

Confidentiality Requested:

Yes No

Kansas Corporation Commission Oil & Gas Conservation Division

1216414

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 #			API No. 15		
Name:			Spot Description:		
Address 1:			Sec.	TwpS. R	East West
Address 2:			F6	eet from North /	South Line of Section
City:	State: Z	ip:+	Fe	eet from East /	West Line of Section
Contact Person:			Footages Calculated from	Nearest Outside Section C	Corner:
Phone: ()			□ NE □ NW	V □SE □SW	
CONTRACTOR: License #			GPS Location: Lat:	, Long:	
Name:				(e.g. xx.xxxxx)	(e.gxxx.xxxxx)
Wellsite Geologist:			Datum: NAD27	NAD83 WGS84	
Purchaser:			County:		
Designate Type of Completion:			Lease Name:	W	ell #:
	e-Entry	Workover	Field Name:		
	_		Producing Formation:		
☐ Oil ☐ WSW ☐ D&A	☐ SWD	∐ SIOW ∏ SIGW	Elevation: Ground:	Kelly Bushing:	
	GSW	Temp. Abd.	Total Vertical Depth:	Plug Back Total D	epth:
CM (Coal Bed Methane)	dow	Temp. Abd.	Amount of Surface Pipe Se	et and Cemented at:	Feet
☐ Cathodic ☐ Other (Co	ore. Expl., etc.):		Multiple Stage Cementing	Collar Used? Yes	No
If Workover/Re-entry: Old Well I			If yes, show depth set:		
Operator:			If Alternate II completion, c	cement circulated from:	
Well Name:			feet depth to:	w/	sx cmt.
Original Comp. Date:					
Deepening Re-perf	J	ENHR Conv. to SWD	Drilling Fluid Managemer	nt Plan	
Plug Back	Conv. to G		(Data must be collected from to		
Commingled	Permit #		Chloride content:	ppm Fluid volume	: bbls
Dual Completion			Dewatering method used:_		
SWD			Location of fluid disposal if	hauled offsite:	
ENHR	Permit #:				
GSW	Permit #:		Operator Name:		
			Lease Name:		
Spud Date or Date R	eached TD	Completion Date or	Quarter Sec	TwpS. R	East West
Recompletion Date		Recompletion Date	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 Approved by: Date:



Operator Name:			Lease Name: _			Well #:	
Sec Twp	S. R	East West	County:				
open and closed, flow	ring and shut-in pressu	ormations penetrated. Eures, whether shut-in predict final chart(s). Attach	essure reached stati	c level, hydrosta	atic pressures, bott		
		otain Geophysical Data a or newer AND an image		ogs must be ema	ailed to kcc-well-lo	gs@kcc.ks.go	v. Digital electronic log
Drill Stem Tests Taken (Attach Additional S		Yes No			on (Top), Depth an		Sample
Samples Sent to Geol	logical Survey	Yes No	Nam	е		Тор	Datum
Cores Taken Electric Log Run		Yes No					
List All E. Logs Run:							
		CASING	RECORD Ne	ew Used			
			conductor, surface, inte		ion, 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 / SQL	JEEZE RECORD			
Purpose: Perforate Protect Casing Plug Back TD Plug Off Zone	Depth Top Bottom	Type of Cement	# Sacks Used		Type and P	ercent Additives	
Did you perform a hydrau	ulic fracturing treatment o	n this well?		Yes	No (If No, ski	p questions 2 aı	nd 3)
Does the volume of the to	otal base fluid of the hydr	aulic fracturing treatment ex	_	= :	No (If No, ski	p question 3) out Page Three	
Shots Per Foot	PERFORATIO Specify F	N RECORD - Bridge Plug ootage of Each Interval Per	s Set/Type forated		cture, Shot, Cement mount and Kind of Ma		d Depth
TUBING RECORD:	Size:	Set At:	Packer At:	Liner Run:	Yes No		
Date of First, Resumed	Production, SWD or ENH	HR. Producing Meth		Gas Lift (Other (Explain)		
Estimated Production Per 24 Hours	Oil E	Bbls. Gas	Mcf Wate	er B	bls. G	as-Oil Ratio	Gravity
DISPOSITIO	ON OF GAS:	Open Hole		Comp. Comp.	mmingled	PRODUCTIO	ON INTERVAL:
	bmit ACO-18.)	Other (Specify)	(Submit)	4CO-5) (Sub	omit ACO-4)		

Form	ACO1 - Well Completion
Operator	Hoehn Oil LLC
Well Name	FLEMING I-8
Doc ID	1216414

Casing

Purpose Of String	Size Hole Drilled	Size Casing Set	Weight	Setting Depth	Type Of Cement		Type and Percent Additives
Surface	9	7	10	21	Portland	5	50/50 POZ
Completio n	5.6250	2.8750	8	720	Portland	100	50/50 POZ



