



Confidentiality Requested:

Yes  No

KANSAS CORPORATION COMMISSION 1167933  
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
-----------------------------------	-----------------	---

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: \_\_\_\_\_

1167933

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> <i>(Submit ACO-4)</i> <input type="checkbox"/> Other <i>(Specify)</i> _____	<b>PRODUCTION INTERVAL:</b> _____ _____
--	---	---

Water Control Gels  
Injection Profile Modification  
MIT/Casing Leak Repair/Lost Circulation

**HABRIT PETROLEUM, LLC**  
P.O. BOX 243  
HAYS, KANSAS 67601

DATE: 11/18/2013  
INVOICE NUMBER: 2013110-01  
LEASE: Nech B#5  
API#: 15-163-03002  
COUNTY: Rooks  
STATE: Kansas

5760 barrels Water Block 247 Polymer Treatment as follows:  
240 barrels @ 1500 PPM  
1280 barrels @ 3000 PPM  
2240 barrels @ 4500 PPM  
1240 barrels @ 6000 PPM  
520 barrels @ 7000 PPM  
240 barrels @ 8000 PPM

**EQUIPMENT AND PERSONNEL:**

Equipment mobilization  
4.2 days polymer unit and 2 man crew  
4.2 days supervision

Sub-total equipment and Personnel  
Rooks County, Kansas Sales Tax @ 6.15%  
Total Equipment and Personnel

**PRODUCT:**

9548 pounds Leak Block HD  
200 gallons Water Block 248  
Fuel and Miscellaneous

Total Product

**TOTAL**

15% Discount if Payment is received by 12/16/2013

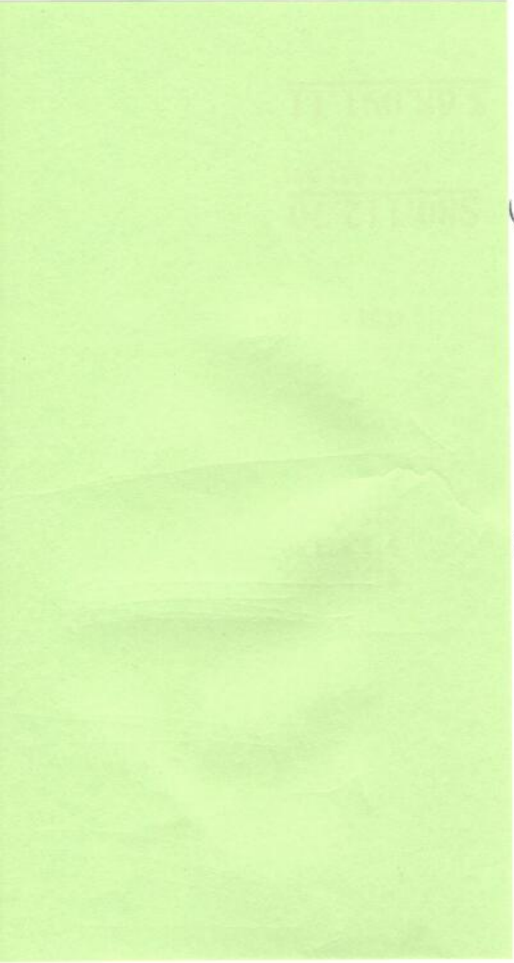
**GRAND TOTAL**

REMIT TO: POLYMER SERVICES, LLC

P.O. BOX 1387  
HAYS, KANSAS 67601

ALL INVOICES DUE UPON RECEIPT,  
THANK YOU, WE APPRECIATE YOUR BUSINESS!

THE INFORMATION CONTAINED HEREIN, IS NOT TO BE COPIED OR SHARED WITH ANY THIRD PARTY  
WITHOUT THE EXPRESSED WRITTEN PERMISSION OF POLYMER SERVICES, LLC. THIS CONFIDENTIAL  
DOCUMENT IS ONLY INTENDED FOR THE FOREMENTIONED NAMED RECIPIENT.





**SERVICE NUMBER**

P.O. Box 1595  
Hays, KS 67601-8595

Office 785-625-5599  
Fax 785-625-5777

**19414**

DATE 9-24-13

Customer's Order No. Verbal

WELL NAME AND NUMBER Nech # 5

LOCATION

FIELD ARBUCKLE

FORMATION

COUNTY - STATE Rooks Co. Ks.

TYPE OF SERVICE Acid OLD Well

CUST. NAME Habit Petroleum, LLC.

ADDRESS  
CITY  
STATE &  
ZIP CODE

As consideration, the above-named Customer agrees to pay Kansas Acid, Inc. in accord with the rates and terms stated in Kansas Acid, Inc. current price lists. Invoices are payable NET 30 after date of invoice. Upon Customer's default in payment of Customer's account by the last day of the month in which the invoice is dated, Customer agrees to pay interest thereon after default at the highest lawful contract rate applicable, but never to exceed 18% per annum. In the event it becomes necessary to employ an attorney to enforce collection of said account, Customer agrees to pay all collection costs and attorney fees in the amount of 20% of the amount of the unpaid account. These terms and conditions shall be governed by the law of the state where services are performed or equipment or materials are furnished.

