



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1220149
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: _____

1220149

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)*

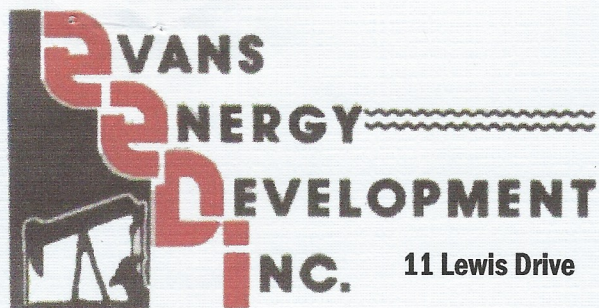
Shots Per Foot	PERFORATION RECORD - Bridge Plugs Set/Type Specify Footage of Each Interval Perforated	Acid, Fracture, Shot, Cement Squeeze Record <i>(Amount and Kind of Material Used)</i>	Depth

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> <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

Hoehn Oil, LLC

Fleming # 4

API #15-059-26,650

June 19 - June 20, 2014

<u>Thickness of Strata</u>	<u>Formation</u>	<u>Total</u>
7	soil & clay	7
15	lime	22
6	shale	28
10	lime	38
7	shale	45
25	lime	70
20	shale	90
24	lime	114
84	shale	198
21	lime	219
5	shale	224
8	lime	232
14	shale	246
7	lime	253
10	shale	263 oil show
32	lime	295
16	shale	311
24	lime	335
3	shale	338
28	lime	366 base of the Kansas City
165	shale	531
6	lime	537
30	shale	567
4	oil sand	571 grey, light bleeding
7	shale	578
1	coal	579
9	shale	588
3	lime	591
14	shale	605
3	lime	608
2	shale	610
1	coal	611
17	shale	628
1	lime	629
6	shale	635
4	lime	639 good bleeding
1	lime	640 no bleeding
8	shale	648
1.5	broken oil sand	649.5 brown & grey

1	oil sand	650.5 brown 100% bleeding
0.5	limey sand	651
5	oil sand	656 brown 100% bleeding
3.5	broken sand	659.5 brown & green, 90% bleeding
1.5	oil sand	661 brown 100% bleeding
3	broken sand	664 brown & green 50% bleeding
45	shale	709 TD

Drilled a 9 7/8" hole to 21.1'

Drilled a 5 5/8" hole to 709'

Set 21.1' of 6 1/4" surface casing with 5 sacks of cement.

Set 699' of 2 7/8" 8 round upset tubing including 3 centralizers, 1 float shoe, 1 clamp.

	Core Times	
	<u>Minutes</u>	<u>Seconds</u>
649		30
650		29
651		50
652		33
653		33
654		35
655		32
656		37
657		32
658		34
659		34
660		35
661		30
662		36
663		42
664		44
665		41
666		38
667		39
668		38
669		37



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 # 269031

Invoice Date: 06/25/2014 Terms: 0/30/10,n/30 Page 1

HOEHN OIL, LLC
 40971 WEST 247TH
 WELLSVILLE KS 66092
 (913) 244-1482

FLEMING #4
 47309
 SE 20-16-21
 06-20-2014
 KS

Part Number	Description	Qty	Unit Price	Total
1124	50/50 POZ CEMENT MIX	89.00	11.5000	1023.50
1118B	PREMIUM GEL / BENTONITE	350.00	.2200	77.00
4402	2 1/2" RUBBER PLUG	1.00	29.5000	29.50

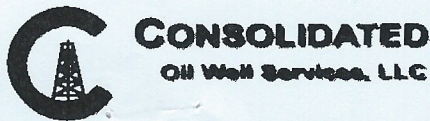
Sublet Performed	Description	Total
9996-120	CEMENT MATERIAL DISCOUNT	-330.15

Description	Hours	Unit Price	Total
369 80 BBL VACUUM TRUCK (CEMENT)	1.50	100.00	150.00
503 MIN. BULK DELIVERY	1.00	368.00	368.00
666 CEMENT PUMP	1.00	1085.00	1085.00
666 EQUIPMENT MILEAGE (ONE WAY)	15.00	4.20	63.00
666 CASING FOOTAGE	699.00	.00	.00

Amount Due 2882.45 if paid after 07/05/2014

Parts:	1130.00	Freight:	.00	Tax:	61.19	AR	2527.04
Labor:	.00	Misc:	.00	Total:	2527.04		
Sublt:	-330.15	Supplies:	.00	Change:	.00		

Signed _____ Date _____



269031

TICKET NUMBER 47309

LOCATION Ottawa, KS

FOREMAN Cesey 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
6/20/14	3602	Fleming # 4	SE 20	16	21	FR

CUSTOMER
Hoehn Oil

MAILING ADDRESS
40971 W. 247th

CITY
Wellsville

STATE
KS

ZIP CODE
666092

TRUCK #	DRIVER	TRUCK #	DRIVER
729	Cosken	✓ Safety Meeting	
666	KeiCar	✓	
503	MikFox	✓	
369	MikHaa	✓	

JOB TYPE longstring HOLE SIZE 5 5/8" HOLE DEPTH 709' CASING SIZE & WEIGHT 2 7/8" EUE

CASING DEPTH 699' DRILL PIPE _____ TUBING _____ OTHER _____

SLURRY WEIGHT _____ SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT in CASING _____

DISPLACEMENT 4.05 bbls DISPLACEMENT PSI _____ MIX PSI _____ RATE 5 bpm

REMARKS: held safety meeting, established circulation, mixed + pumped 200# Premium Gel followed by 10 bbls fresh water, mixed + pumped 89 sks 50/50 Pozmix cement w/ 2% gel per sk, cement to surface, flushed pump clean, pumped 2 1/2" rubber plug to casing TD w/ 4.05 bbls fresh water, pressured to 800 PSI, released pressure, shut in casing.

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401	1	PUMP CHARGE		1055.00 ✓
5406	15 mi	MILEAGE		63.00 ✓
5402	699'	casing footage		✓
5407	minimum	ton mileage		368.00 ✓
5502C	1.5 hrs	80 Vac		150.00 ✓
1124	89 sks	50/50 Pozmix cement	1023.50 ✓	
1118B	350 #	Premium Gel	77.00 ✓	
		materials	1100.50 ✓	
		-30%	330.15 ✓	
		subtotal		770.55 ✓
4402	1	2 1/2" rubber plug		29.50 ✓
			2882.45	
		7.65%	SALES TAX	161.19 ✓
			ESTIMATED TOTAL	2527.04 ✓

completed

AUTHORIZATION Jan Hoehn

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