



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1238135
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: _____



1238135

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)*

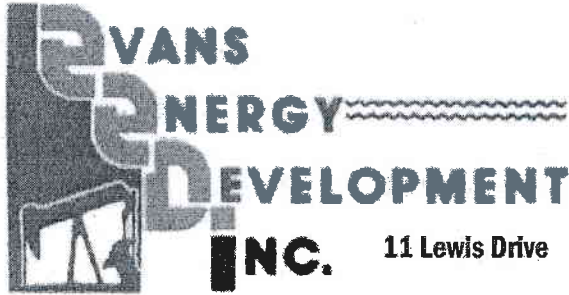
Shots Per Foot	PERFORATION RECORD - Bridge Plugs Set/Type Specify Footage of Each Interval Perforated	Acid, Fracture, Shot, Cement Squeeze Record <i>(Amount and Kind of Material Used)</i>	Depth

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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11 Lewis Drive

Paola, KS 66071

**Oil & Gas Well Drilling
Water Wells
Geo-Loop Installation**

Phone: 913-557-9083

Fax: 913-557-9084

WELL LOG

Hoehn Oil, LLC

Fleming # 1-4

API #15-059-26,828

October 28 - October 29, 2014

<u>Thickness of Strata</u>	<u>Formation</u>	<u>Total</u>
8	soil & clay	8
7	limestone	15
5	shale	20
12	lime	32
5	shale	37
19	lime	56
18	shale	74
2	lime	76
17	shale	83
19	lime	112
10	sandstone	122
71	shale	193
19	lime	212
11	shale	223
7	lime	230
10	shale	240
6	lime	246
29	shale	275 oil show 270-274
6	lime	281
5	shale	286
2	lime	288
16	shale	304
24	lime	328
10	shale	338
21	lime	359
3	shale	362
13	lime	375 base of the Kansas City
148	shale	523
8	lime	531
20	shale	551
6	broken sand	557 thin light brown sand seams & shale slight show
16	shale	573
2	coal	575
5	shale	580
3	lime	583
15	shale	598
5	lime	603
7	shale	610 dark

6	limey sand	616 few thin shale seams
4	shale	620
3	limey sand	623
6	shale	629 dark
4	brown lime	633 oil
3	limey sand	636
4	shale	640 green drilled start of core
1	brown shale	641
2	broken sand	643 30% bleeding sand, 70% green shale
2	oil sand	645 bleeding
2	limey sand	647
1.5	oil sand	648.5
0.8	lime	649.3
3.7	sand	653 20% shale 80% bleeding sand
4	shale	659 15% sand seams 85% shale
31	shale	688 no show
1	lime	689
9	shale	698
1	sea shell lime	699
6	shale	705 few very thin brown sand seams
		705 TD

Drilled a 9 7/8" hole to 21.65'

Drilled a 5 5/8" hole to 705'

Set 21.65' of new 7" threaded and coupled surface casing with 5 sacks of cement.

Set 697' of 2 7/8" 8 round upset tubing including 3 centralizers, 1 float shoe, 1 clamp.

Upper Squirrel Core Times

	<u>Minutes</u>	<u>Seconds</u>
641		22
642		30
643		29
644		33
645		31
646		28
647	1	18
648	1	45
649		32
650		36
651		20
652		14
653		20
654		28
655		22
656		30
657		33
658		24
659		23
660		21

272298

689
656



CONSOLIDATED
Oil Well Services, LLC

TICKET NUMBER 50570
LOCATION Ottawa
FOREMAN Alan Mader

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

FIELD TICKET & TREATMENT REPORT
CEMENT

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY	
10-29-14	3603	C. Fleming J-4	9E 20	16	21	FR	
CUSTOMER Hoeh Oil							
MAILING ADDRESS 40971 W 247th							
CITY Wellsville		STATE KS	ZIP CODE 66092				
TRUCK #		DRIVER		TRUCK #		DRIVER	
730		Alan Mader		Safety		Meet	
368		Alan Mader					
369		Mike Hagg					
510		DusWeb					

JOB TYPE long string HOLE SIZE 5 5/8 HOLE DEPTH 705 CASING SIZE & WEIGHT 2 7/8
 CASING DEPTH 696.9 DRILL PIPE _____ TUBING _____ OTHER _____
 SLURRY WEIGHT _____ SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT IN CASING yes
 DISPLACEMENT 4.05 DISPLACEMENT PSI 800 MIX PSI 200 RATE 4 bpm

REMARKS: Held meeting. Established rate. Mixed & pumped 100# gel followed 92 sls 50150 cement plus 2% gel. Circulated cement. Flushed pump. Pumped plug to casing TP. Well held 800 PSI for 30 min MIT. Set float.

Evans Energy

Alan Mader

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401	1	PUMP CHARGE	368	1095.00
5406	15	MILEAGE	368	63.00
5402	696.9	casing footage	368	—
5407	min	ton miles	510	368.00
5502L	1 1/2	820 gal	369	100.00
11271	92	50150 cement	1058.00	—
1118B	255#	gel	56.10	—
		Material sub	1114.10	—
		Less 50% -	334.23	—
		Material total		779.87
4402	1	2 1/2 plug		39.50
				2897.09
			SALES TAX	61.92
			ESTIMATED TOTAL	2537.29

Revin 3737

NO company rep
J. M. O'K... TITLE

HORIZION _____ DATE _____

I acknowledge that the payment terms, unless specifically amended in writing on the front of the form or in the customer's records, at our office, and conditions of service on the back of this form are in effect for services identified on this form.