Confidentiality Requested: Yes No

# KANSAS CORPORATION COMMISSION **OIL & GAS CONSERVATION DIVISION**

1222018

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 #	API No. 15
Name:	Spot Description:
Address 1:	
Address 2:	Feet from Dorth / South Line of Section
City: State: Zip:+	Feet from East / West Line of Section
Contact Person:	Footages Calculated from Nearest Outside Section Corner:
Phone: ()	
CONTRACTOR: License #	GPS Location: Lat:, Long:
Name:	(e.g. xx.xxxx) (e.gxxx.xxxx)
Wellsite Geologist:	Datum: NAD27 NAD83 WGS84
Purchaser:	County:
Designate Type of Completion:	Lease Name: Well #:
New Well Re-Entry Workover	Field Name:
	Producing Formation:
Gas D&A ENHR SIGW	Elevation: Ground: Kelly Bushing:
OG GSW Temp. Abd.	Total Vertical Depth: Plug Back Total Depth:
CM (Coal Bed Methane)	Amount of Surface Pipe Set and Cemented at: Feet
Cathodic Other (Core, Expl., etc.):	Multiple Stage Cementing Collar Used?
If Workover/Re-entry: Old Well Info as follows:	If yes, show depth set: Feet
Operator:	If Alternate II completion, cement circulated from:
Well Name:	feet depth to:w/sx cmt.
Original Comp. Date: Original Total Depth:	
Deepening Re-perf. Conv. to ENHR Conv. to SWD	Drilling Fluid Management Plan
Plug Back Conv. to GSW Conv. to Producer	(Data must be collected from the Reserve Pit)
	Chloride content: ppm Fluid volume: bbls
Commingled Permit #:	Dewatering method used:
Dual Completion Permit #: SWD Permit #:	
SWD     Permit #:       ENHR     Permit #:	Location of fluid disposal if hauled offsite:
GSW Permit #:	Operator Name:
	Lease Name: License #:
Spud Date or Date Reached TD Completion Date or	Quarter Sec TwpS. R East West
Recompletion Date Recompletion Date	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:

	Page Two	
Operator Name:	Lease Name:	Well #:
Sec TwpS. 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 (Attach Additional She	eets)	Yes No		-	on (Top), Depth a		Sample
Samples Sent to Geolog	jical Survey	Yes No	Nam	e		Тор	Datum
Cores Taken Electric Log Run		☐ Yes ☐ No ☐ Yes ☐ No					
List All E. Logs Run:							
		CASING Report all strings set-c	RECORD Ne		ion, 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 / SQL	IEEZE RECORD			
	Denth						

Purpose: Perforate	Depth Top Bottom	Type of Cement	# Sacks Used	Type and Percent Additives
Protect Casing				
Plug Off Zone				

Did you perform a hydraulic fracturing treatment on this well?	Yes
Does the volume of the total base fluid of the hydraulic fracturing treatment exceed 350,000 gallons?	Yes
Was the hydraulic fracturing treatment information submitted to the chemical disclosure registry?	Yes

(If No, skip questions 2 and 3) (If No, skip question 3)

No

No

No

(If No, fill out Page Three of the ACO-1)

Shots Per Foot		PERFORATION Specify For	I RECOF	RD - Bridge F Each Interval	Plugs Set/Typ Perforated	0e			ement Squeeze Record I of Material Used)	Depth
TUBING RECORD:	Siz	ze:	Set At:		Packer	r At:	Liner R	un:	No	
Date of First, Resumed	l Producti	ion, SWD or ENHF	<b>}</b> .	Producing N		ping	Gas Lift	Other (Explain)		
Estimated Production Per 24 Hours		Oil Bb	ls.	Gas	Mcf	Wate	er	Bbls.	Gas-Oil Ratio	Gravity
									1	
DISPOSITI	ION OF G	BAS:			METHOD	OF COMPLE	TION:		PRODUCTION IN	TERVAL:
Vented Solo	d 🗌 l	Jsed on Lease		Open Hole	Perf.	Dually		Commingled		
(If vented, Su	ıbmit ACC	0-18.)		Other (Specify)	)	(Submit /	,	(Submit ACO-4)		

Mail to: KCC - Conservation Division, 130 S. Market - Room 2078, Wichita, Kansas 67202

### HAT DRILLING 12371 KS HWY 7 MOUND CITY, KS 66056 LICENSE # 33734

## Schmidt 11-14 API # 15-091-24292-00-00 SPUD DATE 5-14-14

Footage	Formation	Thickness	Set 40' of 7" TD 870'
2	Topsoil	2 4	Ran 867' of 2 7/8 on 5-15-14
6 8	clay lime	2	Kan 607 012 778 01 5 15 14
8 10	shale	2	
26	lime	16	
20 31	shale	5	
42	lime	11	
42	shale	6	
69	lime	21	
73	shale	4	
76	red bed	3	
89	shale	13	
115	lime	26	
131	shale	16	
131	lime	7	
145	sand	7	
155	shale	10	
170	lime	15	
189	shale	19	
196	lime	7	
204	shale	8	
213	lime	9	
231	shale	18	
255	lime	24	
295	shale	40	
320	lime	25	
328	shale	8	
369	lime	41	
430	shale	61	
432	lime	2	
540	shale	108	
547	lime	7	
586	shale	39	(1
590	lime	4	
617	shale	27	
626	lime	9	
830	shale	204	(very gassy)
835	oil sand	5	strong odor, good bleed 5
839	black sand	4	slight odor 4
870	shale	31	

