



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1226195
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: _____



1226195

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)*

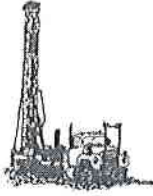
Shots Per Foot	PERFORATION RECORD - Bridge Plugs Set/Type Specify Footage of Each Interval Perforated	Acid, Fracture, Shot, Cement Squeeze Record <i>(Amount and Kind of Material Used)</i>	Depth

TUBING RECORD: Size: _____ Set At: _____ Packer At: _____ Liner Run: Yes No

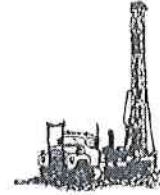
Date of First, Resumed Production, SWD or ENHR. _____ Producing Method:
 Flowing Pumping Gas Lift Other *(Explain)* _____

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> _____ <i>(Submit ACO-4)</i>	PRODUCTION INTERVAL: _____ _____
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LEIS OIL SERVICES



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

Operator License #: 35034	API #: 15-003-26108-00-00
Operator: Hunt Oil, LLC	Lease: Banks
Address: 259 W. Park Rd Garnett, KS 66032	Well #: 21
Phone: (913) 208-8183	Spud Date: 5/21/14 Completed: 5/22/14
Contractor License: 32079	Location: NE/NW/SE/NE of 22-20S-20E
T.D.: 853 T.D. of Pipe: 847 Size: 2.875"	3810 Feet From South
Surface Pipe Size: 7" Depth: 21'	4460 Feet From East
Kind of Well: Oil	County: Anderson

LOG

Thickness	Strata	From	To	Thickness	Strata	From	To
12	Soil/Clay	0	12	3	Lime	577	580
7	Gravel	12	19	8	Shale	580	588
33	Shale	19	52	4	Lime	588	592
27	Lime	52	79	10	Shale	592	602
19	Shale	79	98	6	Oil Sand	602	608
5	Lime	98	103	24	Shale	608	632
46	Shale	103	149	1	Lime	632	633
8	Lime	149	157	9	Shale	633	642
5	Shale	157	162	8	Oil Sand	642	650
8	Lime	162	170	10	Shale	650	660
2	Shale	170	172	2	Lime	660	662
58	Lime	172	230	60	Shale	662	722
2	Black Shale	230	232	6	Gas Sand	722	728
18	Lime	232	250	2	Sandy Shale	728	730
174	Shale	250	429	8	Oil Sand	730	738
4	Lime	429	433	4	Shale	738	742
4	Shale	433	437	20	Oil Sand	742	762
9	Lime	437	446	17	Sandy Shale	762	779
22	Shale	446	468	2	Black Shale	779	781
2	Black Shale	468	470	29	Shale	781	810
32	Sandy Shale	470	502	1	Lime	810	811
3	Lime	502	505	4	Oil Sand	811	815
9	Shale	505	514	38	Shale	815	853
2	Lime	514	516				
7	Shale	516	523				
3	Lime	523	526		T.D.		853
22	Shale	526	548		T.D. of pipe		847
10	Lime	548	558				
19	Shale	558	577				



CONSOLIDATED
Oil Well Services, LLC

268419

TICKET NUMBER 47256
LOCATION Ottawa
FOREMAN Alan Maden

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
5.22.14		Banks #21	NE 22	2D	2D	AN

CUSTOMER
Hunt Oil h/c.

MAILING ADDRESS
259 W Park Rd

CITY
Garnett

STATE
KS

ZIP CODE
66032

TRUCK #	DRIVER	TRUCK #	DRIVER
730	Al Mad	Safety	Mad
495	Kei Can		
369	Mike Hagg		
558	Kei Det		

JOB TYPE long string HOLE SIZE 5 7/8 HOLE DEPTH 855 CASING SIZE & WEIGHT 2 7/8

CASING DEPTH 848 DRILL PIPE _____ TUBING _____ OTHER _____

SLURRY WEIGHT _____ SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT in CASING yes

DISPLACEMENT _____ DISPLACEMENT PSI 800 MIX PSI 200 RATE 4 ban

REMARKS: Held meetings. Established rate. Mixed & pumped 100# gel followed by 38 gals OWC plus 1/4# floeal per sack. Circulated cement. Flushed pump, pumped plug to casing TD. Well held 800 PSI. Set float. Waited for replacement pipe to be delivered

John heis

Alan Maden

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
3401	1	PUMP CHARGE	495	1085.00
5406	25	MILEAGE	495	105.00
5402	848	Casing footage	495	
5407	mi	ten miles	558	388.00
5502L	2 1/2	80 gal	369	250.00
5502L	1 1/2	80 gal wait time	369	150.00
1126	88	OWC		1738.00
1118B	100#	gel		22.00
1107	22#	floeal		54.34
		material sub		1814.34
		less 30% -		544.30
		Material total		1270.04
4402	1	2 1/2 plug		29.50
		<input checked="" type="checkbox"/> completed		3942.90

Ravin 3737

AUTHORIZATION [Signature] TITLE _____ DATE _____

SALES TAX 99.42
ESTIMATED TOTAL 3356.96

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

Conservation Division
266 N. Main St., Ste. 220
Wichita, KS 67202-1513



Phone: 316-337-6200
Fax: 316-337-6211
<http://kcc.ks.gov/>

Shari Feist Albrecht, Chair
Jay Scott Emler, Commissioner
Pat Apple, Commissioner

Sam Brownback, Governor

October 22, 2014

Burt Peterson
Hunt Oil, LLC
259 W. PARK RD
GARNETT, KS 66032

Re: ACO-1
API 15-003-26108-00-00
Banks 21
NE/4 Sec.22-20S-20E
Anderson County, Kansas

Dear Burt Peterson:

K.A.R. 82-3-107 provides for all completion information to be filed within 120 days of the spud date. Subsection(e)(2) of that regulation states "All rights to confidentiality shall be lost if the filings are not timely."

The above referenced well was spudded on 5/21/2014 and the ACO-1 was received on October 17, 2014 (not within the 120 days timely requirement).

Therefore, your request for confidential treatment of data contained within the ACO-1 filing cannot be granted at this time.

If you should have any questions, please do not hesitate to contact me at (316)337-6200.

Sincerely,

Production Department