



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1174004
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: _____



1174004

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> _____ <input type="checkbox"/> Other <i>(Specify)</i> _____	PRODUCTION INTERVAL: _____ _____
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Form	ACO1 - Well Completion
Operator	Cimarex Energy Co.
Well Name	Hamker 20-4
Doc ID	1174004

All Electric Logs Run

Caliper Log
Compensated Neutron Microresistivity Log
Array Induction shallow focused Electric Log
Microsistivity Log

Form	ACO1 - Well Completion
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Well Name	Hamker 20-4
Doc ID	1174004

Tops

Name	Top	Datum
Winfield	2730	-118
Heebner	4180	-1332
Lansing	4240	-1392
KC Drum	4510	-1662
KC Swope	4680	-1832
Marmaton	4875	-2027
Cherokee	5025	-2177
Atoka	5125	-2277
Morrow	5325	-2477
Chester	5480	-2632
Gnevieve	5495	-2647



Cement Report

Customer <i>Cimarron</i>		Lease No.		Date <i>8-31-13</i>	
Lease <i>Hamber</i>		Well # <i>20-4</i>		Service Receipt <i>03221</i>	
Casing <i>8 5/8</i>	Depth <i>1854</i>	County <i>Haskell</i>		State <i>KS</i>	
Job Type <i>2 1/2" Surface</i>		Formation		Legal Description <i>20-30-37</i>	
Pipe Data			Perforating Data		Cement Data
Casing size <i>8 5/8</i>	Tubing Size		Shots/Ft		Lead <i>430sk A-Conn</i>
Depth <i>1865</i>	Depth <i>5543</i>		From	To	<i>2.4ft 3.5sk</i>
Volume <i>115 bbls</i>	Volume		From	To	<i>14.6ft-sk 12.1#</i>
Max Press <i>1800</i>	Max Press		From	To	Tail in <i>385sk Class</i>
Well Connection <i>8 5/8</i>	Annulus Vol.		From	To	<i>1.34ft 3.5sk</i>
Plug Depth <i>1822</i>	Packer Depth		From	To	<i>6.36ft-sk 14.8#</i>
Time	Casing Pressure	Tubing Pressure	Bbls. Pumped	Rate	Service Log
<i>930</i>					<i>Arrive On Location</i>
<i>1000</i>					<i>Safety Meeting - Rig Up</i>
<i>1130</i>					<i>Rig Pumping Casing</i>
<i>200</i>					<i>Circulate w/ 10.5</i>
<i>200</i>					<i>Work up To 12.5</i>
<i>230</i>	<i>2000</i>		<i>1.0</i>	<i>1.0</i>	<i>Pressure Test</i>
<i>235</i>	<i>300</i>		<i>184</i>	<i>6.0</i>	<i>Pump Lead cut @ 12.1#</i>
<i>330</i>	<i>200</i>		<i>92</i>	<i>4.0</i>	<i>Pump Tail cut @ 14.8#</i>
<i>355</i>					<i>Drop Plug - Wash</i>
<i>400</i>	<i>250</i>		<i>105</i>	<i>5.0</i>	<i>Displace</i>
<i>425</i>	<i>500</i>		<i>10</i>	<i>2.0</i>	<i>Slow Down</i>
<i>430</i>	<i>1000</i>		<i>11</i>	<i>1.1</i>	<i>Load Plug - Float Head</i>
<i>530</i>					<i>Job Complete</i>
					<i>Cement To Surface</i>
					<i>Thanks For Using Basic Energy Services</i>
Service Units	<i>78958</i>	<i>19821-19843</i>	<i>33021-14284</i>	<i>30664-37704</i>	<i>38750-19842</i>
Driver Names	<i>I. Chase</i>	<i>Cesar</i>	<i>Victor</i>	<i>Satya</i>	<i>GAM</i>

Kevin

Customer Representative

Sen Bhatt

Station Manager

Ray Chou

Cementer



Cement Report

Customer	Cimarex		Lease No.	Date		9-5-13	
Lease	Hawker		Well #	Service Receipt		04265	
Casing	5 1/2" 15.5#		County	State		KS	
Job Type	242-5 1/2" Production		Formation	Legal Description		20-30-31	
Pipe Data				Perforating Data		Cement Data	
Casing size	5 1/2" 15.5#		Tubing Size	Shots/Ft		Lead	
Depth	5510'		Depth	From	To		
Volume	130 bbl		Volume	From	To		
Max Press	2500*		Max Press	From	To		
Well Connection	TD-5559'		Annulus Vol.	From	To	Tail in 285 sk AAA @	
Plug Depth	51-41'		Packer Depth	From	To		
Time	Casing Pressure	Tubing Pressure	Bbls. Pumped	Rate	Service Log		
6:00					on loc site assessment		
6:10					spot trucks rig up		
7:00					start csg + float equip		
11:00					csg on bottom, break circ		
11:00					safety meeting / JSA		
12:05					pressure test 3000*		
12:00			30	4	lowcat drilling rig pump stoploss		
12:10	300		70	4	pump stoploss		
12:15	200		77	4	mix + pump 285 sk AAA @ 14.8# - 1.51 g 3/4 sk		
12:35					wash lines		
12:40	0		0	4	drop latch down plug, disp csg		
1:10	1000		120	2	slow rate		
1:15	1000		131	0	land plug, float held		
1:30					plug set + mouse hole w/ 50 sk		
2:00					job complete		
Service Units	34726	27462	19877-19883				
Driver Names	A. Davis	E. Mendoza	R. Martinez				

A. Davis
Customer Representative

T. Bennett
Station Manager