



Confidentiality Requested:

Yes  No

KANSAS CORPORATION COMMISSION 1226199  
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: \_\_\_\_\_



1226199

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)*

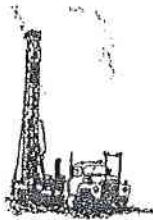
Shots Per Foot	PERFORATION RECORD - Bridge Plugs Set/Type Specify Footage of Each Interval Perforated	Acid, Fracture, Shot, Cement Squeeze Record <i>(Amount and Kind of Material Used)</i>	Depth

TUBING RECORD:	Size:	Set At:	Packer At:	Liner Run: <input type="checkbox"/> Yes <input type="checkbox"/> No
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Date of First, Resumed Production, SWD or ENHR.	Producing Method: <input type="checkbox"/> Flowing <input type="checkbox"/> Pumping <input type="checkbox"/> Gas Lift <input type="checkbox"/> Other <i>(Explain)</i> _____
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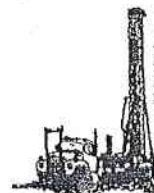
Estimated Production Per 24 Hours	Oil Bbls.	Gas Mcf	Water Bbls.	Gas-Oil Ratio	Gravity

<b>DISPOSITION OF GAS:</b> <input type="checkbox"/> Vented <input type="checkbox"/> Sold <input type="checkbox"/> Used on Lease <i>(If vented, Submit ACO-18.)</i>	<b>METHOD OF COMPLETION:</b> <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> _____	<b>PRODUCTION INTERVAL:</b> _____ _____
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# LEIS OIL SERVICES

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



Operator License #:		API #: 003 - 26110 - 00 - 00
Operator:		Lease: Banks
Address:		Well #: 40
Phone:		Spud Date: 6-4-14 Completed: 6-6-14
Contractor License: 32079		Location: NE, SE, SW NE
T.D.: 842 T.D. of Pipe: 831 Size: 2 7/8		3189 Feet From South
Surface Pipe Size: 7" Depth: 37		1502 Feet From East
Kind of Well: oil		County: Anderson 23 - 20 - 20

## LOG

Thickness	Strata	From	To	Thickness	Strata	From	To
	Soil & Clay	0	26		Shale	513	531
	Gravel	26	32		lim	534	538
	limy Shale	32	37		SCH 2	538	564
	lim	37	69		lim	564	568
	Shale	69	85		Sand	568	576
	lim	85	87		limy Sand	576	586
	Shale	87	133		Black Sh	586	588
	lim	133	186		White Shale	588	591
	Sh	186	191		oil sand	591	597
	lim	191	216		Sandy Shale	597	620
	Shale	216	220		limy Co	620	621
	lim	220	238		Shale	621	634
	Shal Big	238	314		No P <sup>2</sup> Sand	634	646
	lim	314	316		Shale	646	651
	Sh	316	407		lim	651	654
	lim	407	410		Shale	654	712
	Shale	410	414		Iron Sand	712	727
	lim	414	418		lim	727	729
	Shale	418	424		oil sand	729	732
	lim	424	435		Iron sand	732	748
	Shale	435	487		Iron oil	748	753
	lim	487	494		Shale	753	757
	Shale	494	501		Sandy	757	767
	lim	501	503		Shale sandy	767	782
	Shale	503	511		Shale Dark	782	802
	lim	511	513		Shale	802	842

lim 534

51

Drilling Remarks: 591-597 <sup>Good</sup> oil sand; 599-600 <sup>40-70 oil</sup> ; 631 TD <sup>842</sup>  
oil sand 729 - 732; sand lens 732 - 748  
Good oil 748 - 754



**CONSOLIDATED**  
Oil Well Services, LLC

268784

TICKET NUMBER 47311  
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
6-6-14	H21	Banks 40	NE 22	2D	2D	AN

CUSTOMER	TRUCK #	DRIVER	TRUCK #	DRIVER
Hunt Oil LLC	730	Alan Maden	Safety	Meat
	368	Alan Maden		
	675	Keith Det		
	548	Garmon		

MAILING ADDRESS: 259 W Park Rd.  
CITY: Garnett STATE: KS ZIP CODE: 66032

JOB TYPE: long string HOLE SIZE: 5 7/8 HOLE DEPTH: 842 CASING SIZE & WEIGHT: 2 7/8  
CASING DEPTH: 831 DRILL PIPE: \_\_\_\_\_ TUBING: \_\_\_\_\_ OTHER: \_\_\_\_\_  
SLURRY WEIGHT: \_\_\_\_\_ SLURRY VOL: \_\_\_\_\_ WATER gal/sk: \_\_\_\_\_ CEMENT LEFT in CASING: yes  
DISPLACEMENT: 4.8 DISPLACEMENT PSI: 800 MIX PSI: 200 RATE: 4/bpm

REMARKS: Held meeting. Established rate. Mixed & pumped 100# gel followed by 90 sk OWC plus 1/2# flo-seal per sack circulated cement. Flushed pump. Pumped plug to casing TD well held 800 p.s.i. Set float.

John Heis

*Alan Maden*

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401	1	PUMP CHARGE	368	1085.00 ✓
5408	25	MILEAGE	368	105.00 ✓
5402	831	casing feet asc	368	N/C ✓
5407	min	ton miles	548	368.00 ✓
5502L	2	80 val	675	200.00 ✓
1126	90	owc	1777.50	✓
1118B	100 #	gel	22.00	✓
1107	25 #	flo seal	56.81	✓
		material sub	1856.31	✓
		less 30%	-556.89	
		material total		1299.42
4402	1	2 1/2 plug		29.50 ✓
		<input checked="" type="checkbox"/> complete	3788.08	

Havin 3737

NO company rep  
Jim OK'd

AUTHORIZATION: \_\_\_\_\_ TITLE: \_\_\_\_\_ DATE: \_\_\_\_\_

SALES TAX: 101.67  
ESTIMATED TOTAL: 3188.59

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.

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 14, 2014

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

Re: ACO-1  
API 15-003-26110-00-00  
Banks 40  
NE/4 Sec.23-20S-20E  
Anderson County, Kansas

Dear Burt Perterson:

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 6/4/2014 and the ACO-1 was received on October 06, 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