



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1208390
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: _____

1208390

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> _____
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> _____	PRODUCTION INTERVAL: _____ _____
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DRILLERS LOG

API NO: 15 - 031 - 23868 - 00 - 00

S. 28	T. 22	R. 16	<u>E.</u>	W.
LOCATION: <u>NW SE NW SE</u>				
COUNTY: <u>COFFEY</u>				
ELEV. GR.: <u>1001</u>				
DF: _____ KB: _____				

OPERATOR: HARCON ENERGY INC

ADDRESS: 1749 SE 5th Lane, Box 292, LeRoy, KS 66857

WELL #: HI - 11 LEASE NAME: REMER

FOOTAGE LOCATION: 1835 FEET FROM (N) (S) LINE 1970 FEET FROM (E) (W) LINE

CONTRACTOR: FINNEY DRILLING COMPANY

GEOLOGIST: HARVEY FRANCIS

SPUD DATE: 4/11/2014

TOTAL DEPTH: 1070 P.B.T.D. _____

DATE COMPLETED: 4/16/2014

OIL PURCHASER: COFFEYVILLE RESOURCES CRUDE TRANSPORTATION

CASING RECORD

REPORT OF ALL STRINGS - SURFACE, INTERMEDIATE, PRODUCTION, ETC.

PURPOSE OF STRING	SIZE HOLE DRILLED	SIZE CASING SET (in O.D.)	WEIGHT LBS/FT	SETTING DEPTH	TYPE CEMENT	SACKS	TYPE AND % ADDITIVES
SURFACE:	12.25	7	19	40	OWC	60	SERVICE COMPANY
PRODUCTION:	5.875	2.875	6.5	1060	OWC		SERVICE COMPANY

WELL LOG

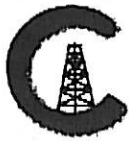
CORES: # _____
 RECOVERED: _____
 ACTUAL CORING TIME: _____

RAN: 1 - FLOAT SHOE
 3 - CENTRALIZERS
 1 - CLAMP

FORMATION	TOP	BOTTOM
TOP SOIL	0	3
CLAY	3	15
SAND & GRAVEL	15	28
LIME	28	30
SHALE	30	198
LIME	198	242
SHALE	242	326
LIME	326	342
SHALE	342	354
LIME	354	462
SHALE	462	465
LIME	465	471
SHALE	471	478
LIME	478	484
SHALE	484	487
LIME	487	492
SHALE	492	495
LIME	495	501
SHALE	501	511
LIME	511	570
SHALE	570	576
LIME	576	599
SHALE	599	604
LIME	604	621
SHALE	621	760
LIME	760	762
SHALE	762	764
LIME & SHALE	764	767
SAND & SHALE	767	789
LIME	789	793
SAND & SHALE	793	801
LIME	801	803
SAND & SHALE	803	811
LIME	811	821
SHALE	821	824
LIME	824	835
SAND & SHALE	835	876
LIME	876	884
SAND & SHALE	884	905
LIME	905	910
SAND & SHALE	910	923
LIME	923	929

FORMATION	TOP	BOTTOM
SAND & SHALE	929	943
LIME	943	948
SAND & SHALE	948	957
LIME	957	961
SAND & SHALE	961	967
LIME	967	968
SAND & SHALE	968	993.5
CAP LIME	993.5	995
SAND & SHALE	995	996
CAP LIME SHOW OIL	996	997
OIL SAND GOOD SHOW OIL	997	999
OIL SAND GOOD SHOW	999	1001
GOOD OIL SAND	1001	1003
OIL SAND FREE OIL	1003	1005
OIL SAND GOOD SHOW	1005	1007
SAND & SHALE OIL SHOW	1007	1009
SAND & SHALE SLIGHT SHOW	1009	1011
SAND & SHALE NO SHOW	1011	1013
SAND & SHALE	1013	1052
LIME	1052	1054
SHALE	1054	1070 T.D.

397
1001



CONSOLIDATED
Oil Well Services, LLC

REMIT TO
FINV
Consolidated Oil Well Services, LLC
Dept. 970
P.O. Box 4346
Houston, TX 77210-4346

MAIN OFFICE
P.O. Box 884
Chanute, KS 66720
620/431-9210 • 1-800/467-8676
Fax 620/431-0012

INVOICE

Invoice # 267392

Invoice Date: 04/16/2014 Terms: 0/30/10,n/30 Page 1

HARCON ENERGY, LLC
1749 5TH LN. SE
LEROY KS 66857
(620) 964-2547

REAMER HI-11
47054
SE 28-16-22
04-12-2014
KS

Part Number	Description	Qty	Unit Price	Total
1124	50/50 POZ CEMENT MIX	30.00	11.5000	345.00
1118B	PREMIUM GEL / BENTONITE	51.00	.2200	11.22
1111	SODIUM CHLORIDE (GRANULA	58.00	.3900	22.62
1110A	KOL SEAL (50# BAG)	150.00	.4600	69.00

