



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1196082
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: _____

1196082

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: <input type="checkbox"/> Yes <input type="checkbox"/> No
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Date of First, Resumed Production, SWD or ENHR.	Producing Method: <input type="checkbox"/> Flowing <input type="checkbox"/> Pumping <input type="checkbox"/> Gas Lift <input type="checkbox"/> Other <i>(Explain)</i> _____
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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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SCHIPPER'S OIL FIELD SERVICES, L.L.C.

1185

REMIT TO 18048 170RD
RUSSELL, KS 67665

SERVICE POINT: Hovic, us

DATE <u>9-10-14</u>	SEC.	TWP.	RANGE	CALLED OUT	ON LOCATION	JOB START <u>11:00pm</u>	JOB FINISH <u>11:30pm</u>
LEASE <u>Hoffner</u>	WELL #. <u>4-18</u>	LOCATION			COUNTY <u>Sheridan</u>	STATE <u>KS</u>	
OLD OR <input checked="" type="radio"/> NEW (CIRCLE ONE)							

CONTRACTOR Wwy Drilling

TYPE OF JOB Surface

HOLE SIZE 12 1/4 T.D. 278

CASING SIZE 8 5/8 DEPTH 268.47

TUBING SIZE _____ DEPTH _____

DRILL PIPE _____ DEPTH _____

TOOL _____ DEPTH _____

PRES. MAX 300 psi MINIMUM 100 psi

MEAS. LINE _____ SHOE JOINT _____

CEMENT LEFT IN CSG. 20ft

PERFS _____

DISPLACEMENT 16.46 bbl

EQUIPMENT _____

PUMP TRUCK # P1 CEMENTER Heath HELPER Cody

BULK TRUCK # B1 DRIVER Mark

BULK TRUCK # _____ DRIVER _____

OWNER _____

CEMENT AMOUNT ORDERED 225sr 6cm 3%cc 2%gel

COMMON _____ @ _____

POZMIX _____ @ _____

GEL _____ @ _____

CHLORIDE _____ @ _____

ASC _____ @ _____

_____ @ _____

_____ @ _____

_____ @ _____

_____ @ _____

_____ @ _____

_____ @ _____

HANDLING _____ @ _____

MILEAGE _____ @ _____

TOTAL _____

REMARKS:

Ran tests on 8 5/8 casing and landing it

Est Circulation with mud pump

Hook up and mix 225sr and disp 16.4 bbl of H2O - Shut in @ 300 psi

Cement D.O did to surface!

CHARGE TO: Don Hoffner

STREET _____

CITY _____ STATE _____ ZIP _____

Schippers Oil Field Services, L.L.C.,
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 Calvin Pfannkuch

SIGNATURE Calvin Pfannkuch

SERVICE

DEPTH OF JOB _____

PUMP TRUCK CHARGE _____

EXTRA FOOTAGE _____ @ _____

MILEAGE _____ @ _____

MANIFOLD _____ @ _____

_____ @ _____

TOTAL _____

PLUG & FLOAT EQUIPMENT

_____ @ _____

_____ @ _____

_____ @ _____

_____ @ _____

TOTAL _____

SALES TAX (If Any) _____

TOTAL CHARGES _____

DISCOUNT _____ IF PAID IN 30 DAYS

SCHIPPER'S OIL FIELD SERVICES, L.L.C.

1193

REMIT TO 18048 170RD
RUSSELL, KS 67665

SERVICE POINT: Russell, KS - Hovier, KS

DATE <u>1-20-14</u>	SEC.	TWP.	RANGE	CALLED OUT	ON LOCATION	JOB START <u>11:30am</u>	JOB FINISH <u>2:30pm</u>
LEASE <u>Hoffner</u>	WELL #. <u>4-18</u>		LOCATION			COUNTY <u>Sheridan</u>	STATE <u>KS</u>
OLD OR NEW (CIRCLE ONE)							

CONTRACTOR Ww Drilling #12

TYPE OF JOB Long string

HOLE SIZE _____ T.D. _____

CASING SIZE 5 1/2 DEPTH _____

TUBING SIZE _____ DEPTH _____

DRILL PIPE _____ DEPTH _____

TOOL DV Tool DEPTH 2364

PRES. MAX 1500ps MINIMUM 100ps

MEAS. LINE _____ SHOE JOINT _____

CEMENT LEFT IN CSG. _____

PERFS _____

DISPLACEMENT 102 bbl 57 bbl

OWNER _____

CEMENT AMOUNT ORDERED 150sxcrom 10% salt + 2% gel

2% plaster

500g. 60/40 6% gel

COMMON _____ @ _____

POZMIX _____ @ _____

GEL _____ @ _____

CHLORIDE _____ @ _____

ASC _____ @ _____

_____ @ _____

_____ @ _____

_____ @ _____

_____ @ _____

_____ @ _____

_____ @ _____

HANDLING _____ @ _____

MILEAGE _____

TOTAL _____

EQUIPMENT _____

PUMP TRUCK # R1 CEMENTER Heath HELPER Cody

BULK TRUCK # R3 DRIVER Mork

BULK TRUCK # _____ DRIVER _____

Cement Did Circulate !!