St

CONSOLIDATED Oil Well Services, LLC	Concolidated Oil W/	ell Services, LLC 970 4346	Chanu 620/431-9210 • 1-8	AIN OFFICE P.O. Box 884 te, KS 66720 00/467-8676 20/431-0012
INVOICE		1	Invoice #	268255
======================================				age 1
BRADLEY OIL COMPANY P O BOX 21614 OKLAHOMA CITY OK 7315 (405)751-9146		SCHMIDT 11-14 47234 SW 5-15-22 05-15-2014 KS		
1118B PREMIU	ption POZ CEMENT MIX M GEL / BENTONITE RUBBER PLUG	130.00	.2200	Total 1495.00 70.18 29.50
Sublet Performed Descri 9996-120 CEMENT	ption MATERIAL DISCOUN	т		Total -469.55
Description 370 80 BBL VACUUM TRUCK ( 495 CEMENT PUMP 495 EQUIPMENT MILEAGE (ON 495 CASING FOOTAGE 558 MIN. BULK DELIVERY		Hours 2.00 1.00 30.00 866.00 1.00	4.20	Total 200.00 1085.00 126.00 .00 368.00
			Qa Shis	

Amount Due 3491.30 if paid after 05/30/2014

<pre>====================================</pre>	1594 68	Freight:	.00	Tax:	8	2.99	AR		2987.12
Labor:		Misc:		Total:		7.12			
Sublt:		Supplies:		Change		.00			
Signed						Da	ate_		
Signed	EL DORADO, KS	EUREKA, KS	PONCA CITY, OK	DAKLEY, KS		Da THAYER, 620/839-5	ĸs	GILLETTE, WY 307/686-4914	CUSHING, 918/225-26

