

Confidentiality Requested:

Yes  No

KANSAS CORPORATION COMMISSION  
OIL & GAS CONSERVATION DIVISION

1231155

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

<input type="checkbox"/> Oil	<input type="checkbox"/> WSW	<input type="checkbox"/> SWD	<input type="checkbox"/> SIOW
<input type="checkbox"/> Gas	<input type="checkbox"/> D&A	<input type="checkbox"/> ENHR	<input type="checkbox"/> SIGW
<input type="checkbox"/> OG		<input type="checkbox"/> GSW	<input type="checkbox"/> Temp. Abd.
<input type="checkbox"/> CM (Coal Bed Methane)			
<input type="checkbox"/> Cathodic <input type="checkbox"/> Other (Core, Expl., etc.): _____			

If Workover/Re-entry: Old Well Info as follows:

Operator: \_\_\_\_\_

Well Name: \_\_\_\_\_

Original Comp. Date: \_\_\_\_\_ Original Total Depth: \_\_\_\_\_

<input type="checkbox"/> Deepening	<input type="checkbox"/> Re-perf.	<input type="checkbox"/> Conv. to ENHR	<input type="checkbox"/> Conv. to SWD
<input type="checkbox"/> Plug Back		<input type="checkbox"/> Conv. to GSW	<input type="checkbox"/> Conv. to Producer
<input type="checkbox"/> Commingled		Permit #: _____	
<input type="checkbox"/> Dual Completion		Permit #: _____	
<input type="checkbox"/> SWD		Permit #: _____	
<input type="checkbox"/> ENHR		Permit #: _____	
<input type="checkbox"/> GSW		Permit #: _____	

Spud Date or  
Recompletion Date

Date Reached TD

Completion Date or  
Recompletion Date

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: \_\_\_\_\_



1231155

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](mailto: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 Sheets)	<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:				

<b>CASING RECORD</b> <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: <input type="checkbox"/> Perforate <input type="checkbox"/> Protect Casing <input type="checkbox"/> Plug Back TD <input type="checkbox"/> Plug Off Zone	Depth Top Bottom	Type of Cement	# Sacks Used	Type and Percent Additives

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 (Amount and Kind of Material Used)		Depth

 TUBING RECORD: Size: \_\_\_\_\_ Set At: \_\_\_\_\_ Packer At: \_\_\_\_\_ Liner Run:  Yes  No

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 (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 (If vented, Submit ACO-18.)	METHOD OF COMPLETION: <input type="checkbox"/> Open Hole <input type="checkbox"/> Perf. <input type="checkbox"/> Dually Comp. (Submit ACO-5) <input type="checkbox"/> Other (Specify) _____			PRODUCTION INTERVAL: <hr/> <hr/>		
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HAT DRILLING  
12371 KS HWY 7  
MOUND CITY, KS 66056  
LICENSE # 33734

Gardner #V-1  
API # 15-121-30085-00-00  
SPUD DATE 05-07-14

Footage	Formation	Thickness	Set 21.65' of 8 5/8"
0	Topsoil	0	TD 365'
5	lime	5	Ran 0' of 4 1/2 on 05-08-14
24	shale	19	
53	lime	29	
67	shale	14	
80	lime	13	
115	shale	35	
119	lime	4	
128	sand	9	odor and rainbow
139	lime	11	
144	shale	5	
158	lime	14	
309	shale	151	
310	lime	1	
313	sand	3	odor, some bleed
316	shale	3	
319	shale	3	
322	shale	3	
325	shale	3	
328	sand/shale	3	odor and rainbow \ 4' sand
331	shale/sand	3	odor and little bleed /
365	shale	34	



# **CONSOLIDATED**

**ON Web Services, LLC**

PO Box 884, Choute, KS 66720  
620-431-9210 or 10-467-8676

268018

TICKET NUMBER 47139

LOCATION Df Hawg

FOREMAN Alan Mader

**FOR  
FIELD TICKET & TREATMENT REPORT**

## CEMENT

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
5-8-14	8553	Gardner V-1	SW 27	16	25	M.
CUSTOMER Vast Petroleum						
MAILING ADDRESS 10939 N. Alpine Highway						
CITY Highland		STATE Utah	ZIP CODE 84003			
JOB TYPE Plug		HOLE SIZE 6 3/4	HOLE DEPTH 365	CASING SIZE & WEIGHT		
CASING DEPTH		DRILL PIPE	TUBING	OTHER		
SLURRY WEIGHT		SLURRY VOL	WATER gal/sk	CEMENT LEFT in CASING		
DISPLACEMENT		DISPLACEMENT PSI	MIX PSI	RATE 46ppm		
REMARKS: Established 19 ft down drill spec at hole T-1 Mixed & pumped 19 sk 50/50 cement slus 67p gal Circulated cement to surface. Pulled drill steel out & topped off well with cement						
59 sk total						

HAT, Make

Alan Mader

Band 3237

**AUTHORIZATION**

Sonya

ESTIMATED TOTAL 2 381.53  
TITLE Twinkie (LAST PERIOD) DATE 8/14

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.