



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1205739
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: _____

1205739

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)*

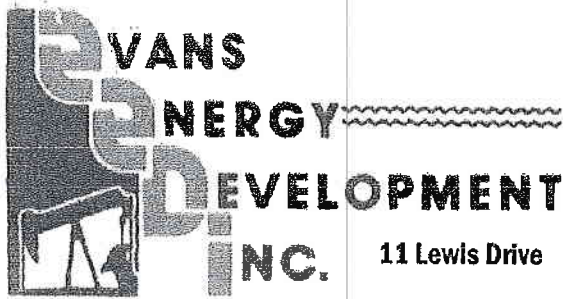
Shots Per Foot	PERFORATION RECORD - Bridge Plugs Set/Type Specify Footage of Each Interval Perforated	Acid, Fracture, Shot, Cement Squeeze Record <i>(Amount and Kind of Material Used)</i>	Depth

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> <i>(Submit ACO-4)</i> <input type="checkbox"/> Other <i>(Specify)</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

Hunt Oil, LLC

Banks #20

API #15-003-26,107

March 13 - March 17, 2014

<u>Thickness of Strata</u>	<u>Formation</u>	<u>Total</u>
12	soil & clay	12
4	clay & gravel	16
40	shale	56
29	lime	85
15	shale	100
1	lime	101
3	shale	104
2	lime	106
47	shale	153 red
10	lime	163
6	shale	169
38	lime	207
3	shale	210
25	lime	235
3	shale	238
22	lime	260 base of the Kansas City
175	shale	435
4	lime	439
7	shale	446
4	lime	450 oil show
10	shale	460
3	broken sand	463 limey green sand & brown sand minimal bleeding
3	silty shale	466
3	broken sand	469 50% shale 50% brown sand light bleeding
5	shale	474
1	coal	475
1	shale	476
4	silty shale	480
14	sand	494 brown sand light oil odor, no bleeding making water
1	broken sand	495 80% brown sand 20% shale, ok bleeding
4	shale	499
1	coal	500
4	shale	504
10	lime	514
13	shale	527
2	lime	529
23	shale	552

Banks #20

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13	lime	565
19	shale	584
2	lime	586
18	shale	604
1	lime	605
5	shale	610
1	silty shale	611
3	oil sand	614 brown sand few thin shale seams good bleeding
3	broken sand	617 65% brown ok bleeding gassy sand 35% shale
3	silty shale	620
17	shale	637
1	lime & shells	638
13	shale	651
1	lime & shells	652
3	oil sand	655 hard brown sand gassy, few thin shale seams, light bleeding
1	broken sand	656 80% grey sand 20% brown sand light bleeding
1	broken sand	657 50% brown sand 50% shale, light bleeding
1	broken sand	658 20% brown sand 80% shale, light bleeding
9	silty shale	667
1	limey sand	668 black
6	silty shale	674
12	shale	686
1	coal	687
46	shale	733
2	oil sand	735 brown sand, good bleeding, gassy
2	broken sand	737 70% shale, 30% brown sand, good bleeding, gassy
2	shale	739
1	oil sand	740 brown good bleeding
1	shale	741
2	broken sand	743 60% shale 40% sand, ok bleeding
1	oil sand	744 light brown, minimal bleeding
1	silty shale	745
1	sand	746 black & light brown sand
7	silty shale	753
2	black sand	755 no oil
12	silty shale	767
1	oil sand	768 brown sand, light bleeding
8	silty shale	776
5	sand	781
5	shale	786
1	sand	787 grey, no oil, TD

Drilled a 9 7/8" hole to 22'

Drilled a 5 5/8" hole to 787'

Set 22' of 7" threaded and coupled surface casing, cemented with 6 sacks cement.

Set 777' of 2 7/8" 8 round upset tubing including 3 centralizers, 1 float shoe, 1 clamp.



CONSOLIDATED
Oil Well Services, LLC

266690

TICKET NUMBER 42720

LOCATION Ottawa KS

FOREMAN Fred Maden

PO Box 804, Chanute, KS 66720
620-431-9210 or 800-467-8676

FIELD TICKET & TREATMENT REPORT
CEMENT

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
8-27-14	9999	Banks #20	NE 22	20	20	AD
CUSTOMER			TRUCK #			
Hunt Oil LLC			DRIVER			
MAILING ADDRESS			TRUCK #			
259 W Park Rd			DRIVER			
CITY			TRUCK #			
Garnett			DRIVER			
STATE			TRUCK #			
KS			DRIVER			
ZIP CODE			TRUCK #			
66032			DRIVER			

JOB TYPE Long string HOLE SIZE 5 7/8 HOLE DEPTH 787' CASING SIZE & WEIGHT 2 7/8 EUE
 CASING DEPTH 770 DRILL PIPE _____ TUBING _____ OTHER _____
 SLURRY WEIGHT _____ SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT in CASING 2 1/2" Plug
 DISPLACEMENT 4.52 BBL DISPLACEMENT PSI _____ MIX PSI _____ RATE 5 BPM

REMARKS: Hold crew safety meeting. Establish pump rate. Mix + Pump 200# Gel Flush. Mix + Pump 1 sks 50/50 Por Mix Cement 2% Gel 1/4# Flo Seal/sk. Cement to surface. Flush Pump + lines clean. Displace 2 1/2" Rubber plug to casing TD. Pressure to 800 # PSI.

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5461	1	PUMP CHARGE	495	1085.00
5406	25 mi	MILEAGE	495	105.00
5402	777	Casing footage	N/C	
5407	Minimum	Ton Miles	503	368.00
55020	2 hrs	80 BBL Vac Truck	369	200.00
1124	120 sks	50/50 Por Mix Cement	138.00	
1118B	300 #	Premium Gel	66.44	
1107	30 #	Flo Seal	74.10	
		Sub Total	1520.54	
		Less 30%	-456.16	
		Total Material	1064.38	1064.38
11402	1	2 1/2" Rubber Plug		29.50
		Find 3/17/14 CR # 1005		3308.04
		77 Maden		
		7.65%	SALES TAX	83.60
			ESTIMATED TOTAL	2935.56

Flavin 3787

AUTHORIZATION _____

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