Confidentiality Requested: Yes No

KANSAS CORPORATION COMMISSION OIL & GAS CONSERVATION DIVISION

1229195

Form ACO-1 August 2013 Form must be Typed Form must be Signed All blanks must be Filled

WELL COMPLETION FORM

				• • • • • • •	
WELL HISTORY	- DESCI	RIPTION	OF W	/ELL &	LEASE

OPERATOR: License #	API No. 15			
Name:	Spot Description:			
Address 1:				
Address 2:	Feet from Dorth / South Line of Section			
City: State: Zip:+	Feet from East / West Line of Section			
Contact Person:	Footages Calculated from Nearest Outside Section Corner:			
Phone: ()	□ NE □ NW □ SE □ SW			
CONTRACTOR: License #	GPS Location: Lat:, Long:			
Name:	(e.g. xx.xxxx) (e.gxxx.xxxxx)			
Wellsite Geologist:	Datum: NAD27 NAD83 WGS84			
Purchaser:	County:			
Designate Type of Completion:	Lease Name: Well #:			
New Well Re-Entry Workover	Field Name:			
	Producing Formation:			
	Elevation: Ground: Kelly Bushing:			
Gas D&A ENHR SIGW	Total Vertical Depth: Plug Back Total Depth:			
OG GSW Temp. Abd. CM (Coal Bed Methane)	Amount of Surface Pipe Set and Cemented at: Feet			
Cathodic Other (Core, Expl., etc.):	Multiple Stage Cementing Collar Used?			
If Workover/Re-entry: Old Well Info as follows:	If yes, show depth set: Feet			
Operator:	If Alternate II completion, cement circulated from:			
Well Name:	feet depth to:w/sx cmt.			
Original Comp. Date: Original Total Depth:	·····			
Deepening Re-perf. Conv. to SWD				
Plug Back Conv. to GSW Conv. to Producer	Drilling Fluid Management Plan (Data must be collected from the Reserve Pit)			
Commingled Permit #:	Chloride content: ppm Fluid volume: bbls			
Dual Completion Permit #:	Dewatering method used:			
SWD Permit #:	Location of fluid disposal if hauled offsite:			
ENHR Permit #:	Operator Name:			
GSW Permit #:	Lease Name: License #:			
Spud Date or Recompletion Date Date Reached TD Completion Date or Recompletion Date	Quarter Sec TwpS. 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:					

	Page Two	1229195
Operator Name:	Lease Name:	Well #:
Sec TwpS. R East _ West	County:	
INSTRUCTIONS: Show important tops of formations ponatrated	etail all cores Report all final	copies of drill stems tests giving interval tested, time tool

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 (Attach Additional Sh	neets)	Yes No		0	on (Top), Depth a		Sample
Samples Sent to Geolog	gical Survey	Yes No	Nam	9		Тор	Datum
Cores Taken Electric Log Run		☐ Yes ☐ No ☐ Yes ☐ No					
List All E. Logs Run:							
		CASING Report all strings set-o		w Used ermediate, product	ion, 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 / SQU	IEEZE RECORD			
Purpose:	Depth	Type of Cement	# Sacks Used		Type and F	Percent Additives	

Purpose: Perforate	Top Bottom	Type of Cement	# Sacks Used	Type and Percent Additives
Protect Casing				
Plug Off Zone				

No

Did you perform a hydraulic fracturing treatment on this well?	Yes
Does the volume of the total base fluid of the hydraulic fracturing treatment exceed 350,000 gallons?	Yes
Was the hydraulic fracturing treatment information submitted to the chemical disclosure registry?	Yes

No (If No, skip questions 2 and 3) No (If No, skip question 3)

(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					ement Squeeze Record d of Material Used)	Depth		
TUBING RECORD:	Si	ze:	Set At:		Packe	r At:	Liner R		No	
Date of First, Resumed	d Product	ion, SWD or ENHI	٦.	Producing N		ping	Gas Lift	Other (Explain)		
Estimated Production Per 24 Hours		Oil Bb	ls.	Gas	Mcf	Wat	er	Bbls.	Gas-Oil Ratio	Gravity
			1							
DISPOSIT	_			Onen Llele					PRODUCTION INTE	RVAL:
Vented Sol	d	Used on Lease		Open Hole	Perf.	Uually (Submit)		Commingled (Submit ACO-4)		
(If vented, Su	ıbmit ACC	D-18.)		Other (Specify))					

