



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1220862
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: _____

1220862



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)*

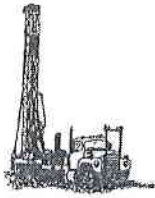
Was the hydraulic fracturing treatment information submitted to the chemical disclosure registry? Yes No *(If No, fill out Page Three of the ACO-1)*

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

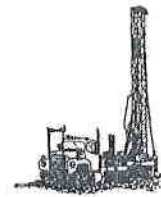
Date of First, Resumed Production, SWD or ENHR.	Producing Method: <input type="checkbox"/> Flowing <input type="checkbox"/> Pumping <input type="checkbox"/> Gas Lift <input type="checkbox"/> Other <i>(Explain)</i> _____						
Estimated Production Per 24 Hours	Oil Bbls.	Gas Mcf	Water Bbls.	Gas-Oil Ratio	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: _____ _____
--	--	---



LEIS OIL SERVICES

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



Operator License #: 35034	API #: 15-003-26178-00-00
Operator: Hunt Oil, LLC	Lease: Burns Allen
Address: 259 W. Park Rd Garnett, KS 66032	Well #: 2
Phone: (913) 208-8183	Spud Date: 5/19/14 Completed: 5/20/14
Contractor License: 32079	Location: NW/NW/SE/SE of 34-20S-20E
T.D.: 842 T.D. of Pipe: 831 Size: 2.875"	1180 Feet From South
Surface Pipe Size: 7" Depth: 21'	1208 Feet From East
Kind of Well: Oil	County: Anderson

LOG

Thickness	Strata	From	To	Thickness	Strata	From	To
3	Soil	0	3	5	Shale	534	539
11	Clay	3	14	3	Lime	539	542
63	Shale	14	77	53	Shale	542	595
26	Lime	77	103	3	Lime	595	598
21	Shale	103	124	3	Black Shale	598	601
4	Red Shale	124	128	12	Sandy Shale	601	613
13	Shale	128	141	1	Lime	613	614
7	Lime	141	148	38	Sandy Shale	614	652
20	Shale	148	168	2	Lime	652	654
9	Lime	168	177	12	Sandy Shale	654	666
8	Shale	177	185	3	Lime	666	669
39	Lime	185	224	67	Sandy Shale	669	736
7	Shale/Black Shale	224	231	3	Coal	736	739
27	Lime	231	256	59	Shale	739	798
2	Black Shale	256	258	7	Oil Sand	798	805
4	Lime	258	262	13	Shale	805	818
6	Shale	262	268	4	Black Shale	818	822
5	Lime	268	273	20	Shale	822	842
169	Shale	273	442				
4	Lime	442	446				
6	Shale	446	452				
2	Lime	452	454				
4	Shale	454	458		T.D.		842
11	Lime	458	469		T.D. of pipe		831
39	Shale	469	508				
2	Black Shale	508	510				
3	Lime	510	513				
18	Shale	513	531				
3	Lime	531	534				



CONSOLIDATED
Oil Well Services, LLC

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

API# 15-003-26178-00-00

268380

TICKET NUMBER 47250

LOCATION Ottawa

FOREMAN Alan Mader

FIELD TICKET & TREATMENT REPORT
CEMENT

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
5-20-14		Bucens Allen # 2	SE 34	20	20	AN

CUSTOMER Hunt Oil LLC
MAILING ADDRESS 259 W Park Rd
CITY Gornett STATE KS ZIP CODE 66032

TRUCK #	DRIVER	TRUCK #	DRIVER
730	Ala Mad	Safety	Meest
368	Art Meel		
369	Mik Hsg		
558	Mat Loc		

JOB TYPE long string HOLE SIZE 5 7/8 HOLE DEPTH 842 CASING SIZE & WEIGHT 2 7/8
CASING DEPTH 831 DRILL PIPE _____ TUBING _____ OTHER _____
SLURRY WEIGHT _____ SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT in CASING YES
DISPLACEMENT 4.83 DISPLACEMENT PSI 800 MIX PSI 200 RATE 46bpm

REMARKS: Held meeting. Mixed & pumped 100 # gel to flush hole followed by 87 sk DWL plus 1/4 # flo-seal per sack. Circulated cement. Flushed pump. Pumped plug to casing TD. Well held 800 PSI. Set Meest.

John Leis

Alan Mader

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401	1	PUMP CHARGE	368	1285.00 ✓
5406	25	MILEAGE	368	105.00 ✓
5402	831	casing footage	368	— ✓
5407	min	ton miles	558	368.00 ✓
5502L	2	80 val	369	200.00 ✓
1126	87	DWL	1718.25	✓
118B	100 #	gel	22.00	✓
1107	22 #	flaseq 1	54.34	✓
		Material 946	1794.59	
		less 30%	-538.38	✓
		Material total		1256.21 ✓
4402	1	2 1/2 plug		29.50 ✓
				3721.64
			SALES TAX	98.36 ✓
			ESTIMATED TOTAL	3142.07 ✓

completed

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.