



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1236558
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: _____

1236558

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 <i>(Attach Additional Sheets)</i>	<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:				

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
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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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Form	ACO1 - Well Completion
Operator	C5 Energy LLC
Well Name	Hartzell 47
Doc ID	1236558

Tops

Name	Top	Datum
DOUGLAS	5	938
LITTLE SALT	544	399
BIG SALT	766	177
DRUM	904	39
REDD	926	17
LENAPAH	1110	-167
WAYSIDE	1120	-176
ALTAMONT	1172	-229

CEMENT FIELD TICKET AND TREATMENT REPORT

Customer	C-5 Energy	State, County	Chautauqua, Kansas	Cement Type	CLASS A	
Job Type	Long String	Section		Excess (%)	50	
Customer Acct #		TWP		Density	14	
Well No.	Hartzell #47	RGE		Water Required	7.9	
Mailing Address		Formation		Yield	1.74	
City & State		Tubing		Sacks of Cement	140	
Zip Code		Drill Pipe		Slurry Volume	43.3 bbl	
Contact		Casing Size	4 1/2" (11.60#)	Displacement	18.3	
Email		Hole Size	6 3/4"	Displacement PSI	300-1000	
Cell		Casing Depth	1184'	MIX PSI	300	
Dispatch Location	BARTLESVILLE	Hole Depth		Rate	4 bpm	
Code	Cement Pump Charges and Mileage	Quantity	Unit	Price per Unit		
5401	CEMENT PUMP (2 HOUR MAX)	1	2 HRS MAX	\$1,085.00	\$ 1,085.00	
5402	FOOTAGE	1184	PER FOOT	\$0.23	\$ 272.32	
5406	EQUIPMENT MILEAGE (ONE-WAY)	40	PER MILE	\$4.20	\$ 168.00	
5407	MIN. BULK DELIVERY (WITHIN 50 MILES)	1	PER LOAD	\$368.00	\$ 368.00	
5621	4 1/2 INCH PLUG CONTAINER	1	PER UNIT	\$215.00	\$ 215.00	
0			0	\$0.00	\$ -	
0			0	\$0.00	\$ -	
0			0	\$0.00	\$ -	
0			0	\$0.00	\$ -	
EQUIPMENT TOTAL					\$ 2,108.32	
Cement, Chemicals and Water						
1126	WVC. CEMENT (CAL SEAL) 5%OWC, 2% CAL CHLORIDE 2% GE	140	0	\$19.75	\$ 2,765.00	
1107A	PHENOSEAL	80	0	\$1.35	\$ 108.00	
1110A	KOL SEAL (50 # SK)	850	0	\$0.46	\$ 391.00	
1111	GRANULATED SALT (50#) SELL BY #	900	0	\$0.39	\$ 351.00	
0			TOTAL		\$ 3,615.00	
0			DISCOUNT	30%	\$ (1,084.50)	
0			0	\$0.00	\$ -	
0			0	\$0.00	\$ -	
0			0	\$0.00	\$ -	
0			0	\$0.00	\$ -	
0			0	\$0.00	\$ -	
0			0	\$0.00	\$ -	
0			0	\$0.00	\$ -	
0			0	\$0.00	\$ -	
1123	CITY WATER (PER 1000 GAL)	4200	Per 1000 Gal	\$17.30	\$ 72.66	
Chemical Total					\$ 2,603.16	
Cement Water Transports						
5501C	WATER TRANSPORT (CEMENT)	4	WATER TRANSPORT (CEMENT)	\$120.00	\$ 480.00	
0			0	\$0.00	\$ -	
0			0	\$0.00	\$ -	
Transports Total					\$ 480.00	
Cement Floating Equipment (TAXABLE)						
Cement Basket						
0			0	\$0.00	\$ -	
Centralizer						
4129	CENTRALIZER 4 1/2"	4	PER UNIT	\$44.00	\$ 176.00	
0			0	\$0.00	\$ -	
Float Shoe						
4156	FLOAT SHOE 4 1/2" (FLAPPER)	1	PER UNIT	\$238.00	\$ 238.00	
Float Collars						
0			0	\$0.00	\$ -	
Guide Shoes						
0			0	\$0.00	\$ -	
Baffle and Flapper Plates						
0			0	\$0.00	\$ -	
Packer Shoes						
0			0	\$0.00	\$ -	
DV Tools						
0			0	\$0.00	\$ -	
Ball Valves, Swedges, Clamps, Misc.						
0			0	\$0.00	\$ -	
0			0	\$0.00	\$ -	
0			0	\$0.00	\$ -	
Plugs and Ball Sealers						
4404	4 1/2" RUBBER PLUG	1	PER UNIT	\$47.25	\$ 47.25	
Downhole Tools						
0			0	\$0.00	\$ -	
CEMENT FLOATING EQUIPMENT TOTAL					\$ 461.25	
				0	SUB TOTAL	\$ 5,652.73
				8.15%	SALES TAX	\$ 254.35
					TOTAL	\$ 5,907.08
				5%	(-DISCOUNT)	\$ 282.64
DISCOUNTED TOTAL					\$ 5,624.44	
TRUCK#	DRIVER NAME					
577	Kirk Sanders					
419	James Ness					
551	Jeff Fildes / Eli Nunneley's TP					

AUTHORIZATION _____
DATE _____

TITLE _____
FOREMAN *Kirk Sanders*

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.



Hughes Lumber Co #6
 246 S. Osage
 918-534-1335
 Dewey, OK 74029

"Our promise is to lighten your load with dependable, responsive, knowledgeable, professional, and friendly service."

SOLD TO
 CASH SALE

SHIP TO
 CASH SALE



Shipment #: 1

ACCOUNT #	CUSTOMER P.O.#	TERMS	ORDER#	ORDER DATE	SLSMN	INVOICE#	INVOICE DATE
06CASHS			60162318	10/23/14	BLA6	60141332	10/23/14

ORDERED	B/O	SHIPPED	U/M	DESCRIPTION	PRICE	AMOUNT
#3 35	0	35	BAG	CEMENT PORTLAND 94 LBS PORT	10.740	375.90 ^A

Warehouse : Hughes Lumber Co #6(6)

THE INVOICE TOTAL OF 407.85 HAS BEEN REDUCED BY THE FOLLOWING PAYMENTS:

DESCRIPTION	REFERENCE/CHECK #	AUTH CODE	DATE	AMOUNT
CHECK	1860	00	10/23/14	391.57
CASH		00	10/23/14	16.28

INVOICE

Correct

October 23, 2014 10:48:15	OT:BLA6	LOADED BY	DRIVER	CHECKED BY	MERCHANDISE	375.90
SHIP VIA					OTHER	0.00
***** * INVOICE * *****					TAX	31.95
6 PAGE 1 OF 1					FUEL	0.00
X _____ CUSTOMER SIGNATURE					TOTAL Change:	0.00

REFUND POLICY: MERCHANDISE CAN BE RETURNED FOR CREDIT WITHIN 30 DAYS WHEN ACCOMPANIED BY THIS RECEIPT. MERCHANDISE MUST BE IN RESALEABLE CONDITION. WE CANNOT ACCEPT RETURNS FOR BROKEN CARTON QUANTITIES OF ANY ITEM.

CUSTOMER COPY