Oil & Gas Well Drilling Water Wells Geo-Loop Installation

Phone: 913-557-9083 Fax: 913-557-9084

Paola, KS 66071

WELL LOG

Hoehn Oil, LLC Fleming # I-8 API #15-059-26,678 June 18 - June 19, 2014

Thickness of Strata	Formation	Total
15	soil & clay	15
14	lime	29
4	shale	33
12	lime	45
4	shale	49
21	lime	70
29	shale	99
23	lime	122
81	shale	203
21	lime	224
27	shale	251 oil show (230)
5	lime	256
30	shale	286
8	lime	294
22	shale	316
25	lime	341 oil show
9	shale	350
22	lime	372
3	shale	375
14	lime	389 base of the Kansas City
145	shale	534
12	lime	546
36	shale	582
1	coal	583
4 -	shale	587
22	lime	609
5	lime	614 light oil show
5	shale	619
4	lime	623 oil show
15	shale	638
4	lime	642 good bleeding
1	lime	643 no bleeding
9	shale	652
0.5	broken oil sand	652.5 brown & green, 80% bleeding
1.5	oil sand	654 brown 80% bleeding
2	oil sand	656 brown, no bleeding
4	oil sand	660 brown, 100% bleeding
1.5	oil sand	661.5 brown 10% bleeding
2.5	broken sand	664 brown & green, thin bleeding seams

Fleming # I-8

Page 2

56

shale

720

10

broken sand

730 brown & grey, no oil show

730 TD

Drilled a 9 7/8" hole to 21.2' Drilled a 5 5/8" hole to 730'

Set 21.2' of 7" surface casing with 5 sacks of cement.

Set 720' of 2 7/8" 8 round upset tubing including 3 centralizers, 1 float shoe, 1 clamp, and 1 baffle.

	Core Times	
	<u>Minutes</u>	Seconds
652		35
653		31
654		30
655		31
65 6		33
657		27
658		27
659		27
660		22
661		31
662		30
663		31
664		38
665	64	53
666		53
667		51
668		43
669		42
670		49
671		44
672		46



269029

4/304
25
inedy

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

FIELD TICKET & TREATMENT REPORT CEMENT

DATE	CUSTOMER#	WE	LL NAME & NUM	BER	SECTION	TOWNSHIP	RANGE	COUNTY
6/19/14	3602	Flem	ing # I-	8	SEZO	16	21	FR
CUSTOMER	dun Oil 1	ne.			opposition of the second			
HOO MAILING ADDR	ESS III	16.	400 70	-	TRUCK#	DRIVER	TRUCK#	DRIVER
		147 M			729	Casken	V Safet	Maeting
CITY		STATE	ZIP CODE		lolelo	Keilar	V	1
Wellsoil	10	NS	66092		548	MIKFOX		
JOB TYPE /		HOLE SIZE		_ HOLE DEPTH	475	Kei Det	27/	11-11-
CASING DEPTH	0-1-11	ORILL PIPE	18	TUDING L	affect - la	CASING SIZE &	WEIGHT 27/8	"eve
SLURRY WEIGH		SLURRY VOL		WATER gal/s			OTHER	11
		DISPLACEME		MIX PSI	, and the second	RATE 460	n CASING <u> </u>	
	ld salohy us	A			/			10 .
sel Lollow	A . /	ls fresh	es actions	ex cices	promped 1	xand of pur		
2/270 ge	/	1	/ //				to torni	x coment
		03 Jbs			nad pomp		uped 2%	rubber
nessure	Ar 30 M	77 8770000	released	der pressur	Society to		, well a	eld
M. W. S. C. W.	THE BUILD	W /VII	1. 000000	(Search	ce, shut i	n casing		* 300
							(-)	100
	H-3-11 - W-1						1	
	W W.						1/	
							//	
ACCOUNT	QUANITY of	r UNITS	DE	SCRIPTION of	SERVICES or PR	ODUCT	UNIT PRICE	TOTAL
540 I							OMIT PRICE	TOTAL
5406	15 u	invited the second	PUMP CHARG MILEAGE	<u> </u>	0 1000			1085.00
5402	720	52		11.1				63.00
				tontage		···		
5407 5502C	minin			rleage		### ##################################		368,00
SSUAC	1.56	rs	80 0	(C)				150.00
.(5.)	100 0		Sa S				1150	
1124	100 Sk	5		STULLE C		<u> </u>	1150,00 V	
1118B	368 st		Franci	on Gel			80.96	
- 2 - 2 - 20	- management				ma	ferials 35%	1230.96 361.29	/
						30%	369.29	
11/100			- 1/ h			subtotal		861.67 29.50
4402			2/2"14	perplug	Water to the same of the same	Service and the letters of the		29. 50
			-	1/				-
	139					- W	famnlet	or
	4U.S.						COMPLET	u li
						1. P as 1900-190-19	3022.89	
		-				7.00		
svin 3737	-A	1 1				7.65%	SALES TAX ESTIMATED	68.18
	(12-	1 als					TOTAL	68.18 2625.35
UTHORIZTION_	your	Hom		TITLE			DATE	
	U	· ·						

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.