



Confidentiality Requested:

Yes  No

KANSAS CORPORATION COMMISSION 1213202  
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: \_\_\_\_\_

1213202

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. <i>(Submit ACO-5)</i> <input type="checkbox"/> Other <i>(Specify)</i> _____	<b>PRODUCTION INTERVAL:</b> _____ _____
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# HUGHES DRILLING REPORT

Well No. 20-1 Size 7"  
 Farm Brown Feet 2820  
 Circulated 9 sx cement

PERMANENT CSG.  
 Size 2 7/8" 8rd EUE  
 Feet 910' (Baffle at 887.45)

2300 FSL 1495 FEL  
 API # 15-091-24289

OPERATOR Hughes Drilling

T. D. at Completion 920  
 Contractor HUGHES DRILLING CO.

STRATA THICKNESS	FORMATION DRILLED	T.D.
2	Soil	2
24	Clay	26
15	Shale	41
3	Lime	44
4	Shale	48
17	Lime	65
7	Shale	72
9	Lime	81
5	Shale	86
19	Lime	105
25	Shale	130
22	Lime	152
28	Shale	180
12	Lime	192
27	Shale	219
<del>27</del>	<del>Shale</del>	<del>219</del>
8	Lime	227
9	Shale	236
11	Lime	247
16	Shale	263
2	Lime	265
2	Shale	267
5	Lime	272
9	Shale	281
5	Lime	286
43	Shale	329
30'	23 Lime	352
6	Shale	358
20'	24 Lime	382
3	Shale	385
3	Lime	388
4	Shale	392
7	Lime	399
170	Shale	569
7	Lime	576
3	Shale	579
2	Lime	581
9	Shale	590
6	Lime	596
15	Shale	611
3	Lime	614

DATE	DRILLED		REMARKS - TYPE WORK - BILLING REF.	PIPE TALLY
	FROM	TO		
4/23/14	0	2	Soil	(1) 21.5-21.5
28'	2	26	Clay	(2) 22.5-44.0
5/12/14	26	41	Shale	(3) 22.5-66.5
5/28/14	41	44	LIME	(4) 22.5-89.0
	44	48	Shale (Sdy)	(5) 22.5-111.5
	48	65	LIME	(6) 22.5-134.0
	65	72	Shale (Slate 70-72)	(7) 22.5-156.5
	72	81	Lime	(8) 22.5-179.0
	81	86	Shale	(9) 22.5-201.5
	86	105	Lime	(10) 22.5-224.0
	105	130	Shale (Red Bed 107-112)	(11) 22.5-246.5
	130	152	LIME	(12) 22.5-269.0
	152	180	shale (Sdy 167-169)	(13) 22.5-291.5
	180	192	Lime	(14) 22.5-314.0
	192	219	Shale	(15) 22.5-336.5
	219	227	Lime	(16) 22.5-359.0
	227	236	Shale	(17) 22.5-381.5
	236	247	Lime	(18) 22.5-404.0
	247	263	Shale	(19) 22.5-426.5
	263	265	Lime	(20) 22.5-449.0
	265	267	Shale	(21) 22.5-471.5
	267	272	Lime	(22) 22.5-494.0
	272	281	Shale	(23) 22.5-516.5
	281	286	Lime	(24) 22.5-539.0
	286	329	Shale (Lime 318-319)	(25) 22.5-561.5
30'	329	352	Lime	(26) 22.5-584.0
	352	358	Shale (Slate 357-358)	(27) 22.5-606.5



# HUGHES DRILLING CO.

PS. 4

Wellsville, Kansas 66092

Roger 913-883-2235  
Darrel 913-883-4027

### CORE TIME

Ron 913-883-4655  
Clay 913-883-4383

LEASE Brown 20-T  
FORMATION Bartlesville  
DATE: 5-3-14

~~Chip~~ Chip Sample

FROM	FEEET	TO	TIME	MINUTES	REMARKS
①	847	848	-		Sdy lime (bleeding)
②	848	849			} solid sand (Good bleed)
③	849	850			
④	850	851			
⑤	851	852			
⑥	852	853			
⑦	853	854			} sand lamin w/shale (bleeding)
⑧	854	855			
⑨	855	856			- sand very lamin w/shale (some bleed)
	856	857			shale
					(Best Perf Zone)
					847-855
					7/2/14 - midwest surveys Perf
					847-855 25 Perfs
					2" DML RTG



**CONSOLIDATED**  
Oil Well Services, LLC

267980

TICKET NUMBER 47106  
LOCATION Ottawa, KS  
FOREMAN Cassey Kennedy

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
5/5/14	3425	Brown # 20-I	SE 36	14	21	JO

CUSTOMER <u>Hughes Drilling</u>		
MAILING ADDRESS <u>122 Main</u>		
CITY <u>Wellsville</u>	STATE <u>KS</u>	ZIP CODE <u>66092</u>

TRUCK #	DRIVER	TRUCK #	DRIVER
729	Caskey	✓ Safety Meeting	
660	Gar Moo	✓	
558	Art McD	✓	

JOB TYPE <u>Logging</u>	HOLE SIZE <u>5 5/8"</u>	HOLE DEPTH <u>920'</u>	CASING SIZE & WEIGHT <u>2 7/8" EVE</u>
CASING DEPTH <u>910'</u>	DRILL PIPE	TUBING <u>baffle - 887'</u>	OTHER
SLURRY WEIGHT	SLURRY VOL	WATER gal/sk	CEMENT LEFT in CASING <u>23'</u>
DISPLACEMENT <u>5.13 bbls</u>	DISPLACEMENT PSI	MIX PSI	RATE <u>5 bpm</u>

REMARKS: held safety meeting, established circulation, mixed & pumped 200 # Premium Gel followed by 10 bbls fresh water, mixed & pumped 140 sts 50/50 Pozmix cement w/ 2% gel, + 1/4 # Flo Seal per sk, cement to surface, flushed pump clean, pumped 3 1/2" rubber plug to baffle w/ 5.13 bbls fresh water, pressured to 806 PSI, well held pressure for 30 min MIT, shut in casing.

Customer supplied H<sub>2</sub>O

*[Signature]*

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401	1	PUMP CHARGE		
5406	30 mi	MILEAGE		1085.00
5402	910'	casing footage		126.00
5407	minimum	ton mileage		308.00
1124	140 #s	50/50 Pozmix cement	11010.00	
11188	435 #	Premium Gel	95.70	
1107	35 #	Flo Seal	86.45	
		materials	1792.15	
		-30%	537.65	
		subtotal		1254.50
4402	1	3/2" rubber plug		27.50
			3535.01	
		7.375% SALES TAX		94.71
		ESTIMATED TOTAL		2457.71

Havin 3737

AUTHORIZATION

*[Signature]*

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.