

Confidentiality Requested:

KANSAS CORPORATION COMMISSION OIL & GAS CONSERVATION DIVISION 1222032

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:, (e.gxxx. xxxxx)
Name:	(e.g. xx.xxxx) (e.gxxx.xxxxx) Datum: NAD27 NAD83 WGS84
Wellsite Geologist:	
Purchaser:	County:
Designate Type of Completion:	Lease Name: Well #:
New Well Re-Entry Workover	Field Name:
	Producing Formation:
	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:
	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)
Commingled Permit #:	Chloride content: ppm Fluid volume: bbls
Commingled Permit #: Dual Completion Permit #:	Dewatering method used:
SWD Permit #:	Location of fluid disposal if hauled offsite:
ENHR Permit #:	
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 Approved by: Date:

	Page Two	1222032
Operator Name:	Lease Name:	Well #:
Sec TwpS. R □ East □ West	County:	
INCTRUCTIONS. Charge important tang of formations paratrated Da	tail all aaraa Bapart all fi	inal capica of drill atoms tasts giving interval tastad, time task

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)				Log Formation (Top), Depth and Datum			Sample
Samples Sent to Geolog	ical 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		on, 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 / SQU	JEEZE RECORD			
Purpose: Perforate	Depth Top Bottom	Type of Cement	# Sacks Used		Type and Pe	ercent Additives	
Protect Casing							
Plug Off Zone							
Did you perform a hydraulic	fracturing treatment of	on this well?		Yes	No (If No, skip	o questions 2 an	d 3)
Does the volume of the total	0		ceed 350,000 gallons			question 3)	,

Was the hydraulic fracturing treatment information submitted to the chemical disclosure registry?

Shots Per Foot		PERFORATION Specify For	I RECOF	RD - Bridge Pli Each Interval P	ugs Set/Typ erforated	e			ement Squeeze Record I of Material Used)	Depth
TUBING RECORD:	Siz	ze:	Set At:		Packe	r At:	Liner F		No	
Date of First, Resumed	Producti	ion, SWD or ENHF	3.	Producing Me	ethod:	ping	Gas Lift	Other (Explain)		
Estimated Production Per 24 Hours		Oil Bb	ls.	Gas	Mcf	Wate	ər	Bbls.	Gas-Oil Ratio	Gravity
		-							I	
DISPOSITIO	ON OF G	BAS:			METHOD	OF COMPLE	TION:		PRODUCTION INTE	ERVAL:
Vented Sold		Jsed on Lease		Open Hole	Perf.	Dually (Submit)		Commingled (Submit ACO-4)		
(If vented, Sub	omit ACO)-18.)		Other (Specify)						

Yes

No

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

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 I-13 API # 15-091-24294-00-00 SPUD DATE 6-27-14

Footage	Formation	Thickness	Set 40' of 7" TD 898'
2	Topsoil	2 9	Ran 893' of 2 7/8 on 6-30-14
11	clay	9 19	Kall 893 01 2 7/8 011 0-30-14
30	lime	5	
35	shale		
48	lime	13	
54	shale	6	
72	lime	18	
93	shale	21	
118	lime	25	
137	shale	19	
174	lime	37	
190	shale	16	
194	lime	4	
210	shale	16	
216	lime	6	
236	shale	20	
252	lime	16	
288	shale	36	
291	lime	3	
303	shale	12	
325	lime	22	· · · · · · · · · · · · · · · · · · ·
331	shale	6	10
353	lime	22	
357	shale	4	
371	lime	14	
547	shale	176	
551	lime	4	
555	shale	4	
560	lime	5	
569	shale	9	
577	lime	8	
590	shale	13	
596	lime	6	\frown
607	shale	11	1 - 9
610	lime	3	
740	shale	130	(1)
744	lime	4	
833	shale	89	
835	lime	2	good odor 2
840	oil sand	5	good bleed 5 9
842	black sand	2	2, 1
854	white shale	12	
861	black sand	7	no odor 7
898	shale	37	

CONSOLID Oil Well Service	Concolidated Oil M	/ell Services, LLC 970 < 4346	MAIN OFFICE P.O. Box 884 Chanute, KS 66720 620/431-9210 • 1-800/467-8676 Fax 620/431-0012		
INVOICE			Invoice #	26919	
Invoice Date: 06/30/	2014 Terms: 30/0/10, n	1/30	Pa	age 1	
BRADLEY OIL COMP P O BOX 21614 OKLAHOMA CITY OK (405)751-9146		SCHMIDT I-13 47320 SW5-15-22 06/30/2014 KS			
Description CEMENT PUMP			Unit Price 1085.00		
1124 1118B	Description 50/50 POZ CEMENT MIX PREMIUM GEL / BENTONITE 2 1/2" RUBBER PLUG	124.00 308.00	Unit Price 11.5000 .2200 29.5000	Total 1426.00 67.76 29.50	
	Description CEMENT MATERIAL DISCOUN	т		Total -448.13	
Description 368 EQUIPMENT MILEA 503 MIN. BULK DELIV 503 80 BBL VACUUM T 675 CASING FOOTAGE	ERY	30.00		126.00	

Amount Due 3414.61 if paid after 07/10/2014

Parts:	1523.26	Freight:	.00	Tax:	79.30	AR	 2933.43
Labor:	.00	Misc:	.00	Total:	2933.43		
Sublt:	-448.13	Supplies:	.00	Change:	.00		

Signed

BARTLESVILLE, OK 918/338-0808 EL DORADO, KS 316/322-7022

0, KS EUREKA, KS 620/583-7664

PONCA CITY, OK 580/762-2303 OAKLEY, KS 785/672-8822 OTTAWA, KS 785/242-4044

2-4044 62

THAYER, KS GILLETTE, WY 307/686-4914

Date

CUSHING, OK 918/225-2650

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	JTHORIZTION	U.M UNU				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.