



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1167453
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: _____



1167453

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)*

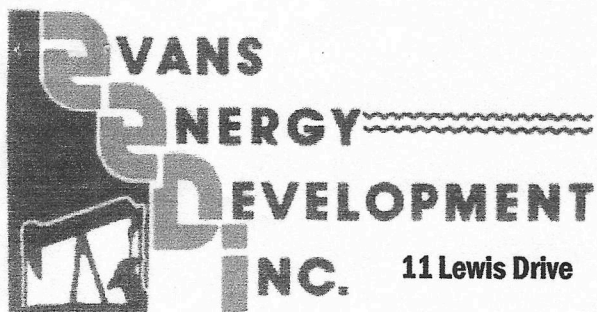
Shots Per Foot	PERFORATION RECORD - Bridge Plugs Set/Type Specify Footage of Each Interval Perforated	Acid, Fracture, Shot, Cement Squeeze Record <i>(Amount and Kind of Material Used)</i>	Depth

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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11 Lewis Drive

Paola, KS 66071

**Oil & Gas Well Drilling
Water Wells
Geo-Loop Installation**

Phone: 913-557-9083

Fax: 913-557-9084

WELL LOG

Hoehn Oil, LLC

Fleming #12

API #15-059-26,511

September 26 - September 30, 2013

<u>Thickness of Strata</u>	<u>Formation</u>	<u>Total</u>
4	soil & clay	4
24	lime	28
6	shale	34
11	lime	45
7	shale	52
19	lime	71
29	shale	100
18	lime	118 oil show
85	shale	203
20	lime	223
28	shale	251
5	lime	256
32	shale	288
10	lime	298
19	shale	317
24	lime	341
12	shale	353
18	lime	371
4	shale	375
3	lime	378
4	shale	382
5	lime	387 base of the Kansas City
147	shale	534
8	lime	542
6	shale	548
2	lime	550 oil show
3	silty shale	553
11	broken sand	569 brown & green, good bleeding laminated
1	grey sand	565 no oil
18	shale	583
1	coal	584
7	shale	591
11	lime	602 soft laminated with silty shale light oil show
8	shale	610
3	brown lime	613 no oil
2	shale	615
1	coal	616
5	shale	621
6	lime & shale	627 oil show

6	shale	633
2	lime	635
6	shale	641
5	lime	646 90% brown bleeding lime 10% white soft good bleeding
1	lime	697 no show
4.5	shale	651.5
2.5	broken oil sand	654 85% brown good bleeding 15% shale gassy
2	oil sand	656 brown, good bleeding, gassy
2	broken sand	658 90% brown good bleeding 10% shale seams
2	silty shale	660 with few thin 1/8" bleeding seams
5	broken sand	665 85% brown good bleeding 15% shale gassy
52	shale	717 TD

Drilled a 9 7/8" hole to 21.8'

Drilled a 5 5/8" hole to 717'

Set 21.8' of 7" surface casing with 6 sacks of cement.

Set 707' of 2 7/8" 8 round upset tubing including 3 centralizers, 1 float shoe, and 1 clamp.

Core Times					
	<u>Minutes</u>	<u>Seconds</u>			
652		42	672		50
653		48	673		54
654		48	674		53
655		54	675		57
656		52	676		59
657		44	677		54
658		41	678		55
659		40	679		49
660		35	680		49
661		42	681		46
662		48	682		47
663		41	683		46
664		46	684		53
665		40	685		54
666		44	686		59
667		40	687		52
668		42	688	1	18
669		45	689	1	23
670		46	690	1	30
671		44			



CONSOLIDATED
Oil Well Services, LLC

REMIT TO
Consolidated Oil Well Services, LLC
Dept. 970
P.O. Box 4346
Houston, TX 77210-4346

MAIN OFFICE
P.O. Box 884
Chanute, KS 66720
620/431-9210 • 1-800/467-8676
Fax 620/431-0012