Sublet Performed	Description	Total
9996-120	CEMENT MATERIAL DISCOUNT	-134.35

Description	Hours	Unit Price	Total
495 CEMENT PUMP (SURFACE)	1.00	870.00	870.00
495 EQUIPMENT MILEAGE (ONE WAY)	5.00	4.20	21.00
495 CASING FOOTAGE	40.00	.00	.00
503 TON MILEAGE DELIVERY	69.75	1.41	98.35
675 80 BBL VACUUM TRUCK (CEMENT)	2.00	100.00	200.00
712 WEEK-END SURCHARGE	1.00	.00	.00

Amount Due 1664.73 if paid after 04/26/2014

Parts:	447.84	Freight:	.00	Tax:	19.28	AR	1522.12
Labor:	.00	Misc:	.00	Total:	1522.12		
Sublt:	-134.35	Supplies:	.00	Change:	.00		

Signed _____

Date _____

BARTLESVILLE, OK 918/338-0808 EL DORADO, KS 316/322-7022 EUREKA, KS 620/583-7664 PONCA CITY, OK 580/762-2303 OAKLEY, KS 785/672-8822 OTTAWA, KS 785/242-4044 THAYER, KS 620/839-5269 GILLETTE, WY 307/686-4914 CUSHING, OK 918/225-2651



267392

TICKET NUMBER 47054
 LOCATION Oxtawa KS
 FOREMAN Fred Madler

PO Box 884, Chanute, KS 66720
 620-431-9210 or 800-467-8676

FIELD TICKET & TREATMENT REPORT
 CEMENT

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
4.12.14	5023	Reamer # HI-11	SE 28	16	22	CF

TRUCK #	DRIVER	TRUCK #	DRIVER
712	Fred Mad		
495	Hav Boc		
675	Ken Bok		
503	Max Coc		

CUSTOMER Harrison Energy
 MAILING ADDRESS 1749 5th Ln SE
 CITY Le Roy STATE KS ZIP CODE 66857

JOB TYPE surface HOLE SIZE 12 1/4 HOLE DEPTH 40' CASING SIZE & WEIGHT 7"
 CASING DEPTH 40' DRILL PIPE _____ TUBING _____ OTHER _____
 SLURRY WEIGHT _____ SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT In CASING 10'
 DISPLACEMENT 1.75 DISPLACEMENT PSI _____ MIX PSI _____ RATE SBPM

REMARKS: Hold crew safety meeting. Establish circulation thru 7" casing.
Mix + Pump 30 sks 50/50 Premix Cement 270 Gal 5% Salt
5# Hal Seal/sk. Cement to surface. Displace 7" casing clean
w/ 1.75 BBL water. Shut in casing.

Finney Drilling Fred Madler

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
54015	1	PUMP CHARGE Surface Cement	495	495.00 ✓
5406	5m:	MILEAGE		21.25 ✓
5402	40'	Casing footage		N/C ✓
5402A	69.75	Tan Miles	503	9825 ✓
55020	2 hrs	90 BBL Vac Truck	675	2000 ✓
1104	30 sks	50/50 Premix Cement	345.00 ✓	
1118B	57#	Premium Gel	1133.10 ✓	
1111	58#	Granulated Salt	22.62 ✓	
1110A	150#	Hal Seal	69.00 ✓	
		Material less 30%	447.89 ✓	
		Total Material	-134.35 ✓	
5408		Weekend Surcharge		313.49 ✓
				N/C ✓
		<input checked="" type="checkbox"/> completed		4.73 ✓
		6165%	SALES TAX	1935 ✓
			ESTIMATED TOTAL	1522.13 ✓

Ravin 3737

AUTHORIZATION Don Fr 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



CONSOLIDATED
Oil Well Services, LLC

REMIT TO
Consolidated Oil Well Services, LLC
Dept. 970
P.O. Box 4346
Houston, TX 77210-4346

MAIN OFFICE
P.O. Box 884
Chenute, KS 66720
620/431-9210 • 1-800/467-8676
Fax 620/431-0012

INVOICE

Invoice # 267429

Invoice Date: 04/17/2014 Terms: 0/30/10,n/30

Page 1

HARCON ENERGY, LLC
1749 5TH LN. SE
LEROY KS 66857
(620)964-2547

REAMER H1-11
5220000848
28-22-16
04-16-2014
KS

Part Number	Description	Qty	Unit Price	Total
1124	50/50 POZ CEMENT MIX	150.00	11.5000	1725.00
1118B	PREMIUM GEL / BENTONITE	250.00	.2200	55.00
1110A	KOL SEAL (50# BAG)	750.00	.4600	345.00
1111	SODIUM CHLORIDE (GRANULA)	375.00	.3900	146.25
1123	CITY WATER	3000.00	.0173	51.90
4402	2 1/2" RUBBER PLUG	2.00	29.5000	59.00

Sublet Performed	Description	Total
9996-170	CEMENT MATERIAL DISCOUNT	-681.37

Description	Hours	Unit Price	Total
445 CEMENT PUMP	1.00	1085.00	1085.00
445 EQUIPMENT MILEAGE (ONE WAY)	50.00	4.20	210.00
637 TON MILEAGE DELIVERY	1.00	451.20	451.20
667 80 BBL VACUUM TRUCK (CEMENT)	3.00	90.00	270.00

