



Confidentiality Requested:

Yes  No

KANSAS CORPORATION COMMISSION 1226338  
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: \_\_\_\_\_

1226338

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

<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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Form	ACO1 - Well Completion
Operator	Hartman Oil Co., Inc.
Well Name	J7 Land 13-2
Doc ID	1226338

All Electric Logs Run

Microlog
Array Compensated True Resistivity
Borehole Compensated Sonic Array
Annular Hole Volume Plot

Form	ACO1 - Well Completion
Operator	Hartman Oil Co., Inc.
Well Name	J7 Land 13-2
Doc ID	1226338

Tops

Name	Top	Datum
Altamont B	4544	-1325
Altamont C	4587	-1368
Pawnee	4620	-1401
Ft Scott	4653	-1434
Cherokee	4664	-1445
Johnson Zone	4744	-1525
Atoka	4853	-1634
Morrow	4890	-1671
Missippian	4977	-1758
TD	5055	-1836





PO Box 93999  
Southlake, TX 76092

Voice: (817) 546-7282  
Fax: (817) 246-3361

# INVOICE

Invoice Number: 146143  
Invoice Date: Oct 4, 2014  
Page: 1

Federal Tax I.D.#: 20-8651475

**COPY**

<b>Bill To:</b>
Hartman Oil Co., Inc. H2 Drilling & H2 Trucking 3545 W. Jones Avenue Garden City, KS 67846

Customer ID	Field Ticket #	Payment Terms	
Hart	63766	Net 30 Days	
Job Location	Camp Location	Service Date	Due Date
KS1-03	Oakley	Oct 4, 2014	11/3/14

Quantity	Item	Description	Unit Price	Amount
1.00	WELL NAME	J7 Land #13-2 <i>81756</i>		
300.00	CEMENT MATERIALS	60/40/4% Gel Blend	18.92	5,676.00
75.00	CEMENT MATERIALS	Flo Seal	2.97	222.75
312.20	CEMENT SERVICE	Cubic Feet Charge	2.48	774.26
1,143.59	CEMENT SERVICE	Ton Mileage Charge	2.75	3,144.87
1.00	CEMENT SERVICE	Plug to Abandon	2,483.59	2,483.59
85.00	CEMENT SERVICE	Pump Truck Mileage	7.70	654.50
85.00	CEMENT SERVICE	Light Vehicle Mileage	4.40	374.00
1.00	CEMENT SUPERVISOR	Alan Ryan		
1.00	EQUIPMENT OPERATOR	Kevin Ryan		

*DSA*  
*Dr. Mitchell*  
*10-14-14*

ALL PRICES ARE NET, PAYABLE  
30 DAYS FOLLOWING DATE OF  
INVOICE. 1 1/2% CHARGED  
THEREAFTER. IF ACCOUNT IS  
CURRENT, TAKE DISCOUNT OF

\$ 3,465.79

ONLY IF PAID ON OR BEFORE  
Nov 3, 2014

Subtotal	13,329.97
Sales Tax	819.79
Total Invoice Amount	14,149.76
Payment/Credit Applied	
<b>TOTAL</b>	<b>14,149.76</b>

# ALLIED OIL & GAS SERVICES, LLC

063766

143

Federal Tax I.D. # 20-8651475

REMIT TO P.O. BOX 93999  
SOUTHLAKE, TEXAS 76092

SERVICE POINT:  
Quilley, TX

DATE <u>10/1/14</u>	SEC. <u>13</u>	TWP. <u>21</u>	RANGE <u>36</u>	CALLED OUT	ON LOCATION	JOB START <u>1:00</u>	JOB FINISH <u>2:00</u>
LEASE <u>J 7 Land</u>	WELL # <u>13-2</u>	LOCATION <u>South City 5 to CL W to NW</u>			COUNTY <u>Rockwall</u>	STATE <u>TX</u>	
OLD OR NEW (Circle one)				<u>35 TO 340 2W 1/4 N E into</u>			

CONTRACTOR H2 #3 OWNER Same

TYPE OF JOB <u>PTA</u>	CEMENT
HOLE SIZE <u>2 7/8</u>	AMOUNT ORDERED <u>300 60/40 400 gal</u>
CASING SIZE <u>8 7/8</u>	<u>7478</u>
TUBING SIZE	
DRILL PIPE	
TOOL	
PRES. MAX	
MEAS. LINE	
CEMENT LEFT IN CSG.	
PERFS.	
DISPLACEMENT	

EQUIPMENT		COMMON	@	
PUMP TRUCK # <u>386-281</u>	CEMENTER <u>Al Buch</u>	POZMIX	@	
BULK TRUCK # <u>818</u>	HELPER <u>Burn Ryan</u>	GEL	@	
BULK TRUCK #	DRIVER <u>Marcos (TOS)</u>	CHLORIDE	@	
BULK TRUCK #	DRIVER	<u>300/40 400 gal 200SK</u>	@	<u>18 7/8 5076</u>
		<u>F10 Seal 25 lb</u>	@	<u>2 2 222 75</u>
		<u>Medford Tanks</u>	@	<u>5,878.75</u>
		<u>(1503.3.58 / 150)</u>	@	
			@	
			@	
			@	
			@	
		HANDLING <u>312.2 CF</u>	@	<u>2 70 774 26</u>
		MILEAGE <u>275 to 700 h/ll 13.454 700</u>	@	<u>3144 87</u>
		TOTAL		

REMARKS:

50SK @ 2250'

80SK @ 1080'

50SK 600'

50SK 300'

20SK 60'

30SK AH

20SK MH

Thank You

Al, Burn - Marcos

CHARGE TO: Hartman Oil

STREET \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

SERVICE	
DEPTH OF JOB	
PUMP TRUCK CHARGE	<u>2483.29</u>
EXTRA FOOTAGE	@
MILEAGE <u>85</u>	@ <u>2 20 654 50</u>
MANIFOLD	@
<u>4 to vehicle 85</u>	@ <u>4 40 354 00</u>
	@
<u>(1932.11 / 26.3)</u>	
TOTAL	<u>1,131.00</u>

PLUG & FLOAT EQUIPMENT	
	@
	@
	@
	@
	@
TOTAL	

To: Allied Oil & Gas Services, LLC.  
You are hereby requested to rent cementing equipment and furnish cementer and helper(s) to assist owner or contractor to do work as is listed. The above work was done to satisfaction and supervision of owner agent or contractor. I have read and understand the "GENERAL TERMS AND CONDITIONS" listed on the reverse side.

PRINTED NAME \_\_\_\_\_

SIGNATURE F. C. Fabelo

SALES TAX (If Any) \_\_\_\_\_

TOTAL CHARGES 13,300.97

DISCOUNT 3,465.77 (26%) IF PAID IN 30 DAYS

9,835.20 Net

**FILE COPY**