INVOICE

Invoice # 262818

Invoice Date: 09/30/2013 Terms: 0/0/30,n/30

Page 1

HOEHN OIL, LLC
40971 WEST 247TH
WELLSVILLE KS 66092
(913)244-1482

C. FELMING #12
44677
SE 30-16-21
09-30-2013
KS

Part Number	Description	Qty	Unit Price	Total
1124	50/50 POZ CEMENT MIX	99.00	11.5000	1138.50
1118B	PREMIUM GEL / BENTONITE	266.00	.2200	58.52
4402	2 1/2" RUBBER PLUG	1.00	29.5000	29.50

Description	Hours	Unit Price	Total
495 CEMENT PUMP	1.00	1085.00	1085.00
495 EQUIPMENT MILEAGE (ONE WAY)	15.00	4.20	63.00
495 CASING FOOTAGE	704.00	.00	.00
558 MIN. BULK DELIVERY	1.00	368.00	368.00
675 80 BBL VACUUM TRUCK (CEMENT)	2.00	90.00	180.00

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Parts: 1226.52 Freight: .00 Tax: 93.84 AR 3016.36
Labor: .00 Misc: .00 Total: 3016.36
Sublt: .00 Supplies: .00 Change: .00
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Signed _____ Date _____

BARTLESVILLE, OK 918/338-0808 EL DORADO, KS 316/322-7022 EUREKA, KS 620/583-7664 PONCA CITY, OK 580/762-2303 OAKLEY, KS 785/672-8822 OTTAWA, KS 785/242-4044 THAYER, KS 620/839-5269 GILLETTE, WY 307/686-4914 CUSHING, OK 918/225-2650



CONSOLIDATED
Oil Well Services, LLC

262818

TICKET NUMBER 44677

LOCATION Ottawa

FOREMAN Alan Maden

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

**FIELD TICKET & TREATMENT REPORT
CEMENT**

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
9-30-13	3602	C. Fleming 12	SE 30	16	21	FR
CUSTOMER <u>Hoehn Oil</u>						
MAILING ADDRESS <u>40971 W 247th</u>						
CITY <u>Wellsville</u>		STATE <u>KS</u>	ZIP CODE <u>66092</u>			
			TRUCK #	DRIVER	TRUCK #	DRIVER
			<u>516</u>	<u>Alan Maden</u>	<u>Safety</u>	<u>Meat</u>
			<u>495</u>	<u>Harber</u>		
			<u>675</u>	<u>Kei Det</u>		
			<u>558</u>	<u>Mat Coc</u>		

JOB TYPE long string HOLE SIZE 5 7/8 HOLE DEPTH 717 CASING SIZE & WEIGHT 2 7/8
 CASING DEPTH 704 DRILL PIPE _____ TUBING _____ OTHER _____
 SLURRY WEIGHT _____ SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT IN CASING yes
 DISPLACEMENT 4.1 DISPLACEMENT PSI _____ MIX PSI _____ RATE 4 bpm

REMARKS: held meeting. Established rate down easing. Mixed and pumped 100# gel followed by 99 SK 50150 cem plus 2 1/2 gel. Circulated cement. Flushed pump. Pumped plug to casing TD. Well held 800 PSI. Set float. Closed valve.

Evans, Mitchell

Alan Maden

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL	
5401	1	PUMP CHARGE	495	1085.00 ✓	
5406	15	MILEAGE	495	63.00 ✓	
5402	704	casing footage	495	— ✓	
5407	min	ten miles	558	368.00 ✓	
5502C	2	80 ual	675	180.00 ✓	
1124	99	50150 cement		1138.50 ✓	
1118B	266	gel		58.52 ✓	
4402	1	2 1/2 plug		29.50 ✓	
				SALES TAX	93.84 ✓
				ESTIMATED TOTAL	3016.36 ✓

completed

AUTHORIZATION [Signature] TITLE _____ 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