Kansas Acid, Inc. warrants only title to the products, supplies and materials and that the same are free from defects in workmanship and materials. THERE ARE NO WARRANTIES, EXPRESS OR IMPLIED, OF MERCHANTABILITY, FITNESS FOR A PARTICULAR PURPOSE OR OTHERWISE WHICH EXTEND BEYOND THOSE STATED IN THE IMMEDIATELY PRECEDING SENTENCE. Kansas Acid, Inc. liability and Customer's exclusive remedy in any cause of action (whether in contract, tort, product liability, breach of warranty or otherwise) arising out of the sale or use of any products, supplies or materials is expressly limited to the replacement of such products, supplies or materials on their return to Kansas Acid, Inc. or, at Kansas Acid, Inc. option, to the allowance to the customer of credit for the cost of such items. In no event shall Kansas Acid, Inc. be liable for special, indirect, punitive or consequential damages.

REF. NO.	DESCRIPTION	QUANTITY	UNIT PRICE	AMOUNT
5827	15.76 HCL Acid	500	2.24	1120.00
76	Inhibitor	1	73.42	73.42
1046	NE	1	54.88	54.88
1149	FE	2.5	22.75	56.88
1412	Silt Suspender	1	62.48	62.48
9313	Truck miles	25 mi	5.50	137.50
9647	Pump Truck	1	750.00	750.00
			Total	\$ 2255.16
			20% Dis.	\$ 451.03
POWER TAX				
SALES TAX				
Material Reimbursement				
<b>TOTAL CHARGE</b>			<b>Discounted Price</b>	<b>\$ 1804.13</b>

The above was received and the job was under the direction, supervision, and control of the owner, operator or his agent whose signature appears below:

TRUCK NUMBER: 0013

DRIVER Garrett Hager

THIS JOB WAS SATISFACTORILY COMPLETED  
OPERATION OF EQUIPMENT WAS SATISFACTORY  
PERFORMANCE OF PERSONNEL WAS SATISFACTORY

Yes	No
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>





P.O. Box 1595  
Hays, KS 67601-8595

Office 785-625-5599  
Fax 785-625-5777

# TREATING REPORT

WELL NAME AND NUMBER <i>Nech # 5</i>		LOCATION	DATE <i>11-12-13</i>	SERVICE NUMBER <i>19615</i>	
FIELD	FORMATION <i>ARB.</i>	JOB DONE DOWN TUBING <input checked="" type="checkbox"/> CASING <input type="checkbox"/> ANNULUS <input type="checkbox"/>		ALLOWANCE PRESSURE	
COUNTY <i>Rooks</i>	STATE <i>KS.</i>	TYPE OF WELL OIL <input checked="" type="checkbox"/> GAS <input type="checkbox"/> WATER <input type="checkbox"/> SWD. <input type="checkbox"/> INJ. <input type="checkbox"/>		TGB: CSG:	
TYPE OF SERVICE <i>Acid / New well</i>		AGE OF WELL NEW WELL <input checked="" type="checkbox"/> REWORK <input type="checkbox"/>		PACKER TYPE	PACKER DEPTH
CUST. NAME <i>Habit Petroleum</i>		CASING SIZE <i>5 1/2"</i>	CASING DEPTH <i>3506</i>	TUBING SIZE <i>2 7/8</i>	TUBING DEPTH
		OPEN HOLE	CSG. OR ANRL VOL. <i>.6 BBL</i>	TGB VOLUME <i>20</i>	TOTAL DEPTH
PERFORATED INTERVALS					
DEPTH	NO. OF HOLES	DEPTH	NO. OF HOLES	DEPTH	NO. OF HOLES
		<i>Open Hole</i>		<i>3506-10</i>	
REMARKS:					
ARRIVED ON LOCATION:					

TIME	INJECTION		PRESSURE		REMARKS
	RATE	BBLs IN	CSG.	TGB.	
<i>3:54</i>					<i>Spot Acid</i>
<i>4:00</i>		<i>16</i>			<i>Acid Spotted, Set PK @ 3478</i>
<i>4:15</i>		<i>"</i>			<i>Start Rest of Acid</i>
<i>4:17</i>	<i>2BPM</i>	<i>20</i>		<i>0H</i>	<i>Acid on Bottom</i>
	<i>5BPM</i>	<i>22</i>		<i>0H</i>	<i>Increase Rate</i>
	<i>4 1/2 BPM</i>	<i>27</i>		<i>1000#</i>	<i>Hole loaded</i>
	<i>4 1/2 BPM</i>	<i>29</i>		<i>1000#</i>	<i>Pressure Increase</i>
	<i>6 BPM</i>	<i>31</i>		<i>1500#</i>	<i>Increase Rate</i>
	<i>4 BPM</i>	<i>33</i>		<i>1300#</i>	<i>Pressure drop</i>
	<i>7 BPM</i>	<i>34</i>		<i>1500#</i>	<i>Increase Rate Start Flush</i>
	<i>7 BPM</i>	<i>56</i>		<i>1500#</i>	<i>Start Over Flush</i>
<i>4:33</i>		<i>109</i>		<i>100 To Val.</i>	<i>Acid + 53 BBL Overflush displaced 151P</i>