



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1226912
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: _____



1226912

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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Form	ACO1 - Well Completion
Operator	Howell Oil Company, Inc.
Well Name	Howell 2
Doc ID	1226912

All Electric Logs Run

Porosity
Induction
Micro
Cement Bond



CONSOLIDATED
Oil Well Services, LLC

TICKET NUMBER 48599

LOCATION El Dorado

FOREMAN Fuzzy

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
8-6-14	3631	Howell #2	24	23	4	Renov
CUSTOMER Howell O. L Co.			Burton w. city line in. bu 5-in			
MAILING ADDRESS 2400 River Birch Rd			TRUCK #	DRIVER	TRUCK #	DRIVER
CITY Hutchinson			446	Josh		
STATE KS			713			
ZIP CODE						

JOB TYPE Production HOLE SIZE 7 7/8 HOLE DEPTH 4280' CASING SIZE & WEIGHT 5 1/2 x 14 #415.5 #
 CASING DEPTH 3871' DRILL PIPE _____ TUBING _____ OTHER _____
 SLURRY WEIGHT _____ SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT in CASING 8.4
 DISPLACEMENT 93.5 DISPLACEMENT PSI _____ MIX PSI _____ RATE _____

REMARKS: Safety meeting on fossil dig. Float equip. Turbos 1-3-5-7-9
14-19-24 - Baskets 6-15-30. Rig up and circulate 30 min. Set
Packet shoe @ 1200* Pump 5 BBL water 500gal mud flush, 5 BBL
water mix 25sks in PH mix 22sks class 'A' 290cc, 390gal
5* Kolseal. Wash pump and lines. Drop plug and displace 93 1/2
BBL. 1000* lift, Land plug @ 1500*. Float held.

Thanks Fuzzy crew

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401	1	PUMP CHARGE	1085 ⁰⁰	1085 ⁰⁰
5406	55	MILEAGE	420	231 ⁰⁰
5407A		Ton mileage Delivery	141	915 ⁰⁰
11045	250sks	Class 'A'	1520	3925 ⁰⁰
1118B	705#	Bentonite	.22	155 ¹⁰
1102	470#	Calcium chloride	.78	366 ⁶⁰
1110A	1250#	Kol-seal	.46	575 ⁰⁰
11446	500gal	mud flush	1.10	550 ⁰⁰
4253	1	5 1/2 x 7 7/8 Packet shoe	1663 ⁰⁰	1663 ⁰⁰
4454	1	5 1/2 - Hatchdown Assy	266 ⁷⁵	266 ⁷⁵
4136	8	5 1/2 - Turbolizers	75 ²⁵	606 ⁰⁰
4104	3	5 1/2 - Baskets	290 ⁰⁰	870 ⁰⁰
		subtotal		11208 ⁵⁰
		30% disc cement materials		1506 ⁵¹
		subtotal		9702 ⁰³
		SALES TAX		
		ESTIMATED TOTAL		

Ravin 3737

AUTHORIZATION [Signature] TITLE _____ 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.



CONSOLIDATED
Oil Well Services, LLC

PO Box 884, Chanute, KS 66720
620-431-9210 or 800-467-8676

TICKET NUMBER 48595
LOCATION [REDACTED]
FOREMAN Fuzz

FIELD TICKET & TREATMENT REPORT
CEMENT

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
7-30-14	3631	Howell #2	24	23	4	Ks Reno
CUSTOMER Howell Oil Co.			Burrows			
MAILING ADDRESS 2400 Riverbirech Rd			w-city line follow curves south to Rig			
CITY Hutchinson	STATE KS	ZIP CODE 67502	TRUCK #	DRIVER	TRUCK #	DRIVER
			603	Tracy		
			681	Brandon		
			491	Dustin		

JOB TYPE Surface HOLE SIZE 17 1/4 HOLE DEPTH 304' CASING SIZE & WEIGHT 13 3/8 48#
 CASING DEPTH 322' DRILL PIPE _____ TUBING _____ OTHER _____
 SLURRY WEIGHT 14.7 SLURRY VOL 1.36 WATER gal/sk 6.5 CEMENT LEFT in CASING 20'
 DISPLACEMENT 49.3 DISPLACEMENT PSI _____ MIX PSI _____ RATE _____

REMARKS: Safety meeting on Fossil #2 Rig up and circulate. Mix 300 sks class 'A' 3%ore 2%ore 1/2# poly flake. Displace 42.3 BBL and shot in cement did not circulate. Cement B-side with 100 sks class 'A' neat. Cement did circulate in collar.

Thanks Fuzz & crew

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401	1	PUMP CHARGE	1085 ⁰⁰	1085 ⁰⁰
5406	55	MILEAGE	4 ²⁰	231 ²⁰
5407A	18.8 ton	Ton mileage Delivery	14 ¹	1457 ⁹⁴
1104S	400 sks	Class 'A'	15 ²⁰	6280 ⁰⁰
1102	846 #	Calcium chloride	.78	659 ⁸⁸
1118B	569 #	Borax	.22	124 ⁰⁸
1107	150 #	Poly flake	2 ⁴²	370 ³⁰
		Subtotal		10208 ⁴⁹
		30% disc cement materials		2230 ³³
		Subtotal		7978 ⁰⁷
		SALES TAX		
		ESTIMATED TOTAL		

Ravin 3737

AUTHORIZATION [Signature] TITLE _____ 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.