Amount Due 4544.85 if paid after 04/27/2014

Parts:	2382.15	Freight:	.00	Tax:	104.60	AR	3821.58
Labor:	.00	Misc:	.00	Total:	3821.58		
Sublt:	-681.37	Supplies:	.00	Change:	.00		

Signed _____

Date _____

BARTLESVILLE, OK
918/338-0808

EL DORADO, KS
316/322-7022

EUREKA, KS
620/583-7884

PONCA CITY, OK
580/762-2303

OAKLEY, KS
785/672-8822

OTTAWA, KS
785/242-4044

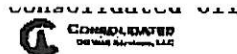
THAYER, KS
620/839-5269

GILLETTE, WY
307/686-4014

CUSHING, OK
918/225-2651

16/2014

267429



522000846

CEMENT FIELD TICKET AND TREATMENT REPORT

Customer:	Harcos Energy #5023	State/County:	Allen/Kansas	Cement Type:	CLASS A
Job Type:	Long String	Section:	28	Excess (%)	
Customer Acct #:		TWP:	22	Density	14
Well No.:	Remer H1 11	RGE:	16	Water Required:	6.01
Mailing Address:		Formation:		Yield:	1.4
City & State:		Tubing:		Sacks of Cement:	150
Zip Code:		Drill Pipe:		Slurry Volume:	38
Contact:		Casing Size:	2 7/8	Displacement:	6.1
Email:		Hole Size:	5 7/8	Displacement PSI:	200/300
Cell:		Casing Depth:	1060	MIX PSI:	200
Dispatch Location:	EUREKA	Hole Depth:	1070	Rate:	3.5

Code	Description	Quantity	Unit	Price per Unit	Total
5401	CEMENT PUMP (2 HOUR MAX)	1	2 HRS MAX	\$1,085.00	\$ 1,085.00
5406	EQUIPMENT MILEAGE (ONE-WAY)	50	PER MILE	\$4.20	\$ 210.00
5407A	TON MILEAGE DELIVERY	6.4	PER MILE	\$1.41	\$ 451.20
0		0		\$0.00	\$ -
0		0		\$0.00	\$ -
0		0		\$0.00	\$ -
0		0		\$0.00	\$ -
0		0		\$0.00	\$ -
0		0		\$0.00	\$ -
EQUIPMENT TOTAL					\$ 1,746.20

Code	Description	Quantity	Unit	Price per Unit	Total
1124	5050 POZMIX CEMENT W/ NO ADDITIVES	160	0	\$11.50	\$ 1,725.00
1118B	PREMIUM GEL/BENTONITE (50#)	250	0	\$0.22	\$ 55.00
1110A	KOL SEAL (50 # SK)	750	0	\$0.46	\$ 345.00
1111	GRANULATED SALT (50#) SELL BY #	375	0	\$0.39	\$ 148.25
0		0		\$0.00	\$ -
0		0		\$0.00	\$ -
0	30% Discount	0		\$0.00	\$ (681.37)
0		0		\$0.00	\$ -
0		0		\$0.00	\$ -
0		0		\$0.00	\$ -
1123	CITY WATER (PER 1000 GAL)	3	0	\$17.30	\$ 51.90
CHEMICAL TOTAL					\$ 1,841.78

Code	Description	Quantity	Unit	Price per Unit	Total
5502C	80 BBL VACUUM TRUCK (CEMENT)	3	BL VACUUM TRUCK (CEM)	\$90.00	\$ 270.00
0		0		\$0.00	\$ -
0		0		\$0.00	\$ -
TRANSPORT TOTAL					\$ 270.00

Code	Description	Quantity	Unit	Price per Unit	Total
0	Cement Baskets	0		\$0.00	\$ -
0	Centralizer	0		\$0.00	\$ -
0	Float Shoe	0		\$0.00	\$ -
0	Float Collars	0		\$0.00	\$ -
0	Guide Shoes	0		\$0.00	\$ -
0	Baffle and Flapper Plates	0		\$0.00	\$ -
0	Packer Shoes	0		\$0.00	\$ -
0	DV Tools	0		\$0.00	\$ -
0	Ball Valves, Swedges, Clamps, Misc.	0		\$0.00	\$ -
0		0		\$0.00	\$ -
0		0		\$0.00	\$ -
4402	Plugs and Ball Sealers 2 7/8" RUBBER PLUG	2	0	\$29.50	\$ 59.00
0	Downhole Tools	0		\$0.00	\$ -
CEMENT FLOATING EQUIPMENT TOTAL					\$ 59.00

Code	DRIVER NAME	Rate	Sub Total
680	John Wade	6.15%	\$ 3,716.98
445	Joey		
637	Jim		
667	Zevi	0% (-DISCOUNT)	\$ 104.60
DISCOUNTED TOTAL			\$ 3821.58

completed

AUTHORIZATION

DATE OK By Jimmy Green

TITLE

FOREMAN John Wade

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.