



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1225830
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: _____

1225830

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)*

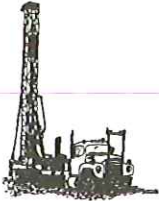
Shots Per Foot	PERFORATION RECORD - Bridge Plugs Set/Type Specify Footage of Each Interval Perforated	Acid, Fracture, Shot, Cement Squeeze Record <i>(Amount and Kind of Material Used)</i>	Depth

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)* _____

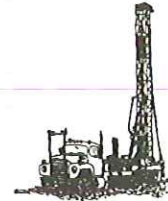
Estimated Production Per 24 Hours	Oil Bbls.	Gas Mcf	Water Bbls.	Gas-Oil Ratio	Gravity

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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LEIS OIL SERVICES

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



Operator License #: 35034	API #: 15-003-26220-00-00
Operator: Hunt Oil, LLC	Lease: Banks
Address: 259 W. Park Rd Garnett, KS 66032	Well #: 18
Phone: (913) 208-8183	Spud Date: 6/9/14 Completed: 6/10/14
Contractor License: 32079	Location: SW/NE/SW/NE of 22-20S-20E
T.D. : 834 T.D. of Pipe: 830 Size: 2.875"	3520 Feet From South
Surface Pipe Size: 7" Depth: 21'	1828 Feet From East
Kind of Well: Oil	County: Anderson

LOG

Thickness	Strata	From	To	Thickness	Strata	From	To
7	Soil/Clay	0	7	2	Lime	571	573
9	Gravel	7	16	8	Shale	573	581
28	Shale	16	44	2	Lime	581	583
28	Lime	44	72	16	Shale	583	599
21	Shale	72	93	6	Oil Sand	599	605
3	Lime	93	96	21	Shale	605	626
44	Shale	96	140	1	Lime	626	627
10	Lime	140	150	13	Shale	627	640
6	Shale	150	156	7	Oil Sand	640	647
14	Lime	156	170	9	Sandy Shale	647	656
4	Shale	170	174	3	Lime	656	659
18	Lime	174	192	42	Dark Shale	659	701
6	Shale	192	198	13	Sandy Shale	701	714
22	Lime	198	220	87	Gassy Sand	714	801
5	Shale	220	225	33	Wht Sandy Shale	801	834
23	Lime	225	248				
176	Shale	248	424				
3	Lime	424	427				
3	Shale	427	430				
9	Lime	430	439				
55	Shale	439	494				
4	Lime	494	498				
10	Shale	498	508				
2	Lime	508	510				
8	Shale	510	518				
1	Lime	518	519		T.D.		834
20	Shale	519	539		T.D. of pipe		830
11	Lime	539	550				
21	Sandy Lime	550	571				



CONSOLIDATED
Oil Well Services, LLC

268801

TICKET NUMBER 47314
LOCATION Ottawa
FOREMAN Alan Made

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
6-11-14	H21	Banks #18	NE 22	20	20	AN

CUSTOMER	TRUCK #	DRIVER	TRUCK #	DRIVER
Hunt Oil	230	Alan Made	Safety	Meat
MAILING ADDRESS	368	Al Made		
259 W Park Rd.	369	Mik Hig		
CITY	548	Mik Fox		
Garnett				
STATE				
KS				
ZIP CODE				
66032				

JOB TYPE long string HOLE SIZE 5 7/8 HOLE DEPTH 834 CASING SIZE & WEIGHT 2 7/8
 CASING DEPTH 824 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. Est. established rate. Mixed & pumped 100# gel followed by 82 sk DWC plus 1/2# floseal per sack circulated cement. Flashed pump, pumped plug to casing ID. Well hold 800 PSI. Set float.
Very Muddy, pulled into well.

John Heis

Alan Made

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401	1	PUMP CHARGE	368	1080.00
5406	25	MILEAGE	368	105.00
5402	824	casing footage	368	304,272.00
5407	min	ton miles	548	368.00
5502C	2 1/2	80 van	369	250.00
1126	82	DWC	1619.50	132,819.00
1118B	100 #	gel	22.00	2,200.00
1107	21 #	floseal	51.87	1,089.87
		material sub less 30%	1693.37	508.01
		material total		1185.36
4402	1	2 1/2 plug		29.50
		<input checked="" type="checkbox"/> completed		3062.51
		SALES TAX		92.94
		ESTIMATED TOTAL		3115.80

Ravin 3737

[Signature]

AUTHORIZATION _____ 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.