



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1238083
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
-----------------------------------	-----------------	---

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: _____



1238083

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
--	---

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)*

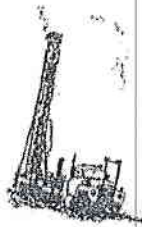
Shots Per Foot	PERFORATION RECORD - Bridge Plugs Set/Type Specify Footage of Each Interval Perforated	Acid, Fracture, Shot, Cement Squeeze Record <i>(Amount and Kind of Material Used)</i>	Depth

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)* _____

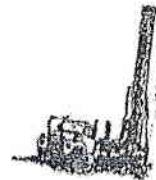
Estimated Production Per 24 Hours	Oil Bbls.	Gas Mcf	Water Bbls.	Gas-Oil Ratio	Gravity

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> _____ <i>(Submit ACO-4)</i>	PRODUCTION INTERVAL: _____ _____
--	---	---



LEIS OIL SERVICES

1410 150th Rd. • Yates Center, Kansas 66783 • (820) 912-0702



Operator License #:		API #: 003-26110-00-00
Operator:		Lease: Banks
Address:		Well #: 40
Phone:		Spud Date: 6-4-14 Completed: 6-6-14
Contractor License: 32079		Location: NE, SE, SW NE
T.D.: 842 T.D. of Pipe: 831 Size: 2 7/8		9189 Feet From South
Surface Pipe Size: 7" Depth: 37		1502 Feet From East
Kind of Well: oil		County: Anderson 23-20-20

LOG

Thickness	Strata	From	To	Thickness	Strata	From	To
	Soil & Play	0	26		Shale	513	531
	Shale	26	32		lim	534	538
	limy Shale	32	37		Sand	538	564
	lim	37	69		lim	564	576
	Shale	69	85		Shale	576	586
	lim	85	87		limy Sand	586	588
	Shale	87	133		Block Sh.	588	591
	lim	133	186		Wet Shale	591	597
	Sh	186	191		oil sand	597	620
	lim	191	216		Sandy Shale	620	621
	Shale	216	220		lim Co	621	634
	lim	220	238		Shale	634	642
	Shale Big	238	314		No P. Sand	642	651
	lim	314	316		Shale	651	654
	Sh	316	407		lim	654	712
	lim	407	410		Shale	712	727
	Shale	410	414		lim	727	729
	lim	414	418		oil sand	729	732
	Shale	418	424		oil sand	732	748
	lim	424	435		lim	748	753
	Shale	435	487		Shale	753	757
	lim	487	494		Sandy	757	767
	Shale	494	601		Shale Sandy	767	782
	lim	601	603		Shale Dark	782	802
	Shale	603	511		Shale	802	842
	lim	511	513				

Drilling Remarks: 591-597 oil sand, 599-600 40' to 70' oil, 631 TD, 534, 51

oil sand 729-732, sand 732-748

Good oil 748-754



CONSOLIDATED
Oil Well Services, LLC

PO Box 884, Chanute, KS 66720
620-431-9210 or 800-467-8676

268784

TICKET NUMBER 47311
LOCATION Ottawa
FOREMAN Alan Maden

FIELD TICKET & TREATMENT REPORT
CEMENT

DATE	CUSTOMER #	WELL NAME & NUMBER		SECTION	TOWNSHIP	RANGE	COUNTY
6-6-14	H21	Banks		40	NE 22	20	AR
CUSTOMER				TRUCK #	DRIVER	TRUCK #	DRIVER
Hunt Oil h.c.				730	Alan Maden	Safety	Meer
MAILING ADDRESS				368	Alan Maden		
259 W Park Rd.				675	Keith DeT		
CITY	STATE	ZIP CODE	HOLE DEPTH	548	Garman		
Garnett	KS	66032		842			
JOB TYPE	HOLE SIZE	DRILL PIPE	TUBING	CASING SIZE & WEIGHT			
long string	5 7/8			2 7/8			
CASING DEPTH	SLURRY VOL	DISPLACEMENT PSI	MIX PSI	CEMENT LEFT in CASING			
831	4.8	800	200	yes			
SLURRY WEIGHT	DISPLACEMENT	REMARKS:	RATE				
	4.8	Held meetings. Established rate. Mixed & pumped	40 bpm				
100# gel followed by 90 sk OWC plus by Flo-seal							
per sack circulated cement. Flushed pump.							
pumped plug to casing TD well held 805 YST.							
Set float.							

John Heis

Alan Maden

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401	1	PUMP CHARGE		
5406	25	MILEAGE	368	1085.00
5402	831	casing footage	368	105.00
5407	min	ten miles	368	NIL
5502L	2	80 vac	548	368.00
			675	200.00
1126	90	OWC		
1118B	100 #	gel	1777.50	
1107	25 #	Flo seal	22.00	
		material sub	56.81	
		less 30% =	1856.31	
		material total	556.89	
4402	1	2 1/2 plus		1299.42
				29.50
		<input checked="" type="checkbox"/> completed	3788.08	
		SALES TAX		101.67
		ESTIMATED TOTAL		3188.59

AUTHORIZATION NO company rep
Jim OK'd

TITLE _____ DATE _____

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.