



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1231075
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: _____



1231075

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> _____ <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 V11
 API # 15-001-31078-00-00
 SPUD DATE 5-15-14

Footage	Formation	Thickness	Set 22' of 8 5/8" TD 1135' Ran 1127' of 4 1/2 on 5-19-14
1	Topsoil	1	
3	lime	2	
5	clay	2	
21	lime	16	
108	shale	87	
153	lime	45	
177	shale & sandy shale	24	
196	lime	19	
202	shale, sandy shale	6	
223	lime	21	
238	shale	15	
260	lime	22	
264	shale	4	
294	lime	30	
299	shale	5	
318	lime	19	
328	shale	10	
358	lime	30	
368	shale	10	
379	lime w/shale streaks	11	
380	shale	1	
384	sandy shale	4	
386	lime	2	
488	shale	102	
499	lime	11	
522	shale	23	
542	lime	20	
551	shale	9	
577	lime	26	
588	shale	11	
608	lime	20	
622	shale	14	
644	lime	22	
654	shale	10	
703	lime	49	
706	shale	3	
714	lime	8	
814	shale	100	
822	lime/sandy shale	8	
984	shale	162	
985	lime	1	
1001	sandy shale	16	
1005	sand	4	good bleed
1008	sandy shale	3	
1065	sand	57	good bleed
1077	sandy shale	12	
1080	lime	3	
1106	sandy shale	26	
1135	lime	29	

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



Ticket Nº 50263
 Location _____
 Foreman Dwayne / Joe

Cement Service ticket

Date	Customer #	Well Name & Number	Sec./Township/Range	County
5/19/14		Tholoff V11	5-24-19	Allen
Customer	Mailing Address	#S10	City	State Zip
Vast Petroleum Corp	10939 W Alpine Hwy		Highland	Ut 84003

Job Type:

Hole Size: <u>6 7/8</u>	Casing Size: <u>11 3/4</u>	Displacement: <u>17.1</u>	Truck #	Driver
Hole Depth: <u>1135</u>	Casing Weight:	Displacement PSI:	<u>231</u>	<u>Tam</u>
Bridge Plug:	Tubing:	Cement Left in Casing:	<u>242</u>	<u>Danny</u>
Packer:	PBTD:		<u>109</u>	<u>Alex</u>
			<u>110</u>	<u>Scott</u>
			<u>111</u>	<u>Tyler</u>
			<u>25</u>	<u>Dwayne</u>

Quantity Or Units	Description of Services or Product	Pump charge	
20	Mileage	\$3.25/Mile	65.00
20	Foreman Pick #25	1.50	NC
156 SK	OWC Cement	17.95	2800.20
200 LBS	gel flush		100.00
2 hr	water truck 80 vac #111	84.00	168.00
4 hr	80 vac water truck #110	84.00	336.00
4 hr	80 vac water truck #109	84.00	336.00
6500 gal	Water	12.30/gal	80160
1	wireline	50.00	NC
7.33 Tons	Bulk Truck Minimum Charge	\$1.15/Mile	300.00
1	Plugs 4 1/2		38.00
		Subtotal	4977.70
		Sales Tax	
		Estimated Total	

Remarks: Hook up ~~2~~ achieved circulation Pumped 10 bbl gel flush followed by 20 bbl Pad Pumped 156 SKS OWC Cement + Flushed Pump. Pump Plug to bottom set float shoe At 1000 psi washed up left location.
 Cement to surface. Thanks

{1 hr wait on casing}

Customer Signature _____