantity	Description	Rate	Amount
135	COMMON SALT 12 3 GEL HANDLING 150		
	BULK MILEAGE PUMP TRUCK MILEAGE 24 24 PICKUP		
	TRI-FLEX PUMP CHARGE FOR LONGSTRING 2ND STAGE		
210	COMMON POZ 140 GEL 19 HANDLING 369		
	BULK MILEAGE FLOAT EQUIPMENT		
8	5 1/2 CENTRALIZER		
2	5 1/2 BASKET		
20	5 1/2 SCRATCHERS		
1	DV TOOL WITH LATCH DOWN PLUG AND ASSEMBLY		
1,000	MUD FLUSH		
20	KCL WATER		
1	5 1/2 AFU FLOAT SHOE		
	DISCOUNT IF PAID WITHIN 30 DAYS OF INVOICE.		
	<b>Total</b>		

Handwritten notes: *Y*, *02*, *0370*, *0387*, *0387*

Phone #	785-324-2658
Fax #	785-445-3526
E-mail	globalcementingllc@gmail.com

Please remit to above address.