



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1229541
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: _____

1229541

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: <input type="checkbox"/> Yes <input type="checkbox"/> No
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Date of First, Resumed Production, SWD or ENHR.	Producing Method:
	<input type="checkbox"/> Flowing <input type="checkbox"/> Pumping <input type="checkbox"/> Gas Lift <input type="checkbox"/> Other <i>(Explain)</i> _____

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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HAT DRILLING
 12371 KS HWY 7
 MOUND CITY, KS 66056
 LICENSE # 33734

Thohoff V9
 API # 15-001-31206-00-00
 SPUD DATE 9-9-14

Footage	Formation	Thickness	Set 21' of 8 5/8"
2	Topsoil	2	TD 1134'
10	lime	8	Ran 1120' of 4 1/2 on 9-11-14
12	shale	2	
20	lime	8	
96	shale	76	
137	lime	41	
150	shale	13	
169	sand	19	
172	lime	3	
177	shale	5	
180	lime	3	
185	shale	5	
196	lime	11	
215	shale	19	
219	lime	4	
223	shale	4	
290	lime	67	
295	shale	5	
325	lime	30	
331	shale	6	
350	lime	19	
353	red bed	3	
515	shale	162	Hertha
536	lime	21	
538	shale	2	
550	lime	12	
624	shale	74	
639	lime	15	
648	shale	9	
652	lime	4	
674	shale	22	
707	lime	33	
805	shale	98	
809	lime	4	
993	shale	184	
1000	oil sand	7	80% sand, 20% shale, good bleed
1010	oil sand	10	80% sand, 20% shale, light show
1018	oil sand	8	good show
1020	oil sand	2	light show
1024	sandy shale	4	80% show, 20% sand, light show
1041	sand	17	good show
1046	oil sand	5	excellent bleed, lots of oil
1056	sand	10	slight bleed
1059	sand	3	no show
1060	coal	1	Riverton
1094	shale	34	
1134	lime	40	Mississippi

Hurricane Services, Inc.
 104 Prairie Plaza Parkway
 Garnett, KS 66032
 Office # 785-448-3100
 Toll Free # 855-718-8027



Ticket Nº 50388
 Location _____
 Foreman Joe Blanchard

Cement Service ticket

Date	Customer #	Well Name & Number	Sec./Township/Range	County
9-11-14		V9 Thohoff		Allen
Customer	Mailing Address		City	State Zip
Vast Petro				

Job Type:

Leubsteing	Casing TD 1122	Truck #	Driver
Hole Size: 6 3/4	Casing Size: 4 1/2	26	Joe
Hole Depth: 1134	Displacement: 18	231	Tom
Bridge Plug:	Casing Weight:	108	Jeff .G
Packer:	Displacement PSI: 450	110	Arnold
	Tubing:	241	Amos/Jesse
	Cement Left in Casing: 0	Extra	Alex
	PBTD:		

Quantity Or Units	Description of Services or Product	Pump charge	
25 mi	Mileage Pump truck # 231	\$3.25/Mile	81. ²⁵
25 mi	Pick up #26	1. ⁰⁰	37. ⁵⁰
125 SK	owc Cement	17. ²⁵	2243. ⁷⁵
200 LB	Prem Gel Sweep	.30	60. ⁰⁰
4600 Gal	Garnett water	1.3 .	59. ⁰⁰
2 hr	80 vac # 108	84. ⁰⁰	168. ⁰⁰
2 hr	80 vac # 110	84. ⁰⁰	168. ⁰⁰
1 ea	Wire line	50. ⁰⁰	50. ⁰⁰
5.8 Tons	Bulk Truck minimum charge # 241	\$1.15/Mile	300. ⁰⁰
1	Plugs 4 1/2 Top Plug	38. ⁰⁰	38. ⁰⁰
	Subtotal		3996. ³⁰
	Sales Tax		
	Estimated Total		

Remarks: Hook auto Casing Achieved Circulation Pump 15 bbl Gel Sweep followed by 19 bbl water spacer. + 125 SKS owc Cement. Flush Pump. Pump Plug to bottom + Set float shoe. Cement to Surface.

(Rev 1-2011)

Customer Signature _____