



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1220410
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: _____

1220410

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
--	---

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
----------------	-------	---------	------------	---

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: _____ _____
--	---	---

Allen County, KS
Well: Trester 2-HP
Lease Owner: Haas Petroleum

Town Oilfield Service, Inc.
(913) 837-8400

Commenced Spudding:
7/8/2014

WELL LOG

Thickness of Strata	Formation	Total Depth
12	Soil-Clay	12
2	Lime	14
4	Shale	18
22	Lime	40
3	Shale	43
3	Lime	46
91	Shale	137
38	Lime	175
24	Sandy Shale	199
2	Sandy Lime	201
6	Sand	207
2	Shale	209
3	Shale	212
7	Lime	219
12	Lime	231
11	Shale	242
1	Lime	243
9	Shale	252
62	Lime	314
3	Shale	317
26	Lime	343
4	Shale	347
6	Lime	353
3	Shale	356
10	Lime	366
6	Shale	372
8	Lime	380
3	Shale	383
10	Sandy Shale	393
37	Sandy Shale	430
77	Shale	507
5	Sand	512
4	Sandy Shale	516
29	Shale	545
15	Lime	560
9	Shale	569
11	Lime	580
11	Shale	591
16	Sand	607
4	Shale	611

Truster Farm: Allen County

KS State; Well No. 2-114

Elevation 1067

Commenced Spuding 7-8, 2014

Finished Drilling 7-9, 2014

Driller's Name Chris Weaver

Driller's Name _____

Driller's Name _____

Tool Dresser's Name Cole Holcom

Tool Dresser's Name Ryan Roberts

Tool Dresser's Name _____

Contractor's Name TOS

8 24 19

(Section) (Township) (Range)

Distance from N line, 105 ft.

Distance from E line, 3040 ft.

3 - sucks
**CASING AND TUBING
RECORD**

10" Set _____ 10" Pulled _____

7 1/2" Set 20' 8" Pulled _____

6 1/4" Set _____ 6 1/4" Pulled _____

4" Set _____ 4" Pulled _____

2 7/8" Set 1057.75 2" Pulled _____

1,005.75 seat nipple

1040 TD

--	--	--	--	--	--



CONSOLIDATED
Oil Well Services, LLC

TICKET NUMBER 45987

LOCATION Funcha

FOREMAN Jason Cooper

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

270565
FIELD TICKET & TREATMENT REPORT
CEMENT

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
7-9-14	3457	Trester # 2-HP				Allen
CUSTOMER Hogas Petroleum			TRUCK#	DRIVER	TRUCK#	DRIVER
MAILING ADDRESS			445	Jeremy		
CITY			637	Jeff (Ottawa)		
STATE			558	Harold (Ottawa)		
ZIP CODE						

JOB TYPE L.S. HOLE SIZE 5 7/8 HOLE DEPTH 1040' CASING SIZE & WEIGHT 2 1/8
 CASING DEPTH 1037 DRILL PIPE _____ TUBING _____ OTHER _____
 SLURRY WEIGHT 14.5 SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT in CASING -0-
 DISPLACEMENT 6 DISPLACEMENT PSI _____ MIX PSI _____ RATE _____

REMARKS: Arrived on location, held safety WTB, rigged up to 2 1/8 tubing, pumped 150 #
 Gel Slur + 10 Bl Fresh water to est circulation, pumped 120 sl. OWC w. 40 # Flo-Gel.
 Flush pump + lines, displaced 2 plugs w 6 Bl. Bump plug @ 1000 released pressure
 float held, shut in.

-Circulated cement to surface-

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401	1	PUMP CHARGE		1085.00
5406	55	MILEAGE		231.00
5407A	5.64 Ton	Ton-mileage		432.38
5502C	4 hr	80 Vac		360.00
1126	120 sl	OWC cement		2370.00
1107	50 #	Flo-Gel		123.50
1123	3400 gal	City Water		58.82
4402	2	2 1/8 Rubber Plugs		59.00
		Chemical Total @ 2493.50		
		30% Discount @ - 748.05		
		1745.45		
		7.4%	SALES TAX	137.88
			ESTIMATED TOTAL	4114.53

Revin 3737

AUTHORIZATION

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.