



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1224551
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: _____

1224551

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: 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

2475 FSL 105 FEL

API # 15-059-26634

Well No. #10
 Farm # McMillen
 SURFACE CASING Size 7"
 Feet 28.55
 Circulated 7 ex cement

PERMANENT CSG.
 Size 2 3/8" 80# EOE (New)
 Feet 753' of pipe
 Baffle cut 724'
 Float shoe at bottom
 T. D. at Completion 762'

OPERATOR Hughes Drilling

Contractor HUGHES DRILLING CO.

STRATA THICKNESS	FORMATION DRILLED	T.D.
3	soil	3
22	clay	25
15	shale	40
24	lime	64
7	shale	71
10	lime	81
7	shale	88
17	lime	105
42	shale	147
35	lime	182
59	shale	241
22	lime	263
11	shale	274
11	lime	285
27	shale	312
9	lime	321
9	shale	330
2	lime	332
14	shale	346
30'	24 lime	370
8	shale	378
20'	23 lime	401
4	shale	405
3	lime	408
3	shale	411
"Hcftm"	5 lime	416
113	shale	529
4-10"	3 sand	532
54	shale	586
9	lime	595
6	shale	601
8	lime	609
7	shale	616
6	lime	622
13	shale	635
3	lime	638
5	shale	643
9	lime	652
13	shale	665
5	lime	670
2	shale	672

DATE	DRILLED		REMARKS - TYPE WORK - BILLING REF.	PIPE TALLY
	FROM	TO		
6/19/14	0	3	soil	(1) 21.5-21.5
23'	3	25	clay	(2) 22.5-44.0
6/24/14	25	40	shale	(3) 22.5-66.5
SSA ODC Bit	40	64	lime	(4) 22.5-89.0
	64	71	shale	(5) 22.5-111.5
	71	81	lime	(6) 22.5-134.0
	81	88	shale	(7) 22.5-156.5
	88	105	lime	(8) 22.5-179.0
	105	147	shale (slip 124-147)	(9) 22.5-201.5
	147	182	lime	(10) 22.5-224.0
	182	241	shale	(11) 22.5-246.5
	241	263	lime	(12) 22.5-269.0
	263	274	shale	(13) 22.5-291.5
	274	285	lime	(14) 22.5-314.0
	285	312	shale	(15) 22.5-336.5
	312	321	lime (slight odor)	(16) 22.5-359.0
	321	330	shale	(17) 22.5-381.5
	330	332	lime	(18) 22.5-404.0
	332	346	shale	(19) 22.5-426.5
30'	346	370	lime	(20) 22.5-449.0
	370	378	shale (slate 371-372)	(21) 22.5-471.5
20'	378	401	lime	(22) 22.5-494.0
	401	405	shale (slate 404-405)	(23) 22.5-516.5
	405	408	lime	(24) 22.5-539.0
	408	411	shale	(25) 22.5-561.5
"Hcftm"	411	416	lime	(26) 22.5-584.0
	416	529	shale (BRKN 420-423)	(27) 22.5-606.5

HUGHES DRILLING REPORT

Fri Co., Kansas
 2475 FSL 165 FEL
 API # 15-059-26634

Well No. #10
 Farm McMillen
 SURFACE CASING Size _____ Feet _____
 Circulated _____ ex cement

PERMANENT CSG.
 Size 2 7/8 8rd EVE (new)
 Feet 753.50 of pipe
 Baffle at 724
 Float shoe on bottom
 T. D. at Completion 762
 Contractor HUGHES DRILLING CO.

OPERATOR Hughes Drilling

STRATA THICKNESS	FORMATION DRILLED	T.D.
3	Gas sand	675
14	oil sand	689
30	shale	725
2	gray sandy lime	727
2	sand	749
13	shale	742
2	sand	744
18	shale	762
		T.D.

DATE	DRILLED		REMARKS -- TYPE WORK -- BILLING REF.	PIPE TALLY
	FROM	TO		
'P.C.U.'	529	532	(sand no show)	(28) 22.5 - 629.0
	532	586	shale (BRK) 571-576)	(29) 22.5 - 651.5
	586	595	Lime	(30) 22.5 - 674.0
	595	601	shale	(31) 22.5 - 696.5
	601	609	Lime	(32) 22.5 - 719.0
	609	616	shale	(33) 22.5 - 741.5
	616	622	Lime (BRK)	
	622	635	shale	
	635	638	Lime (Brown)	
	638	643	shale (slate 638-639)	
	643	652	lime	
	652	665	shale	
	665	670	lime	
670'	670	672	shale	
6-25-14	672	675	Gas sand	
#1 squirrel	675	689	oil sand (REMARKS pg 3)	
	689	725	shale (Lime Break 713)	
	725	727	Gray Sandy Lime	
#2 squirrel	727	729	sand (Brown oil trace)	
	729	742	shale	
#3 squirrel	742	744	Broken sand (oil show)	
	744	762	shale	
			T.D.	
6/25/14			set 753.50 of 2 7/8 8rd EVE (new) Baffle at 724.50 Float shoe at 753.50 used 3 centralizers	

HUGHES DRILLING CO.

