



Confidentiality Requested:

Yes  No

KANSAS CORPORATION COMMISSION 1207986  
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
-----------------------------------	-----------------	---

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: \_\_\_\_\_

1207986

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

<b>DISPOSITION OF GAS:</b> <input type="checkbox"/> Vented <input type="checkbox"/> Sold <input type="checkbox"/> Used on Lease <i>(If vented, Submit ACO-18.)</i>	<b>METHOD OF COMPLETION:</b> <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> _____	<b>PRODUCTION INTERVAL:</b> _____ _____
--	--	---

Form	ACO1 - Well Completion
Operator	Hartman Oil Co., Inc.
Well Name	Sipes 4
Doc ID	1207986

Tops

Name	Top	Datum
Lansing	3813	-1602
Mun Creek	3972	-1761
Stark	4068	-1857
B/KC	4144	-1933
Marmaton	4178	-1967
Fort Scott	4252	-2041
Cherokee	4330	-2119
Miss Warsaw	4414	-2203
Miss Osage	4423	-2212
LTD	4534	-2323





PO Box 93999  
Southlake, TX 76092

Voice: (817) 546-7282  
Fax: (817) 246-3361

# INVOICE

Invoice Number: 143128

Invoice Date: May 10, 2014

Page: 1

<b>Bill To:</b>
Hartman Oil Co., Inc. H2 Drilling & H2 Trucking 3545 W. Jones Avenue Garden City, KS 67846

Customer ID	Field Ticket #	Payment Terms	
Hart	62962	Net 30 Days	
Job Location	Camp Location	Service Date	Due Date
KS1-01	Great Bend	May 10, 2014	6/9/14

Quantity	Item	Description	Unit Price	Amount
1.00	WELL NAME	Sipes 4 <i>83018</i>		
150.00	CEMENT MATERIALS	Class A Common	17.90	2,685.00
1,336.00	CEMENT MATERIALS	Chloride	0.80	1,068.80
350.00	CEMENT MATERIALS	Light Weight	16.50	5,775.00
88.00	CEMENT MATERIALS	Flo Seal	2.97	261.36
561.18	CEMENT SERVICE	Cubic Feet Charge	2.48	1,391.73
957.20	CEMENT SERVICE	Ton Mileage Charge	2.60	2,488.72
1.00	CEMENT SERVICE	Surface	2,213.75	2,213.75
40.00	CEMENT SERVICE	Pump Truck Mileage	7.70	308.00
1.00	CEMENT SERVICE	Manifold Rental	275.00	275.00
11.00	CEMENT SERVICE	Waiting on Location	440.00	4,840.00
40.00	CEMENT SERVICE	Light Vehicle Mileage	4.40	176.00
1.00	EQUIPMENT SALES	9-5/8 Rubber Plug	185.00	185.00
1.00	EQUIPMENT SALES	9-5/8 AFU Insert	535.00	535.00
3.00	EQUIPMENT SALES	9-5/8 Centralizer	90.00	270.00
1.00	CEMENT SUPERVISOR	Tim Dickson		
1.00	EQUIPMENT OPERATOR	Kevin Eddy		
1.00	OPERATOR ASSISTANT	Kevin Weighous		
1.00	EQUIPMENT OPERATOR	Daniel Casper		

**NEW WELL  
DRILLED**

*A. V. Mubet*  
*5-19-14*

Subtotal	22,473.36
Sales Tax	786.95
Total Invoice Amount	23,260.31
Payment/Credit Applied	
<b>TOTAL</b>	<b>23,260.31</b>

ALL PRICES ARE NET, PAYABLE  
30 DAYS FOLLOWING DATE OF  
INVOICE. 1 1/2% CHARGED  
THEREAFTER. IF ACCOUNT IS  
CURRENT, TAKE DISCOUNT OF

\$

ONLY IF PAID ON OR BEFORE  
**Jun 4, 2014**

# ALLIED OIL & GAS SERVICES, LLC 062962

Federal Tax I.D. # 20-8651475

REMIT TO P.O. BOX 93999  
SOUTHLAKE, TEXAS 76092

SERVICE POINT:

DATE <u>5-10-14</u>	SEC. <u>22</u>	TWP. <u>22</u>	RANGE <u>22</u>	CALLED OUT <u>5-9-14</u> <u>1:00 PM</u>	ON LOCATION <u>5-10-14</u> <u>6:00 PM</u>	JOB START <u>11:30 AM</u>	JOB FINISH <u>1:00 PM</u>
LEASE <u>Siper</u>		WELL # <u>4</u>		LOCATION <u>Hamilton West on 1516 to</u>		COUNTY <u>Hodgson</u>	STATE <u>Ks</u>
OLD OR NEW (Circle one) <u>NEW</u>				"0" Rd, 1 North to 227 <sup>th</sup> Rd, 3/4 E, 9/5			

CONTRACTOR H2 Only  
 TYPE OF JOB Surge  
 HOLE SIZE 12 1/4 T.D. 1316  
 CASING SIZE 9 5/8 (3in#) DEPTH 1360  
 TUBING SIZE \_\_\_\_\_ DEPTH \_\_\_\_\_  
 DRILL PIPE \_\_\_\_\_ DEPTH \_\_\_\_\_  
 TOOL \_\_\_\_\_ DEPTH \_\_\_\_\_  
 PRES. MAX 700# MINIMUM 900'  
 MEAS. LINE \_\_\_\_\_ SHOE JOINT. 35'  
 CEMENT LEFT IN CSG. 35'  
 PERFS. \_\_\_\_\_  
 DISPLACEMENT 102 1/2

