



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1226808
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: _____



1226808

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> <i>(Submit ACO-4)</i> <input type="checkbox"/> Other <i>(Specify)</i> _____	PRODUCTION INTERVAL: _____ _____
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Form	ACO1 - Well Completion
Operator	K & N Petroleum, Inc.
Well Name	Hoffman 12-1
Doc ID	1226808

All Electric Logs Run

Borehole Compensated Sonic Log
Dual Compensated Porosity Log
Microresistivity Log
Dual Induction Log
Cement Bond Log
Computer Processed Interpretation

Form	ACO1 - Well Completion
Operator	K & N Petroleum, Inc.
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Tops

Name	Top	Datum
Heebner	2898	
Toronto	2919	
Douglas	2932	
Brown Lime	3018	
Lansing	3039	
BKC	3296	
S Cong	3336	
Arbuckle	3342	



TREATMENT REPORT

Acid Stage No. _____

Date: 5/6/2014 District _____ F.O. No. 40258

Company K&N PETROLUEM

Well Name & No. HOFFMAN 12-1

Location _____ Field _____

County BARTON State KS

Casing: Size 8 5/8 Type & Wt. 23 Set at 367 ft.

Formation: _____ Perf. _____ to _____

Formation: _____ Perf. _____ to _____

Formation: _____ Perf. _____ to _____

Liner: Size _____ Type & Wt. _____ Top at _____ ft. Bottom at _____ ft.

Cemented: _____ Perforated from _____ ft. to _____ ft.

Tubing: Size & Wt. _____ Swung at _____ ft.

Perforated from _____ ft. to _____ ft.

Open Hole Size _____ T.D. _____ ft. P.B. to _____ ft.

Type Treatment: Amt. Type Fluid Sand Size Pounds of Sand

Bkdown _____ Bbl./Gal. _____

_____ Bbl./Gal. _____

_____ Bbl./Gal. _____

_____ Bbl./Gal. _____

Flush _____ Bbl./Gal. _____

Treated from _____ ft. to _____ ft. No. ft. 0

from _____ ft. to _____ ft. No. ft. 0

from _____ ft. to _____ ft. No. ft. 0

Actual Volume of Oil / Water to Load Hole: _____ Bbl./Gal.

Pump Trucks: No. Used: Std. 318 Sp. _____ Twin _____

Auxiliary Equipment 360-310

Personnel BRANDON SCOTT AND JORDAN

Auxiliary Tools _____

Plugging or Sealing Materials: Type _____ Gals. _____ lb.

Company Representative ED Treater BRANDON

TIME a.m./p.m.	PRESSURES		Total Fluid Pumped	REMARKS
	Tubing	Casing		
10:30				ON LOCATION
				367' HOLE
				367' 8 5/8 23# SURFACE
				DISP-21 1/2 BBL
				BREAK CIRCULATION W/ MUD PUMP
				PUMP 275 SKS 60/40 2% GEL 3% CAL CHLOR AND CIRCULATED CEMENT
				TO SURFACE
				DISPLACE 21 1/2 BBL
12:15				PLUG DOWN
				THANKS
				BRANDON

TREATMENT REPORT

Acid Stage No. _____

Date 5/13/2014 District G.B. F.O. No. C40221
 Company K&N Petroleum
 Well Name & No. Hoffman 12-1
 Location _____ Field _____
 County Barton State KS

Type Treatment: Amt. Type Fluid Sand Size Pounds of Sand
 Bkdown _____ Bbl./Gal. _____
 _____ Bbl./Gal. _____
 _____ Bbl./Gal. _____
 _____ Bbl./Gal. _____
 Flush _____ Bbl./Gal. _____

Casing: Size 5.5" Type & Wt. 14# Set at _____ ft.
 Formation: _____ Perf. _____ to _____
 Formation: _____ Perf. _____ to _____
 Formation: _____ Perf. _____ to _____
 Liner: Size _____ Type & Wt. _____ Top at _____ ft. Bottom at _____ ft.
 Cemented: Yes No Perforated from _____ ft. to _____ ft.
 Tubing: Size & Wt. _____ Swung at _____ ft.
 Perforated from _____ ft. to _____ ft.

Treated from _____ ft. to _____ ft. No. ft. 0
 from _____ ft. to _____ ft. No. ft. 0
 from _____ ft. to _____ ft. No. ft. 0

Actual Volume of Oil / Water to Load Hole: _____ Bbl./Gal.

Pump Trucks. No. Used: Std. 320 Sp. _____ Twin _____
 Auxiliary Equipment _____
 Personnel Nathan Greg Mike
 Auxiliary Tools _____
 Plugging or Sealing Materials: Type _____ Gals. _____ lb.

Open Hole Size _____ I.D. _____ ft. P.B. to _____ ft.

Company Representative [Signature] ED Treater Nathan W.

TIME	PRESSURES		Total Fluid Pumped	REMARKS
	a.m./p.m.	Tubing		
10:30		5.5"		On Location. Rig laying down collars.
				Hole-3420' Centralizers-1-3-5-7-9
				Pipe-3420' Baskets-2-4
12:30				Run casing and tag bottom. Pick up 1'
2:00				Break circulation with mud pump. Circulate for 30 minutes.
2:30				Pump 600gal Mud Flush.
				Plug Rat Hole with 30sks 60/40poz
				Plug Mouse Hole with 20sks.
				Mix 200sks 60/40poz 2%gel 18%salt .5%C-37 .5%C41p 5#/sk Gilsonite.
				Displace with 83.1bbbls at 7bpm-1000# Plug landed at 1500#
3:30				Release pressure. Float held. Wash up.
				Thank You!
				Nathan W.