Wellsville, Kansas 66092

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

Ron 913-883-4655
Clay 913-883-4383

CORE TIME
LEASE N. McMillen #10
FORMATION #1 squirrel
DATE: 6-24-14

(~~new~~ 3" shave Bit)

FROM	FEET TO	TIME	MINUTES	REMARKS
672	675	- gas sand		
675	676			Solid sand (bleeding oil)
① 676	677	3:45:00 - 3:45:45	:45	} solid Gas Sand oiling
② 677	678	3:46:45	1:00	
③ 678	679	3:47:30	:45	} sand very lamin w/shale some Bi
④ 679	680	3:48:30	1:00	
⑤ 680	681	3:49:30	1:00	} shale 679-680.5
⑥ 681	682	3:50:15	:45	
⑦ 682	683	3:51:00	:45	} 680.5-681.5 solid sand (bleed)
⑧ 683	684	3:52:00	1:00	
⑨ 684	685	3:52:45	:45	} 681.5-684.5 sdy shale with scattered thin strips of sand
⑩ 685	686	3:53:30	:45	
⑪ 686	687	3:54:30	1:00	} Solid Sand 684.5-686 (bleed)
⑫ 687	688	3:55:30	1:00	
⑬ 688	689	3:56:45	1:15	} sand very lamin w/shale (bleeding)
⑭ 689	690	3:58:15	1:30	
⑮ 690	691	3:59:15	1:00	} shale with scattered thin strips of sand
⑯ 691	692	4:00:15	1:00	
⑰ 692	693	4:01:30	1:00	} shale
⑱ 693	694	4:02:30	1:00	
⑲ 694	695	Stop	:	(Best Perf Zone)
⑳ 695	696	:	:	

ccn



CONSOLIDATED
Oil Well Services, LLC

269179

TICKET NUMBER 47379

LOCATION Ottawa KS

FOREMAN Fred Mader

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
6-25-14	3425	No. McMillan #10	SE 2	16	20	JO

CUSTOMER	TRUCK #	DRIVER	TRUCK #	DRIVER
HUGHES DRILLING CO. MAILING ADDRESS 122 N. Main St CITY: Wellsville STATE: KS ZIP CODE: 66092	712	Fred Mad		
	495	Har Rec		
	369	Mik Haa		
	503	Mik Fox / Tro Nev		

JOB TYPE Langsting HOLE SIZE _____ HOLE DEPTH 762 CASING SIZE & WEIGHT 2 1/8 EUE
 CASING DEPTH 753 DRILL PIPE Baffle in TUBING 724 OTHER _____
 SLURRY WEIGHT _____ SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT in CASING 297 Plug
 DISPLACEMENT 4.21 BBL DISPLACEMENT PSI _____ MIX PSI _____ RATE 413 PM

REMARKS: Hold crew safety meeting. Establish circulation. Mix & Pump 100* Gel Flush. Mix & Pump 97 sks 50/50 Por Mix Cement 2% Gel 1/4" Flo-Seal/sk. Cement to surface. Flush pump & lines clean. Displace 2 1/2" Rubber plug to baffle in casing. Pressure to 800* PSI. Release pressure to set float valve.

Company Tools _____

Fred Mader

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401	1	PUMP CHARGE	495	1085 ⁰⁰
5406	15 mi	MILEAGE	495	63 ⁰⁰
5402	753'	Casing Footage		N/C
5407	Minimum	Ten Miles	503	368 ⁰⁰
5502C	1 1/2 hr	80 BBL Vac Truck	369	150 ⁰⁰
1124	97 sks	50/50 Por Mix Cement	1115 ⁵⁰	
118B	263 ⁰⁰	Premium Gel	57 ⁸⁰	
1107	25 ⁰⁰	Flo. Seal	61 ⁷⁵	
		Material	1235 ¹¹	
		Less 30%	- 370 ⁵³	
		Total		864 ⁵⁸
4402	1	2 1/2" Rubber Plug		29 ⁵⁰
		SCANNED	3023.87	
		7.87%	SALES TAX	65 ⁹⁴
			ESTIMATED TOTAL	2626 ⁰²

RAVIN 3737 AUTHORIZATION [Signature] TITLE _____ DATE 6/26/14

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.