



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1167040
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: _____

1167040

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> _____	PRODUCTION INTERVAL: _____ _____
--	--	---

Form	ACO1 - Well Completion
Operator	Hartman Oil Co., Inc.
Well Name	Jennings Trust 25-1
Doc ID	1167040

All Electric Logs Run

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

Form	ACO1 - Well Completion
Operator	Hartman Oil Co., Inc.
Well Name	Jennings Trust 25-1
Doc ID	1167040

Tops

Name	Top	Datum
Toronto	3961	-745
Lansing	4002	-786
Stark	4328	-1112
B/KC	4467	-1251
Marmaton	4501	-1285
Beymer	4594	-1378
Cherokee	4631	-1415
Mississippian	4965	-1749
RTD	5020	-1804
LTD	5014	-1798



PO Box 93999
Southlake, TX 76092

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

INVOICE

Invoice Number: 139415
Invoice Date: Oct 23, 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	61923	Net 30 Days	
Job Location	Camp Location	Service Date	Due Date
KS1-01	Great Bend	Oct 23, 2013	11/22/13

Quantity	Item	Description	Unit Price	Amount
1.00	WELL NAME	Jennings Trust #25-1 <i>82074</i>		
225.00	CEMENT MATERIALS	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
243.29	CEMENT SERVICE	Cubic Feet	2.48	603.36
832.50	CEMENT SERVICE	Ton Mileage	2.60	2,164.50
1.00	CEMENT SERVICE	Surface	1,512.25	1,512.25
75.00	CEMENT SERVICE	Pump Truck Mileage	7.70	577.50
75.00	CEMENT SERVICE	Light Vehicle Mileage	4.40	330.00
1.00	CEMENT SUPERVISOR	Joshua Isaac		
1.00	EQUIPMENT OPERATOR	Ben Newell		

A. V. Mulcher
11-5-13

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

\$ 2,553.38

ONLY IF PAID ON OR BEFORE
Nov 17, 2013

Subtotal	9,820.71
Sales Tax	284.94
Total Invoice Amount	10,105.65
Payment/Credit Applied	
TOTAL	10,105.65

**NEW WELL
DRILLED + A**

ALLIED OIL & GAS SERVICES, LLC 061923

Federal Tax I.D. # 20-8651475

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

SERVICE POINT:
Great Bend

DATE <u>10-23-13</u>	SEC. <u>25</u>	TWP. <u>21</u>	RANGE <u>36</u>	CALLED OUT	ON LOCATION	JOB START <u>9am</u>	JOB FINISH <u>9:30am</u>
Jennings Lease Trust		WELL# <u>25-1</u>		LOCATION <u>Leoti ks, Stocolim, 4stfld</u>		COUNTY <u>Hearney</u>	STATE <u>ks</u>
OLD OR NEW (Circle one) <u>NEW</u>			<u>330 2-7E, Sinto</u>				

CONTRACTOR HZ Drilling #4 OWNER _____

TYPE OF JOB Surface

HOLE SIZE 17 1/2" T.D. _____

CASING SIZE 8 5/8" DEPTH 338

TUBING SIZE _____ DEPTH _____

DRILL PIPE 4 1/2" DEPTH _____

TOOL _____ DEPTH _____

PRES. MAX 500 MINIMUM 100

MEAS. LINE _____ SHOE JOINT _____

CEMENT LEFT IN CSG. 15 FT

PERFS. _____

DISPLACEMENT 20.57

CEMENT AMOUNT ORDERED 225 SKS Class A

3/4 cc 2 1/2 gal

COMMON	<u>225</u>	@ <u>17.90</u>	<u>4,027.50</u>
POZMIX		@	
GEL	<u>4</u>	@ <u>23.40</u>	<u>93.60</u>
CHLORIDE	<u>8</u>	@ <u>64.00</u>	<u>512.00</u>
ASC		@	
		@	
		@	
		@	
		@	
		@	
		@	
		@	
HANDLING	<u>243.29</u>	@ <u>2.48</u>	<u>603.35</u>
MILEAGE	<u>11.10 x 75</u>	@ <u>3.60</u>	<u>2,144.50</u>
TOTAL			<u>7,400.95</u>

EQUIPMENT

PUMP TRUCK CEMENTER Josh Saks

366 HELPER Ben Navel

BULK TRUCK

689-112 DRIVER Tommy - YSI

BULK TRUCK

_____ DRIVER _____

REMARKS:

On location, Rig up, mudsater, mixing

Run 338 casing, cement circulation w/ rig mud

run 5 bbls fresh water

mix 225 SKS class A 3/4 cc 2 1/2 gal

Displace 20.57 bbl fresh water

shut in

Cement did circulate

Rig down

CHARGE TO: Hartman oil co

STREET _____

CITY _____ STATE _____ ZIP _____

SERVICE

DEPTH OF JOB	<u>338</u>		
PUMP TRUCK CHARGE	<u>1512.35</u>		
EXTRA FOOTAGE	@		
MILEAGE	<u>Hum 75</u>	@ <u>7.70</u>	<u>577.50</u>
MANIFOLD	@		
	<u>hvm 75</u>	@ <u>4.40</u>	<u>330.00</u>
	@		

TOTAL 2,419.75

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.

PRINTED NAME X Gary Axtell

SIGNATURE X Gary Axtell

Thank you!!

SALES TAX (If Any) _____

TOTAL CHARGES 9,820.70

DISCOUNT 2,553.38 IF PAID IN 30 DAYS

7,267.32