REMARKS:

Ran 1/2 of new 5 1/2 casing and landing st
EST circulation for the - mixed 500gal and
flush and 10 bbl KCL - 150ps - shut down and washed
pump and lines clean - disp 102 bbl H2O with 600
lifting pressure - plug landed @ 1500ps - retested
and about HFLD - open DV tool and circulate for
the - mix 500 sy - shut down - washed pump and
lines clean - disp 57 bbl H2O - plug landed @ 600ps
Plug RH with 30-sy

CHARGE TO: Dan Hoffner

STREET _____

CITY _____ STATE _____ ZIP _____

Schippers Oil Field Services, L.L.C.,
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 _____

SIGNATURE [Signature]

SERVICE

DEPTH OF JOB _____

PUMP TRUCK CHARGE _____

EXTRA FOOTAGE _____ @ _____

MILEAGE _____ @ _____

MANIFOLD _____ @ _____

_____ @ _____

_____ @ _____

TOTAL _____

PLUG & FLOAT EQUIPMENT

1 - DV Tool with latch down

6 - Centralizers @ _____

3 - Baskets @ _____

1000 Gallon Mud Fluo @ _____

20 bbl KCL @ _____

HFLD Float shoe @ _____

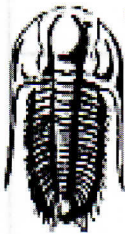
24 - scratchers

TOTAL _____

SALES TAX (If Any) _____

TOTAL CHARGES _____

DISCOUNT _____ IF PAID IN 30 DAYS



**TRILOBITE
TESTING, INC**

DRILL STEM TEST REPORT

Dan Haffner
RR 2 Box 49
Hoxie KS 67740-9524
ATTN: Richard Bell

18-9s-27w Sheridan,KS

Haffner #4-18

Job Ticket: 54782

DST#: 2

Test Start: 2014.01.15 @ 22:35:27

GENERAL INFORMATION:

Formation: **LKC-C**

Deviated: No Whipstock: ft (KB)

Time Tool Opened: 00:52:57

Time Test Ended: 06:20:57

Test Type: Conventional Bottom Hole (F)

Tester: Jeff Brown

Unit No: 67

Interval: **3914.00 ft (KB) To 3934.00 ft (KB) (TVD)**

Total Depth: 3934.00 ft (KB) (TVD)

Hole Diameter: 7.88 inches Hole Condition: Good

Reference Elevations: 2774.00 ft

2766.00 ft

KB to GR/CF: 8.00 ft

Serial #: 6625

Outside

Press@RunDepth: 100.68 psig @ 3915.00 ft (KB)

Start Date: 2014.01.15

End Date:

2014.01.16

Start Time: 22:35:28

End Time:

06:17:57

Capacity: 8000.00 ps

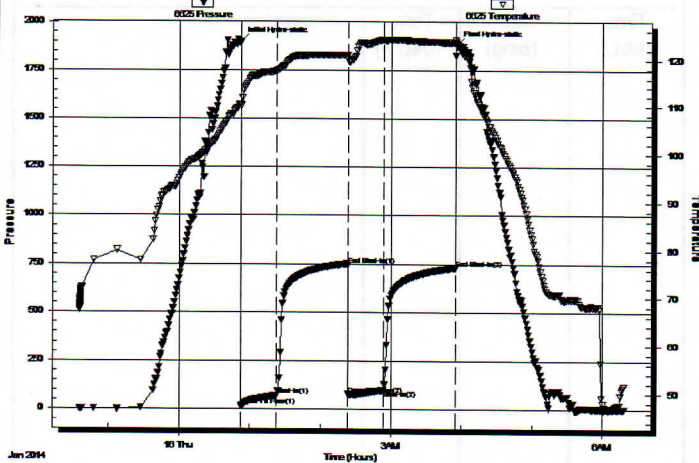
Last Calib.: 2014.01.16

Time On Btm: 2014.01.16 @ 00:52:27

Time Off Btm: 2014.01.16 @ 03:55:27

TEST COMMENT: IFP=Good blow BOB in 13 3/4 min
IS=Weak blow back built to 1 in died back to 1/4"
FFP=Good blow BOB in 13 1/2 min
FSI=Weak blow back built to 3 in died back to 1 3/4"

