



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1221157
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: _____

1221157

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
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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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HUGHES DRILLING REPORT

Well No. 22-F Size 7"
 Farm Brown Feet 35
 Circulated 16 ex cement

PERMANENT CSG.
 Size 2 7/8 Grd Etc (New)
 Feet 910.40 of pipe
 Bore at 833 to float shoe on Bottom

3330 FSL 2120 FEL
 API # 15-091-24,344

OPERATOR Hughes Drilling

T. D. at Completion 920

Contractor HUGHES DRILLING CO.

STRATA THICKNESS	FORMATION DRILLED	T.D.
3	Soil	3
26	Clay	29
16	Shale	45
27	Lime	72
6	Shale	78
7	Lime	85
5	Shale	90
19	Lime	109
27	Shale	136
24	Lime	160
23	Shale	183
11	Lime	194
29	Shale	223
8	Lime	231
9	Shale	240
10	Lime	250
15	Shale	265
12	Lime	277
8	Shale	285
7	Lime	292
40	Shale	333
24	Lime	357
0	Shale	363
23	Lime	386
5	Shale	391
4	Lime	395
3	Shale	398
6	Lime	404
108	Shale	572
3	Lime	580
4	Shale	584
6	Lime	590
5	Shale	595
6	Lime	601
19	Shale	615
3	Lime	618
11	Shale	629
5	Lime	634
21	Shale	655
6	Lime	661
45	Shale	701

DATE	DRILLED		REMARKS - TYPE WORK - BILLING REF.	PIPE TALLY
	FROM	TO		
8/11/14	0	3	Soil	(1) 21.5-21.5
35'	3	29	clay	(2) 22.5-44.0
8/12/14	29	45	Shale	(3) 22.5-66.5
	45	72	Lime	(4) 22.5-89.0
5 3/8 PDC	72	78	Shale	(5) 22.5-111.5
	78	85	Lime	(6) 22.5-134.0
	85	90	Shale	(7) 22.5-156.5
	90	109	Lime	(8) 22.5-179.0
	109	136	Shale (Some Red Bed 112-114)	(9) 22.5-201.5
	136	160	Lime	(10) 22.5-224.0
	160	183	Shale (Sdy 160-164)	(11) 22.5-246.5
	183	194	Lime	(12) 22.5-269.0
	194	223	Shale	(13) 22.5-291.5
	223	231	Lime	(14) 22.5-314.0
	231	240	Shale	(15) 22.5-336.5
	240	250	Lime	(16) 22.5-359.0
	250	265	Shale	(17) 22.5-381.5
	265	277	Lime	(18) 22.5-404.0
	277	285	Shale	(19) 22.5-426.5
	285	292	Lime	(20) 22.5-449.0
	292	333	Shale (Lime 322-323)	(21) 22.5-471.5
30'	333	357	Lime	(22) 22.5-494.0
	357	363	Shale (Slate 357-358)	(23) 22.5-516.5
20'	363	386	Lime	(24) 22.5-539.0
	386	391	Shale (Slate 390-391)	(25) 22.5-561.5
	391	395	Lime	(26) 22.5-584.0
	395	398	Shale	(27) 22.5-606.5

HUGHES DRILLING CO.

Pg 3

Wellsville, Kansas 66092

Roger 913-883-2235
Darrel 913-883-4027

CORE TIME
LEASE Brown #22-1
FORMATION Bartlesville
DATE: 8/12/14

Ron 913-883-4655
Clay 913-883-4303

(BEST chip sample)

	FROM	FEET TO	TIME	MINUTES	REMARKS
①	851	852	-		soft sandy lime (exc bleed)
②	852	853			} solid sand (exc bleed) 852-857
③	853	854			
④	854	855			
⑤	855	856			
⑥	856	857			
⑦	857	858	}		sand very lamin, w/shale (little bleed)
⑧	858	859	}		
⑨	859	860	}		shale
⑩	860	861	}		
	861	862	-		soft white lime
	862	863	-		shale
					(Best Perf Zone)
					851-857
					CC4



CONSOLIDATED
Oil Well Services, LLC

270444

TICKET NUMBER 48055

LOCATION Chawa, KS

FOREMAN Casey 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
8/13/14	3425	Brown # 22 I	SE 36	14	21	JO
CUSTOMER <u>Hughes Drilling</u>						
MAILING ADDRESS <u>122 Main</u>						
CITY <u>Wellsville</u>		STATE <u>KS</u>	ZIP CODE <u>66092</u>			

TRUCK #	DRIVER	TRUCK #	DRIVER
<u>729</u>	<u>Casey</u>	<input checked="" type="checkbox"/>	<u>Safety/Marting</u>
<u>666</u>	<u>Kei Car</u>	<input checked="" type="checkbox"/>	
<u>558</u>	<u>BroBic</u>	<input checked="" type="checkbox"/>	

JOB TYPE Logging HOLE SIZE 5 7/8" HOLE DEPTH 920' CASING SIZE & WEIGHT 2 7/8" EUE
 CASING DEPTH 910' DRILL PIPE _____ TUBING baffle - 28.3' OTHER _____
 SLURRY WEIGHT _____ SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT in CASING 27'
 DISPLACEMENT 5.11 bbls DISPLACEMENT PSI _____ MIX PSI _____ RATE 5 bpm

REMARKS: held safety, waiting, established circulation, mixed & pumped 200# Gal followed by 10 bbls fresh water, mixed & pumped 125 lbs 5% Pozmix cement w/ 2% gel & 1/4 # Floreal per sk, cement out to surface, flushed pump clean, pumped 2 1/2" rubber plug to baffle w/ 5.11 bbls fresh water, pressured to 800 PSI, well held pressure for 30 min MIT, released pressure, shut in casing.

[Handwritten signature]

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401	1	PUMP CHARGE		1085.00 ✓
5406	30 mi	MILEAGE		126.00 ✓
5402	910'	casing footage		— ✓
5407	minimum	ton mileage		368.00 ✓
5400	0			
1124	125 lbs	5% Pozmix cement	1437.50	✓
118B	410 #	Premium Gel	90.20	✓
1107	31 #	Floreal	76.57	✓
		materials	1604.27	
		-30%	481.28	✓
		Subtotal		1122.99 ✓
4402	1	2 1/2" rubber plug		29.50 ✓
			3333.26	
			7.375%	
		SALES TAX		85.01 ✓
		ESTIMATED TOTAL		2816.50 ✓

Revin 3737

AUTHORIZATION Paul K Hughes 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.