Form	ACO1 - Well Completion			
Operator	Hartman Oil Co., Inc.			
Well Name	Murray 1-33			
Doc ID	1229195			

All Electric Logs Run

Microlog	
Array Compensated True Resistivity	
Borehole Compensated Sonic Array	
Spectral Density Dual Spaced Neutron	

Form	ACO1 - Well Completion	
Operator	Hartman Oil Co., Inc.	
Well Name	Murray 1-33	
Doc ID	1229195	

Tops

Name	Тор	Datum
Stark	4322	-1089
Hushpuckney	4369	-1136
B/KC	4456	-1223
Marmaton	4482	-1249
Pawnee	4582	-1352
Ft Scott	4616	-1383
Cherokee Shale	4631	-1398
Johnson Zone	4710	-1477
Morrow	4844	-1611
Mississippi	4948	-1715
TD	5026	-1793

Form	ACO1 - Well Completion				
Operator	Hartman Oil Co., Inc.				
Well Name	Murray 1-33				
Doc ID	1229195				

Casing

Purpose Of String	Size Hole Drilled	Size Casing Set	Weight	Setting Depth	Type Of Cement		Type and Percent Additives
Surface	12.25	8.625	24	343	Class A	225	3%сс

REMIT TO P.O. BOX 93999 SOUTHLAKE, TEXAS 76092	B	SERVICE POINT: Daklay, F.		
DATE 10-16-14 SEC. 33 TWP. 2.1 RANGE 36	CALLED OUT	ON LOSATION JO	JE START	JOB FIN
LEASE WELL # 1-33 LOCATION Leot	: At Ral			STATE
OLD OR NEW (Orcle one) Sinto	1 29 10100		Cerna	K
CONTRACTOR H3 Rig1			/	
TYPE OF JOB PTA	OWNER _	Same		
HOLESIZE 778 T.D. SORG	CEMENT			
CASING SIZE DEPTH TUBING SIZE DEPTH	AMOUNTO	RDERED 2509	5/969	140
DRILL PIPE 472 DEPTH 72801		770 3 800		
TOOL DEPTH				
PRES. MAX MINIMUM MEAS. LINE SHOE JOINT	COMMON_	150510 @		360
CEMENT LEFT IN CSG.	POZMIX	860# @	9.35	93.
PERFS.	CHLORIDE	@		
DISPLACEMENT 25.3166/	ASS	e de la come		
EQUIPMENT	570-5	<u>634</u> @	2.77	187
PUMPTRUCK CEMENTER La Lang L. Want		@		
PUMPTRUCK CEMENTER La Lane 2. Wanter # 422 HELPER Warre McGhghi	1na-lea	al Totale		4.23
BULK TRUCK		Kal astrong		
#890/241 DRIVER Marco Cada Nabias	7435) (-	101.65 <u>[26</u> (@		
BULKTRUCK # DRIVER			•	
# DRIVER		269.51 57 @	2.48	665
REMARKS:	MILEAGE Z	1.21ton X 85 X	2.75 2	1620
Mir SUS KS 2281			TOTAL	
mix 80 Str 1020		SERVICE		
M1x 50 5 fs 3921				
Plus Mitt 20 55	DEPTH OF J			
Plug Mitt 20 5/3 Plug Ritt 305 Kg	PUMP TRUC			<u>¥83</u>
1-9-2-	EXTRA FOO MILEAGE		7.70	6554
- thoat you	MANIFOLD.	@		
	MILL	<u>85</u> @	4,40	324.
CHARGE TO: Hortman Oil			1 - 24	
	(1	167.56 26%	TOTAL	2 79
STREET	C	-	JIOINU	3171
CITYSTATEZIP		PLUG & FLOAT EQ	THDMENT	
		1 DOG & I DOAT DO	2011 MIGINI	
	-	@		
		the second se		
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			TOTAL	
contractor. I have read and understand the "GENERAL				
TERMS AND CONDITIONS" listed on the reverse side.	SALES TAX (: [-
Linka	TOTAL CHAI	RGES 11.035.4		
PRINTED NAME A & Coll U.	DISCOUNT	2.869.01/200	JE PAID	IN 30 F
V		7,166.22	IY el.	
SIGNATURE		01100100	11-21-5	
10-				
CODA				