Pressure vs. Time



PRESSURE SUMMARY

Time (Min.)	Pressure (psig)	Temp (deg F)	Annotation
0	1898.14	110.53	Initial Hydro-static
1	15.13	110.20	Open To Flow (1)
31	69.63	117.66	Shut-In(1)
91	744.73	120.90	End Shut-In(1)
91	76.85	120.16	Open To Flow (2)
121	100.68	124.18	Shut-In(2)
182	731.81	123.63	End Shut-In(2)
183	1885.11	123.78	Final Hydro-static

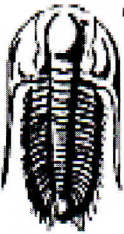
Recovery

Length (ft)	Description	Volume (bbl)
90.00	HOCM 25%O 75%M	0.44
110.00	Gassy Oil 20%G 80%O	1.27
0.00	363-GIP	0.00

* Recovery from multiple tests

Gas Rates

Choke (inches)	Pressure (psig)	Gas Rate
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**TRILOBITE
TESTING, INC**

DRILL STEM TEST REPORT

Dan Haffner
RR 2 Box 49
Hoxie KS 67740-9524
ATTN: Richard Bell

18-9s-27w Sheridan,KS

Haffner #4-18

Job Ticket: 54783

DST#: 3

Test Start: 2014.01.16 @ 21:25:39

GENERAL INFORMATION:

Formation: **LKC-E-F**
Deviated: No Whipstock: ft (KB)
Time Tool Opened: 23:36:39
Time Test Ended: 07:10:39

Test Type: Conventional Bottom Hole
Tester: Jeff Brown
Unit No: 67

Interval: **3953.00 ft (KB) To 3977.00 ft (KB) (TVD)**
Total Depth: 3977.00 ft (KB) (TVD)
Hole Diameter: 7.88 inches Hole Condition: Fair

Reference Elevations: 2774.00 ft
2766.00 ft
KB to GR/CF: 8.00 ft

Serial #: 6625

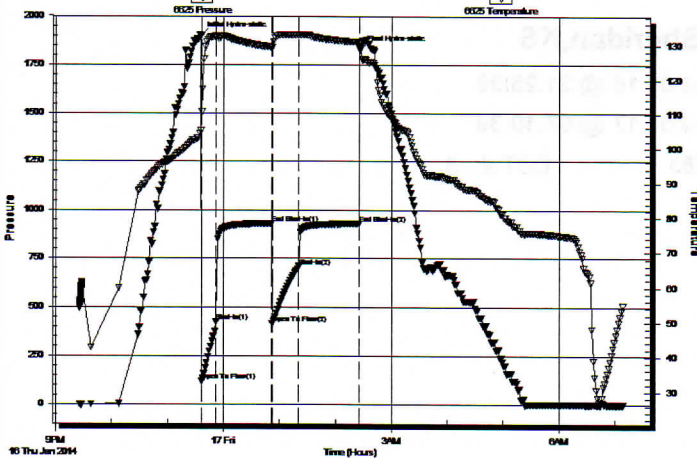
Outside

Press@RunDepth: 709.04 psig @ 3954.00 ft (KB)
Start Date: 2014.01.16 End Date: 2014.01.17
Start Time: 21:25:40 End Time: 07:09:39

Capacity: 8000.00 ps
Last Calib.: 2014.01.17
Time On Btm: 2014.01.16 @ 23:35:39
Time Off Btm: 2014.01.17 @ 02:25:39

TEST COMMENT: IFP=Strong blow BOB in 45 sec
IS=Weak surface blow back built to 1 1/2"
FFP=Strong blow BOB in 1 1/4 min
FS=Fair blow back built to 7 1/4"

Pressure vs. Time



PRESSURE SUMMARY

Time (Min.)	Pressure (psig)	Temp (deg F)	Annotation
0	1897.08	105.16	Initial Hydro-static
1	118.60	110.63	Open To Flow (1)
17	426.22	132.60	Shut-In(1)
76	930.76	129.37	End Shut-In(1)
77	416.63	129.24	Open To Flow (2)
105	709.04	132.93	Shut-In(2)
170	929.79	130.80	End Shut-In(2)
170	1827.74	131.07	Final Hydro-static

Recovery

Length (ft)	Description	Volume (bbl)
940.00	VSOCMV 2%O 5%M 93%W	12.09
441.00	OCGMV 10%G 10%M 20%O 60%W	6.19
111.00	HOCGWM 20%G 10%W 25%O 45%M	1.56
83.00	Gassy Oil 5%G 95%O	1.16

* Recovery from multiple tests

Gas Rates

	Choke (inches)	Pressure (psig)	Gas R.