1.1	DNSOLIDATE	ic flot	3255		TICKET NUMI LOCATION	Xtama H	
	anute, KS 66720 or 800-467-8676	FIELD TIC	KET & TREAT CEMENT	and the second second	PORT		
DATE	CUSTOMER #	WELL NAME & N	NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
S-15-14 USTOMER	1601	Schmidt #	11-14#	54 5	15	22	Jo
Brac	dley Oil Ce		Г	TRUCK #	DRIVER	TRUCK #	DRIVER
AILING ADDRE	ss Ø			712	FreMad		- CHITCH
P. O.	Box 2161	4		495	Harbec		
ITY	Sox 2161 STATI	E ZIP CODE		370	Bay Moo		
Oklahom	a City 0	K 7315	-6	558	Max Cac		
OB TYPE LOY		SIZE 576	HOLE DEPTH	870	CASING SIZE & V	WEIGHT 2	VEEVE
ASING DEPTH	No. A		TUBING			OTHER	
LURRY WEIGH	T SLUR	RRY VOL	WATER gal/sk	۲	CEMENT LEFT in		"plug
	5, a BADISPL						0
EMARKS: No		afety meet					
( . 0 L		Pump 13					
Get r	LUSIN //IA			30 10011			
C	× to Suit			Kar ali	Deve DL.	Las JK"	Salat
Comen		ce Flush	DUMP *	lines cla	ASI. Disp	Ace 2.ke"	Robber
Comen plug to Se	to casing	ce Flush	pomp +	\$00¢	Paul Disp PS(1 Rol	ease pre	Rabber
plug to se	to casing	ce Flush TD. Pro	pomp +	\$00¢	Paul Disp PS(1 Rol	case pre	Rayder
plug to se	Duilling	ce Flush TD. Pres alue. Sh	pomp + sure to utin Cas	\$00 #	PSI: Roll	case pre	
Hest	to casing u	ce <u>Flush</u> TD. <u>Pres</u> alue. Sh	DESCRIPTION of S	\$00 #		case pre	TOTAL
ACCOUNT CODE 5401	Duilling QUANITY or UNI	ce Flush TD. Pres alue. Sh	DESCRIPTION of S	\$00 #	PSI: Roll Tud RODUCT 495	case pre	TOTAL
ACCOUNT CODE 5406	Duilling QUANITY or UNI	ce <u>F</u> /ush TD. <u>Pres</u> alue. Sh ITS <u>PUMP CH</u> MILEAGE	DESCRIPTION of S	SERVICES or PR		case pre	TOTAL 10 8-500 12600
plug to Se Hast ACCOUNT CODE 5406 5402	Duilling QUANITY or UNI 307 866	ce <u>Flush</u> TD. <u>Pres</u> alue. Shu ITS <u>PUMP CH</u> MILEAGE Cas	DESCRIPTION of S MARGE	SERVICES or PR	РУ(, Rol Дия RODUCT 495 495		TOTAL 108500 12600 Ngc
Plug +0 Se Hext ACCOUNT CODE 540( 5402 5402 5407	Dutilling Dutilling QUANITY or UNI 30,7 866 Minimum	ce <u>F</u> /USh TD. <u>Pres</u> alue. Sh ITS <u>PUMP CH</u> <u>MILEAGE</u> <u>Cas</u> To	DESCRIPTION of S Miles	SERVICES or PR	PSI: Rol 7DM RODUCT 495 495 558		TOTAL 10850 12600 12600 3680
ACCOUNT CODE 5406 5402	Duilling QUANITY or UNI 307 866	ce <u>F</u> /USh TD. <u>Pres</u> alue. Sh ITS <u>PUMP CH</u> <u>MILEAGE</u> <u>Cas</u> Tom	DESCRIPTION of S MARGE	SERVICES or PR	PSI: Rol 7DM RODUCT 495 495 558		TOTAL 10850 12600 NGC 3682
Plug +0 Se Hext ACCOUNT CODE 5406 5402 5407	Duilling Duilling QUANITY or UNI 1 307 866 Minimum 2 hr	ce Flush TD. Pres alue. Sh ITS PUMP CH MILEAGE Cas S 80	DESCRIPTION of S Marge Miles BBL Va	SERVICES or PR	PS(1 Rol 7 2000CT 495 495 495 558 2 370		TOTAL 10850 1260 NGC 2000
Plug 40° Se 40° Se ACCOUNT CODE 5406 5407 5407 55020 1124	Duilling Duilling QUANITY or UNI 1 30,7 866 M.M.M. 2 hr 130	ce Flush ID. Pres alue. Shu ITS PUMP CH MILEAGE Cas SKS 50/	DESCRIPTION of S Marge Miles BBL Va	SERVICES or PR	PS(1 Rol 7 2000CT 495 495 495 558 2 370		TOTAL 10850 1260 NGC 2000
Plug +0 Se Hat ACCOUNT CODE 540( 5402 5402 5407 5502C	Duilling Duilling QUANITY or UNI 1 307 866 Minimum 2 hr	ce Flush ID. Pres alue. Shu ITS PUMP CH MILEAGE Cas SKS 50/	DESCRIPTION of S Marge Miles BBL Va So Por M emium G	SERVICES or PR	PS(1 Rol 7 2000CT 495 495 495 558 2 370	<u>Case βγ</u> <u>UNIT PRICE</u> <u>1495</u> <u>70</u> <u>1</u>	TOTAL 10859 1260 Ngc 3689 2000
Plug +0°5 e Hat ACCOUNT CODE 5406 5407 5407 55020 1124	Duilling Duilling QUANITY or UNI 1 30,7 866 M.M.M. 2 hr 130	ce Flush ID. Pres alue. Shu ITS PUMP CH MILEAGE Cas SKS 50/	DESCRIPTION of S Miles BBL Va Make	SERVICES or PR	PS(1 Rol	<u>Case βrc</u> <u>UNIT PRICE</u> <u>1495</u> <u>70</u> <u>1565</u>	TOTAL 10850 126 2000
Plug 40° Se 40° Se ACCOUNT CODE 5406 5402 5407 55020 1124	Duilling Duilling QUANITY or UNI 1 30,7 866 M.M.M. 2 hr 130	ce Flush ID. Pres alue. Shu ITS PUMP CH MILEAGE Cas SKS 50/	DESCRIPTION of S Miles BBL Va Make	SERVICES or PR	PS(1 Rol	<u>Case βγ</u> <u>UNIT PRICE</u> <u>1495</u> <u>70</u> <u>1</u>	TOTAL 10850 1260 NGC 3689 2000
Plug 40°Se Hat ACCOUNT CODE 5406 5407 5407 5502C 1124 1124 1118B	Duilling Duilling QUANITY or UNI 1 30,7 866 M.M.M. 2 hr 130	ce Flush TD. Pres alue. Sh ITS PUMP CH MILEAGE Cas SKS 50/ Pr	DESCRIPTION of S Marge Miles BBL Va Marge Marge	SERVICES or PR SERVICES or PR age c Truch lix Comme age c Truch lix Comme age c Truch lix Comme age c Truch lix Comme age c Truch	PS(1 Rol	<u>Case βrc</u> <u>UNIT PRICE</u> <u>1495</u> <u>70</u> <u>1565</u>	TOTAL 1085° 126° 126° 200°
Plus to Se Hast ACCOUNT CODE 5406 5402 5402 5407 55020	Duilling Duilling QUANITY or UNI 1 30,7 866 M.M.M. 2 hr 130	ce Flush TD. Pres alue. Sh ITS PUMP CH MILEAGE Cas SKS 50/ Pr	DESCRIPTION of S Miles BBL Va Make	SERVICES or PR	PS(1 Rol	<u>Case βrc</u> <u>UNIT PRICE</u> <u>1495</u> <u>70</u> <u>1565</u>	TOTAL 10850 1260 1260 2000

AUTHORIZTION No Co Repor Site 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 for

TITLE\_

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Ravin 3737

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SALES TAX

ESTIMATED

TOTAL

.30

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