



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1201899
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: _____

1201899

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: <input type="checkbox"/> Flowing <input type="checkbox"/> Pumping <input type="checkbox"/> Gas Lift <input type="checkbox"/> Other <i>(Explain)</i> _____					
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> <i>(Submit ACO-4)</i> <input type="checkbox"/> Other <i>(Specify)</i> _____	PRODUCTION INTERVAL: _____ _____
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Form	ACO1 - Well Completion
Operator	Krehbiel, Hal Gene and Alice dba K-Bar Oil
Well Name	Hawk 15
Doc ID	1201899


Tops

Name	Top	Datum
Elog	1856	-459
Elog	2176	-779
Elog	2210	-813
Elog	2232	-836
Elog	2288	-891
Elog	2326	-928
Elog	2350	-953
Elog	2380	-983
Elog	2408	-1011

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
1-12-14	4529	Hawk #15	31	22	4	Marion
CUSTOMER			TRUCK #	DRIVER	TRUCK #	DRIVER
K-Bar Oil			445	Chris B.		
MAILING ADDRESS			515	Colby N.		
1219 Turkey CRK DR						
CITY	STATE	ZIP CODE	CASING SIZE & WEIGHT			
McPherson	KS	67460	8 5/8"			

OB TYPE	Surface	0	HOLE SIZE	12 1/4	HOLE DEPTH	215'
ASING DEPTH	207'	DRILL PIPE	TUBING		CEMENT LEFT IN CASING	15' +/-
LURRY WEIGHT		SLURRY VOL	WATER gal/sk		RATE	5 BPM
DISPLACEMENT	12.8 Bbl	DISPLACEMENT PSI	MIX PSI			

EMARKS: Safety Meeting. Rig up to 8 5/8" casing. Break circulation w/ 5 Bbl fresh water. Mixed 150 sks Class A cement w/ 3% Cacke., 2% Gel & 1/2" Phenoseal/sk. Displace w/ 12.8 Bbl fresh water. Shut well in. Good circulation @ all times. 12 Bbl cement slurry to pit. Job Complete. Rig down.

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401 S	1	PUMP CHARGE	870.00	870.00
5406	30	MILEAGE	4.20	126.00
1104 S	150 sks	Class "A" Cement	15.70	2355.00
1102	420 #	Cacke. @ 3%	.78	327.60
1118 B	280 #	Gel @ 2%	.22	61.60
1107 A	75 #	Phenoseal @ 1/2"/sk	1.35	101.25
5407	7.05 Tons	Ton Mileage Bulk Truck	m/c	368.00
"Thank You"  completed				
Total D. Dehnbred			Subtotal	4209.45
			SALES TAX	217.68
			ESTIMATED TOTAL	4427.13

AUTHORIZATION _____ TITLE _____ DATE _____

We 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

HTL 12-115-215162

Date	Customer ID #	Lease & Well Number		Section	Township	Range	County	State
1/9/14	1014	HAWK #15		31	225	4E	MARION	KS
Customer	K-BAR OIL / Hal Kriebel			Unit #	Driver	Unit #		
Mailing Address	1219 TURKEY CREEK DR.			102	Shannon F.	Driver		
City	State	Zip Code	Safety Meeting	110	Rudy M.			
McPherson	KS	67460	SF	141	Allen B.			
			RA					
			AB					

Job Type LONGSTAKING Hole Depth 2782' G.L. Slurry Vol. 46 BBL Tubing _____
 Casing Depth 2683' G.L. Hole Size 7 7/8 Slurry Wt. 13.7# Drill Pipe _____
 Casing Size & Wt. 5 1/2 15.50# Cement Left in Casing 21.80' Water Gal/SK 9.0 Other PBTD 2661.20
 Displacement 64 BBL Displacement PSI 650 Bump Plug to 1050 PSI BPM _____

Remarks: SAFETY Meeting: RAN 5 1/2 15.50 # CASING TO 2683' G.L. RIG UP TO 5 1/2. BREAK CALCULATION w/ 5 BBL FRESH WATER. PUMP 10 BBL CAUSTIC SODA (100*) PRE FUSH, 10 BBL WATER SPACER. MIXED 140 SKS THICK SET CEMENT w/ 5" KOL-SEAL 1" PHENO SEAL /SK @ 13.7 #/GAL YIELD 1.85 = 46 BBL SLURRY. WASH OUT PUMP & LINES. SHUT DOWN. RELEASE LATCH DOWN PLOG. DISPLACES PLOG TO SEAT w/ 64 BBL FRESH WATER. FINAL PUMPING PRESSURE 650 PSI. BUMP PLOG TO 1050 PSI. WAIT 2 MIN. RELEASE PRESSURE. FEEL PLOG HOLD. GOOD CIRCULATION @ ALL TIMES WHILE CEMENTING. JOB COMPLETE. RIG DOWN.

Centralizers on #1 4 5 6 7 8 20 21 BASKET ON TOP OF #1

Code	Qty or Units	Description of Product or Services	Unit Price	Total
C 102	1	Pump Charge	1050.00	1050.00
C 107	.35	Mileage	3.95	138.25
C 201	140 SKS	THICK SET CEMENT	19.50	2730.00
C 207	700 #	KOL-SEAL 5" /SK	.45 #	315.00
C 208	140 #	PHENO SEAL 1" /SK	1.25 #	175.00
C 217	100 #	CAUSTIC SODA PRE FUSH	1.60 #	160.00
C 108 B	2.7 TONS	TON MILEAGE	1.25	363.83
C 113	4 HRS	80 BBL VAC TRUCK	85.00	340.00
C 224	3300 GALS	CITY WATER	10.00/1000	33.00
C 421	1	5 1/2 LATCH DOWN PLOG	230.00	230.00
C 691	1	5 1/2 GUIDE SHOE	167.00	167.00
C 703	1	5 1/2 AFU INSERT FLAPPER VALVE	145.00	145.00
C 604	1	5 1/2 CEMENT BASKET	225.00	225.00
C 504	8	5 1/2 x 7 7/8 CENTRALIZERS	48.00	384.00
		THANK YOU	Sub Total	6456.08
			Sales Tax	349.15
			Total	6805.23

Authorization witnessed by Hal Kriebel Title Owner

I agree to the payment terms and conditions of services provided on the back of this job ticket. Any amendments to payment terms must be in writing on the front of this job ticket or in the Customer's records at ELITE's office.