Confidentiality Requested: Yes No

Recompletion Date

## KANSAS CORPORATION COMMISSION **OIL & GAS CONSERVATION DIVISION**

1198635

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 #	API No. 15
Name:	Spot Description:
Address 1:	
Address 2:	Feet from Dorth / South Line of Section
City: State: Zip:+	Feet from East / West Line of Section
Contact Person:	Footages Calculated from Nearest Outside Section Corner:
Phone: ()	
CONTRACTOR: License #	GPS Location: Lat:, Long:
Name:	(e.g. xx.xxxx) (e.gxxx.xxxx)
Wellsite Geologist:	Datum: NAD27 NAD83 WGS84
Purchaser:	County:
Designate Type of Completion:	Lease Name: Well #:
New Well Re-Entry Workover	Field Name:
Oil       WSW       SWD       SIOW         Gas       D&A       ENHR       SIGW         OG       GSW       Temp. Abd.         CM (Coal Bed Methane)       Cathodic       Other (Core, Expl., etc.):	Producing Formation:
If Workover/Re-entry: Old Well Info as follows:	If yes, show depth set: Feet
Operator:	If Alternate II completion, cement circulated from:
Well Name:	feet depth to:w/sx cmt.
Original Comp. Date: Original Total Depth:	Drilling Fluid Management Plan (Data must be collected from the Reserve Pit)
Plug Back Conv. to GSW Conv. to Producer	
Commingled Permit #:	Chloride content: ppm Fluid volume: bbls
Dual Completion Permit #:	Dewatering method used:
SWD         Permit #:	Location of fluid disposal if hauled offsite:
ENHR Permit #:	Operator Name:
GSW Permit #:	Lease Name: License #:
	Quarter Sec TwpS. R
Spud Date or Date Reached TD Completion Date or	

County:

## AFFIDAVIT

**Recompletion Date** 

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:

Permit #:\_

	Page Two	1198635
Operator Name:	Lease Name:	Well #:
Sec TwpS. 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 (Attach Additional She	eets)	Yes No		0	on (Top), Depth an		Sample
Samples Sent to Geolog	gical Survey	Yes No	Nam	e		Тор	Datum
Cores Taken Electric Log Run		☐ Yes ☐ No ☐ Yes ☐ No					
List All E. Logs Run:							
		CASING Report all strings set-c	RECORD Ne		ion. 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 / SQL	IEEZE RECORD			

Purpose: Perforate	Depth Top Bottom	Type of Cement	# Sacks Used	Type and Percent Additives
Protect Casing Plug Back TD				
Plug Off Zone				

Did you perform a hydraulic fracturing treatment on this well?	Yes
Does the volume of the total base fluid of the hydraulic fracturing treatment exceed 350,000 gallons?	Yes
Was the hydraulic fracturing treatment information submitted to the chemical disclosure registry?	Yes

No (If No, skip questions 2 and 3) (If No, skip question 3)

No

No

(If No, fill out Page Three of the ACO-1)

Shots Per Foot		PERFORATION Specify For		RD - Bridge P Each Interval		e	ļ		ement Squeeze Record of Material Used)	Depth
TUBING RECORD:	Siz	re:	Set At:		Packer	r At:	Liner R	un:	No	
Date of First, Resumed	Producti	on, SWD or ENHF	}.	Producing N	/lethod:	ping	Gas Lift	Other (Explain)		
Estimated Production Per 24 Hours		Oil Bb	ls.	Gas	Mcf	Wate	ər	Bbls.	Gas-Oil Ratio	Gravity
									1	
DISPOSITI	ON OF G	AS:			METHOD	OF COMPLE	TION:		PRODUCTION IN	TERVAL:
Vented Solo	1 🗌 L	Jsed on Lease	(	Open Hole	Perf.	Dually		Commingled		
(If vented, Su	bmit ACO	-18.)		Other (Specify)		(Submit )	,	(Submit ACO-4)		

Mail to: KCC - Conservation Division, 130 S. Market - Room 2078, Wichita, Kansas 67202