OWNER Same  
 CEMENT  
 AMOUNT ORDERED 350.2 6 5/8, 6 7/8, 6 3/4, 3 3/4 cc, 1/4 # flange/oh - 150 in class + 3 3/4 cc

**EQUIPMENT**

PUMP TRUCK CEMENTER Tom Decker  
 # 3101 HELPER Kerrin Eddy  
 BULK TRUCK  
 # 609-239 DRIVER Kerrin Weyburn  
 BULK TRUCK  
 # 603 DRIVER Don Cooper

COMMON	<u>150</u>	@ <u>17.90</u>	<u>2.685.00</u>
POZMIX		@	
GEL		@	
CHLORIDE	<u>1336</u>	@ <u>.80</u>	<u>1.068.80</u>
ASC		@	
	<u>350sx bits</u>	@ <u>16.50</u>	<u>5.775.00</u>
	<u>flange/oh</u>	<u>88</u>	@ <u>2.97</u> <u>261.36</u>
		@	
	<u>Material Total</u>	@	<u>9.790.16</u>
	<u>Disc.</u>	@ <u>26%</u>	<u>2.545.44</u>
		@	
	<u>Suris</u>		
HANDLING	<u>561.18</u>	@ <u>2.48</u>	<u>1.391.72</u>
MILEAGE	<u>23.93 x 40 x 2.60</u>		<u>2.488.72</u>

**REMARKS:**

Run 1316' of 9 5/8 cas. Break circulation  
Pumped 5 H<sup>2</sup>O. Mixed 350 lbs 6 5/8,  
6 7/8, 6 3/4, 3 3/4 cc, 1/4 # flange/oh followed  
by 150 in class A, 3 3/4 cc. Released  
plug. Displaced with H<sup>2</sup>O. Loaded  
plug #. Released in float for hold.  
Shot in cement and circulate  
(Approx 85' to Pit)

**SERVICE**

DEPTH OF JOB	<u>1310'</u>		
PUMP TRUCK CHARGE			<u>2213.75</u>
EXTRA FOOTAGE		@	
MILEAGE	<u>Hum 40</u>	@ <u>7.70</u>	<u>308.00</u>
MANIFOLD		@ <u>275.00</u>	<u>275.00</u>
<u>Unit Time</u>	<u>11 hrs</u>	@ <u>440.00</u>	<u>4.840.00</u>
<u>Hum</u>	<u>40</u>	@ <u>4.40</u>	<u>176.00</u>

CHARGE TO: Hartman Oil Co, Inc.  
 STREET \_\_\_\_\_  
 CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

TOTAL 11.693.19  
 (26%) 3.040.23

**PLUG & FLOAT EQUIPMENT**

<u>9 5/8</u>			
<u>Rubber Plug</u>	@ <u>185.00</u>		<u>185.00</u>
<u>AFU Incident</u>	@ <u>535.00</u>		<u>535.00</u>
<u>3- Centalysen</u>	@ <u>90.00</u>		<u>270.00</u>
	@		
	@		

0% TOTAL 990.00

To: Allied Oil & Gas Services, LLC.  
 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.

SALES TAX (If Any) \_\_\_\_\_  
 TOTAL CHARGES 22.473.35  
 DISCOUNT 5.585.61 - (20/26/0)  
 IF PAID IN 30 DAYS

PRINTED NAME X STEVEN CRAIG  
 SIGNATURE X Steven Craig

16887.68





# INVOICE

PO Box 93999  
Southlake, TX 76092

Invoice Number: 143920  
Invoice Date: Jun 19, 2014  
Page: 1

Voice: (817) 546-7282  
Fax: (817) 246-3361

Bill To:
Hartman Oil Co., Inc. H2 Drilling & H2 Trucking 3545 W. Jones Avenue Garden City, KS 67846

Customer ID	Field Ticket #	Payment Terms	
Hart	64019	Net 30 Days	
Job Location	Camp Location	Service Date	Due Date
KS1-01	Oakley	Jun 19, 2014	7/19/14

Quantity	Item	Description	Unit Price	Amount
1.00	WELL NAME	Sipes #4 <i>83018</i>		
180.00	CEMENT MATERIALS	Class A Common	17.90	3,222.00
338.00	CEMENT MATERIALS	Gel	1.05	354.90
507.00	CEMENT MATERIALS	Chloride	1.10	557.70
194.62	CEMENT SERVICE	Cubic Feet Charge	2.48	482.66
488.40	CEMENT SERVICE	Ton Mileage Charge	2.75	1,343.10
1.00	CEMENT SERVICE	Surface	1,512.25	1,512.25
55.00	CEMENT SERVICE	Pump Truck Mileage	7.70	423.50
55.00	CEMENT SERVICE	Light Vehicle Mileage	4.40	242.00
1.00	EQUIPMENT OPERATOR	Paul Beaver		
1.00	EQUIPMENT OPERATOR	Tyler Flipse		

NEW WELL  
COMPLETION

*A. Tr. Miletich*  
*6-30-14*

ALL PRICES ARE NET, PAYABLE  
30 DAYS FOLLOWING DATE OF  
INVOICE. 1 1/2% CHARGED  
THEREAFTER. IF ACCOUNT IS  
CURRENT, TAKE DISCOUNT OF

\$ 2,115.90

ONLY IF PAID ON OR BEFORE  
Jul 19, 2014

Subtotal	8,138.11
Sales Tax	336.97
Total Invoice Amount	8,475.08
Payment/Credit Applied	
<b>TOTAL</b>	<b>8,475.08</b>



