



Confidentiality Requested:

Yes  No

KANSAS CORPORATION COMMISSION 1220451  
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: \_\_\_\_\_

1220451

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  Yes  No  
(Attach Additional Sheets)  
Samples Sent to Geological Survey  Yes  No  
Cores Taken  Yes  No  
Electric Log Run  Yes  No

Log Formation (Top), Depth and Datum  Sample  
Name Top Datum

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 (Amount and Kind of Material Used)	Depth

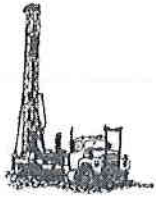
TUBING RECORD: Size: \_\_\_\_\_ Set At: \_\_\_\_\_ Packer At: \_\_\_\_\_ Liner Run:  Yes  No

Date of First, Resumed Production, SWD or ENHR. \_\_\_\_\_ Producing Method:  
 Flowing  Pumping  Gas Lift  Other (Explain) \_\_\_\_\_

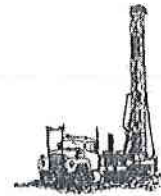
Estimated Production Per 24 Hours	Oil Bbls.	Gas Mcf	Water Bbls.	Gas-Oil Ratio	Gravity

DISPOSITION OF GAS:	METHOD OF COMPLETION:	PRODUCTION INTERVAL:
<input type="checkbox"/> Vented <input type="checkbox"/> Sold <input type="checkbox"/> Used on Lease (If vented, Submit ACO-18.)	<input type="checkbox"/> Open Hole <input type="checkbox"/> Perf. <input type="checkbox"/> Dually Comp. <input type="checkbox"/> Commingled (Submit ACO-5) <input type="checkbox"/> Other (Specify) _____	<input type="checkbox"/> Commingled (Submit ACO-4)





# LEIS OIL SERVICES



1410 150th Rd. • Yates Center, Kansas 66783 • (620) 212-0752

Operator License #: 35034	API #: 15-003-26224-00-00
Operator: Hunt Oil, LLC.	Lease: Banks
Address: 259 Park Rd Garnett, KS 66032	Well #: 50
Phone: (913) 208-8183	Spud Date: 7/15/14      Completed: 7/16/14
Contractor License: 32079	Location: SW/NE/SE/NE of 22-20S-20E
T.D. : 661 T.D. of Pipe: 657 Size: 2.875"	3527 Feet From South
Surface Pipe Size: 7"      Depth: 36'	623 Feet From East
Kind of Well: Enh. Rec.	County: Anderson

## LOG

Thickness	Strata	From	To	Thickness	Strata	From	To
15	Soil/Clay	0	15	2	Light Sand	596	598
6	Gravel	15	21	30	Shale	598	628
15	Shale	21	36	7	Sand/No Bleed	628	635
29	Lime	36	65	26	Shale	635	661
15	Shale	65	80				
2	Lime	80	82				
47	Shale	82	129				
83	Lime	129	212				
3	Shale/Black Shale	212	215				
21	Lime	215	236				
175	Shale	236	411				
3	Lime	411	414				
9	Shale	414	423				
6	Lime	423	429				
54	Shale	429	483				
6	Lime	483	489		T.D.		661
6	Shale	489	495		T.D. of Pipe		657
1	Lime	495	496				
11	Shale	496	507				
3	Lime	507	510				
20	Shale	510	530				
32	Sandy Lime	530	562				
2	Lime	562	564				
12	Shale/Black Shale	564	576				
8	Lime	576	584				
4	Shale	584	588				
2	Lime	588	590				
1	White Muck	590	591				
5	Oil Sand	591	596				





**CONSOLIDATED**  
Oil Well Services, LLC

269750

TICKET NUMBER 47449  
LOCATION Ottawa KS  
FOREMAN Fred Maden

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
7-17-14	H21	Banks # 50	NW 23	20	20	AN
CUSTOMER Hunt Oil LLC			TRUCK #			
MAILING ADDRESS 259 W. Park Rd			DRIVER			
CITY Garnett			TRUCK #			
STATE KS			DRIVER			
ZIP CODE 66032			TRUCK #			
			DRIVER			

JOB TYPE Longstring HOLE SIZE 5 7/8 HOLE DEPTH 661 CASING SIZE & WEIGHT 2 7/8 EUE  
 CASING DEPTH 657 DRILL PIPE \_\_\_\_\_ TUBING \_\_\_\_\_ OTHER \_\_\_\_\_  
 SLURRY WEIGHT \_\_\_\_\_ SLURRY VOL \_\_\_\_\_ WATER gal/sk \_\_\_\_\_ CEMENT LEFT In CASING 2 1/2" Plug  
 DISPLACEMENT 3.82 BBL DISPLACEMENT PSI \_\_\_\_\_ MIX PSI \_\_\_\_\_ RATE 5 BPM

REMARKS: Hold crew safety meeting. Establish circulation. Mix Pump 100#  
Gel Flusk. Mix Pump 75 sks OWC Cement 1/4" Flo Seal/sk.  
Cement to surface. Flush pump & lines clean. Displace 2 1/2"  
Rubber plug to casing TD. Pressure to 800# PSI. Monitor  
pressure for 30 min MIT. Release pressure to set float valve  
Shut in casing.

J. Leis Drilling

Fred Maden

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401	1	PUMP CHARGE	495	1085 <sup>00</sup>
5404	25 mi	MILEAGE	495	105 <sup>00</sup>
5402	657'	Casing Footage		N/C
5407	Minimum	Ton Miles	548	368 <sup>00</sup>
5502C	1 1/2 hr	80 BBL Vac Truck	675	150 <sup>00</sup>
1126	75 sks	owc Cement	1481 <sup>35</sup>	
1118B	100#	Premium Gel	22 <sup>00</sup>	
1107	19#	Flo Seal	46 <sup>93</sup>	
		Material	1550 <sup>18</sup>	
		Less 30%	-465 <sup>05</sup>	
		Total		1085 <sup>13</sup>
4402	1	2 1/2" Rubber Plug		29 <sup>50</sup>
			3408.53	
			7.65%	SALES TAX 85 <sup>21</sup>
				ESTIMATED TOTAL 2997 <sup>90</sup>
				DATE 7/17/14

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.