Form	ACO1 - Well Completion
Operator	VHR Oil, LLC
Well Name	McMillin 1
Doc ID	1198635

Tops

Name	Тор	Datum
ВКС	1282	-124
Cher	1507	-349
Miss	2154	-996
Hunt	2538	-1380
Vio	2815	-1657
Simp	2939	-1781
Simp Sd	2971	-1813
Arb	3035	-1877
TD	3055	-1897

Conservation Division 266 N. Main St., Ste. 220 Wichita, KS 67202-1513



Phone: 316-337-6200 Fax: 316-337-6211 http://kcc.ks.gov/

Shari Feist Albrecht, Chair Jay Scott Emler, Commissioner Pat Apple, Commissioner Sam Brownback, Governor

October 21, 2014

Joe Voth VHR Oil, LLC 2311 WAKARUSA Dr., STE J LAWRENCE, KS 66047

Re: ACO-1 API 15-085-20090-00-00 McMillin 1 SE/4 Sec.32-08S-16E Jackson County, Kansas

Dear Joe Voth:

K.A.R. 82-3-107 provides for all completion information to be filed within 120 days of the spud date. Subsection(e)(2) of that regulation states "All rights to confidentiality shall be lost if the filings are not timely."

The above referenced well was spudded on 3/20/2014 and the ACO-1 was received on October 14, 2014 (not within the 120 days timely requirement).

Therefore, your request for confidential treatment of data contained within the ACO-1 filing cannot be granted at this time.

If you should have any questions, please do not hesitate to contact me at (316)337-6200.

