



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1167488
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: _____



1167488

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)*

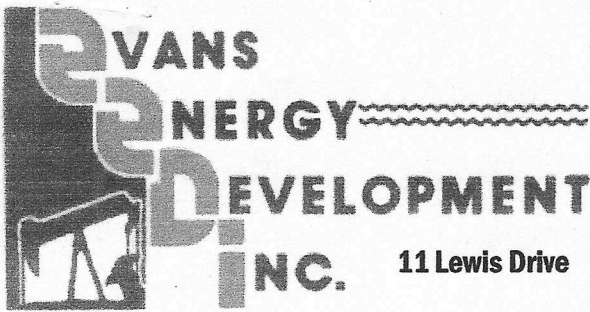
Shots Per Foot	PERFORATION RECORD - Bridge Plugs Set/Type Specify Footage of Each Interval Perforated	Acid, Fracture, Shot, Cement Squeeze Record <i>(Amount and Kind of Material Used)</i>	Depth

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 #13

API #15-059-26,512

September 25 - September 26, 2013

<u>Thickness of Strata</u>	<u>Formation</u>	<u>Total</u>
5	soil & clay	5
9	lime	14
6	shale	20
13	lime	33
5	shale	38
19	lime	57
24	shale	81
22	lime	103
12	sand	115 grey, no oil show
74	shale	189
22	lime	211
10	shale	221
2	broken sand	223 grey, no oil show
14	shale	237
6	lime	243
23	shale	266
5	sand	271 grey, no oil show
11	lime	282
6	shale	288
2	lime	290
14	shale	304
8	lime	312
1	shale	313
14	lime	327
7	shale	334
12	lime	346
16	shale	362
4	lime	366
4	shale	370
2	lime	372
54	shale	426
9	sand	435 light oil show (dark brown)
85	shale	520
7	lime	527
7	shale	534
11	lime	545 light oil show
21	sand	566 grey, light show
5	shale	571
1	coal	572

4	lime	576
14	shale	590
4	lime	594
11	shale	605
7	lime	612
13	shale	625
5	lime	630 good bleeding
6	shale	636
6	broken sand	642 good show brown & green
14	oil sand	656 light brown 50% bleeding sand
6	brown sand	662 brown & grey, thin bleeding seams
3.5	oil sand	665.5 brown, few thin bleeding seams
1	oil sand	666.5 brown, 80% bleeding
2	lime	668.5
7	oil sand	675.5 75% bleeding (brown)
14.5	oil sand	690
9	shale	699
6	oil sand	705 good bleeding, dark brown
11	shale	716 TD

Drilled a 9 7/8" hole to 21.8'

Drilled a 5 5/8" hole to 716'

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

Set 706' 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>		
639		22	659	25
640		34	660	26
641		38	661	29
642		30	662	32
643		25	663	34
644		25	664	1 8
645		23	665	1 48
646		27	666	1 46
647		26	667	38
648		26	668	31
649		26	669	34
650		26	670	35
651		29	671	39
652		30	672	33
653		36	673	35
654		36	674	1 1
655		35	675	38
656		28	676	33
657		31	677	34
658		28	678	32
			679	36



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 # 262751

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. FLEMING #13
44676
SE 30-16-21
09-27-2013
KS

Part Number	Description	Qty	Unit Price	Total
1124	50/50 POZ CEMENT MIX	102.00	11.5000	1173.00
1118B	PREMIUM GEL / BENTONITE	271.00	.2200	59.62
4402	2 1/2" RUBBER PLUG	1.00	29.5000	29.50
Description		Hours	Unit Price	Total
368	CEMENT PUMP	1.00	1085.00	1085.00
368	EQUIPMENT MILEAGE (ONE WAY)	15.00	4.20	63.00
368	CASING FOOTAGE	706.00	.00	.00
370	80 BBL VACUUM TRUCK (CEMENT)	1.50	90.00	135.00
510	MIN. BULK DELIVERY	1.00	368.00	368.00

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Parts: 1262.12 Freight: .00 Tax: 93.39 AR 3006.51
Labor: .00 Misc: .00 Total: 3006.51
Sublt: .00 Supplies: .00 Change: .00
=====

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

262751

TICKET NUMBER 44676
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
9-27-13	3602	G. Fleming L3	SE 30	16	21	Mi
CUSTOMER <u>Hoehn Oil</u>			TRUCK #			
MAILING ADDRESS <u>40971 W 247</u>			DRIVER			
CITY <u>Wellsville</u>			TRUCK #			
STATE <u>KS</u>			DRIVER			
ZIP CODE <u>66092</u>			TRUCK #			
			DRIVER			

JOB TYPE long string HOLE SIZE 5 7/8 HOLE DEPTH 716 CASING SIZE & WEIGHT 2 7/8
 CASING DEPTH 106 DRILL PIPE _____ TUBING _____ OTHER _____
 SLURRY WEIGHT _____ SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT in CASING yes
 DISPLACEMENT 4.1 DISPLACEMENT PSI 800 MIX PSI 200 RATE 46ppm

REMARKS: Held meeting. Established rate down casing. Mixed and pumped 100# gel followed by 102 SK 50150 cement plus 2% gel. Circulated cement. Flushed pump. Pumped plus to casing TD. Well held 800 PSI. Set float. Closed valve.

Erang Travis

Alan Maden

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401	1	PUMP CHARGE	368	1085.00
5406	15	MILEAGE	368	63.00
5402	706	casing footage	368	
5407	min	ton miles	510	368.00
5502C	1 1/2	80 vac	370	135.00
1124	102	50150 cement		1173.00
1118B	271 #	gel		59.60
4402	1	2 1/2 plus		29.50
				SALES TAX
				ESTIMATED TOTAL

completed

SALES TAX 913.39
ESTIMATED TOTAL 3006.51

Ravin 3737

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