Sincerely,

**Production Department** 

	ONSOLIDATE	•••·				TICKET NUM	BER 4	5901
	Qil Well Services, Ll	LC:	·	·			Eurena Jason Coo	
		FIEL D	TICKET &				sason coo,	per
20-431-9210	hanute, KS 66720 or 800-467-8676		(	CEMENT				
DATE	CUSTOMER #	WELL NA	ME & NUMBER	2	SECTION	TOWNSHIP	RANGE	COUNTY
3-27-14 USTOMER	mc	millin #	<u>/</u>		32	8	16	Jackson
	terprises		10 A		TRUCK #	DRIVER	TRUCK #	DRIVER
AILING ADDR	ESS				4.45	David 6		
44.31 .	S. E. Californi	ra			575	Colby		
			CODE					
Topeha	k.		6609	. L			1	
DB TYPE P		E SIZE <u> </u>				CASING SIZE &	WEIGHT	
ASING DEPTH		L PIPE 4/2					OTHER	
LURRY WEIGI		RRY VOL 1.48		ATER gal/sk_	· · · · · · · · · · · · · · · · · · ·		CASING	
ISPLACEMEN	A	LACEMENT PS	MC	X PSI	1	RATE	11	
EMARKS:	1 1 /	dy weeding	plained 50	Cenut	pluy @ 2	155', rey pi lave ( 2.53h)	illed droll	pipe to
000' plan	il souspluy, pul	hed all but	9 521 (2	50') (entry	ed to Sun	Lave ( 2.5shi)		
Job comple	te, roy down.							
			•					
In loca dren				•			The second s	
edd"/oculoon	2:30 p.m			A apart of the local data				
<u> </u>							*******	
ACCOUNT	QUANITY or UN	NITS	DESCR	RIPTION of SE	RVICES or PF	RODUCT	UNIT PRICE	TOTAL
CODE	QUANITY or UN		DESC	RIPTION of SE	RVICES or PP	RODUCT	UNIT PRICE	
CODE SHO'S N	QUANITY or UN	PU		RIPTION of SE	RVICES or PF	RODUCT		1085.00
<u>соре</u> 5405 N 5406	100	PUI	MP CHARGE EAGE		RVICES or PF	RODUCT		1085.00
СОДЕ 5405 N 5406	100	PUI MIL	MP CHARGE EAGE n-melogy c		RVICES or PF	RODUCT		1085.00
СОДЕ 5405 N 5406 5406	100	PUI MIL	MP CHARGE EAGE		RVICES or PP	RODUCT		1085.02 420.00 636.62
СОДЕ 5405 N 5406 5406 Å	1 100 1 4	PUI MIL 1.5 Ton To 60	MP CHARGE EAGE n-melogy c		RVICES or PF	RODUCT		1085.02 430.00 636.62 1383.90
СОДЕ 5405 N 5406 5406 Å	1 100 1 4 105 abs	PUI MIL 1.5 Ton To 60	MP CHARGE EAGE n-metroy c D/40 Poz		RVICES or PF	RODUCT		1085.00
СОДЕ 5405 N 5406 5406 5406 А	1 100 1 4 105 abs	PUI MIL 1.5 Ton To 60	MP CHARGE EAGE n-metroy c D/40 Poz		RVICES or PP	RODUCT		1085.00 420.00 636.62 1383.90
СОДЕ 5405 N 5406 5406 5406 А	1 100 1 4 105 abs	PUI Mil 1.5 Ton To 60 60	MP CHARGE EAGE n-molecy c D/40 Poz el			RODUCT		1085.00 420.00 636.62 1383.90
	1 100 1 4 105 abs	PUI MIL 1.5 Ton To 60 6	MP CHARGE EAGE n-molecy c 0/40 Poz el bomucal Tob	- la1 # 14	7/, 90	RODUCT		1085.02 430.00 636.62 1383.90
СОДЕ 5405 N 5406 5406 5406 А	1 100 1 4 105 abs	PUI MIL 1.5 Ton To 60 60 60 60 60 60 60 60 60 60 60 60 60	MP CHARGE EAGE n-meleoy c D/40 Poz el homunal Tob 2% Discome	Laj # 14 1 - 44	7/, 90 1, 5 <sup>n</sup>	RODUCT		1085.00 420.00 636.62 1383.90
СОДЕ 5405 N 5406 5406 5406 А	1 100 1 4 105 abs	PUI MIL 1.5 Ton To 60 60 60 60 60 60 60 60 60 60 60 60 60	MP CHARGE EAGE n-molecy c 0/40 Poz el bomucal Tob	Laj # 14 1 - 44	7/, 90 1, 5 <sup>n</sup>	RODUCT		1085.02 430.00 636.62 1383.90
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соре 5405 Л 7406 7406 7406 А	1 100 1 4 105 abs	PUI MIL 1.5 Ton To 60 60 60 60 60 60 60 60 60 60 60 60 60	MP CHARGE EAGE n-molecoy c 2/40 Poz el hemoral Tob 2% Discommonded Chem. 2	la] # 14 1 - 44 total # 10;	7/, 90 1, 5 <sup>n</sup>	RODUCT		1085.00 420.00 636.62 1383.91
соре 5405 Л 7406 7406 7406 А	1 100 1 4 105 abs	PUI MIL 1.5 Ton To 60 60 60 60 60 60 60 60 60 60 60 60 60	MP CHARGE EAGE n-meleoy c D/40 Poz el homunal Tob 2% Discome	la] # 14 1 - 44 total # 10;	7/, 90 1, 5 <sup>n</sup>	RODUCT		1085.00 420.00 636.62 1383.91
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СОДЕ 5405 Л 7406 7406 7406 А	1 100 1 4 105 abs	PUI MIL 1.5 Ton To 60 60 60 60 60 60 60 60 60 60 60 60 60	MP CHARGE EAGE n-molecoy c 2/40 Poz el hemoral Tob 2% Discommonded Chem. 2	la] # 14 1 - 44 total # 10;	7/, 90 1, 5 <sup>n</sup>			1085.00 4200 636.62 1383.90 88.00
СОДЕ 5405 Л 7406 7406 7406 А	1 100 1 4 105 abs	PUI MIL 1.5 Ton To 60 60 60 60 60 60 60 60 60 60 60 60 60	MP CHARGE EAGE n-molecoy c 2/40 Poz el hemoral Tob 2% Discommonded Chem. 2	la] # 14 1 - 44 total # 10;	7/, 90 1, 5 <sup>n</sup>	RODUCT		1085.0 420.00 636.66

AUTHORIZTION \_\_\_\_\_\_ DATE 3-27-10 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.