



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1238145
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: _____



1238145

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)*

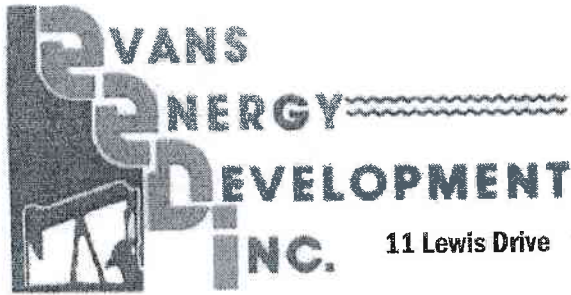
Shots Per Foot	PERFORATION RECORD - Bridge Plugs Set/Type Specify Footage of Each Interval Perforated	Acid, Fracture, Shot, Cement Squeeze Record <i>(Amount and Kind of Material Used)</i>	Depth

TUBING RECORD:	Size:	Set At:	Packer At:	Liner Run: <input type="checkbox"/> Yes <input type="checkbox"/> No
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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 <i>(Explain)</i> _____
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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> _____	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

Anderson #32

API #15-059-26,838

October 30 - October 31, 2014

<u>Thickness of Strata</u>	<u>Formation</u>	<u>Total</u>
3	soil & clay	3
12	lime	15
34	shale	49
24	lime	73
88	shale	161
22	lime	183
29	shale	212
9	lime	221
16	shale	237
13	lime	250
18	shale	268
26	lime	294
8	shale	302
24	lime	326
3	shale	329
11	lime	340 base of the Kansas City
149	shale	489
2	lime	491
6	shale	497
7	lime	504
41	shale	545
9	lime	554
12	shale	566
3	lime	569
9	shale	578
2	lime	580
11	shale	591
3	lime	594
3	shale	597
2	brown lime	599 oil show
2	lime	601
2	shale	603 grey
4	shale	607 light
6	oil sand	613 90% bleeding sand 10% light shale seams
0.2	lime	613.2
5	oil sand	618.2 solid clean bleeding
0.8	broken sand	619 40% bleeding sand 60% shale
30	shale	649
1	lime	650

Anderson # 32

Page 2

8	shale	658
0.5	sea shale & lime	658.5
0.5	shale	659
5	broken sand	664 659-662 50/50, 662-664 80% shale 20% sand
14	shale	678
2	badly broken sand	680 20% bleeding sand 80% shale
18	shale	698
1	coal	699
7	shale	706 TD

Drilled a 9 7/8" hole to 21.6'

Drilled a 5 5/8" hole to 706'

Set 21.6' of new 7" threaded and coupled surface casing with 5 sacks of cement.

Set 696' 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>
608		19
609		18
610		28
611		31
612		29
613		42
614		36
615		29
616		26
617		32
618		20
619		13
620		20
621		20
622		25
623		26
624		26
625		28
626		30
627		28



CONSOLIDATED
Oil Well Services, LLC

272309

704/671

TICKET NUMBER 50581

LOCATION Ottawa KS

FOREMAN Fred 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
10.31.14	3602	Anderson # 32	NW 6	17	21	FR
CUSTOMER <u>Hooker Oil LLC</u>			TRUCK #			
MAILING ADDRESS <u>40971 W 247th</u>			DRIVER			
CITY <u>Wellsville</u>			TRUCK #			
STATE <u>KS</u>			DRIVER			
ZIP CODE <u>66092</u>			TRUCK #			
			DRIVER			

JOB TYPE log string HOLE SIZE 5 7/8 HOLE DEPTH 706 CASING SIZE & WEIGHT 2 7/8 EUE
 CASING DEPTH 696 DRILL PIPE _____ TUBING _____ OTHER _____
 SLURRY WEIGHT _____ SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT in CASING 2 1/2" Plug
 DISPLACEMENT 1.04 BB DISPLACEMENT PSI _____ MIX PSI _____ RATE 5 BPM

REMARKS: Hold Safety Meeting. Establish pump rate. Mix Pump 100#
Gel Flush. Mix Pump 904 sks 50/50 Por Mix Cement 2% Gel.
Cement to Surface. Flush pump & lines clean. Displace 2 1/2"
rubber plug to casing TD. Pressure to 800# PSI. Release
pressure to set float valve. Shut in casing.

Evans Energy Dev. Inc.

Fred Mader

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401	1	PUMP CHARGE	495	1085 ⁰⁰
5406	15mi	MILEAGE	495	63 ⁰⁰
5402	696'	Casing footage		N/C
5407	Minimum	Ten Miles	510	368 ⁰⁰
5502C	1 1/2 hr	50 BBL Vac Truck	675	150 ⁰⁰
1124	104 SKS	50/50 Por Mix Cement	1196 ⁰⁰	
116B	275 ⁴	Premium Gel	60 ⁵⁰	
		Material	1256 ⁵⁰	
		less 30%	- 376 ²⁵	
		Total		879 ⁵⁵
4402	1	2 1/2" Rubber Plug		29 ⁵⁰
			3050 ³⁸	
			7.45%	SALES TAX
				ESTIMATED
				TOTAL

Revin 3737

AUTHORIZATION Jim Hooker by Phone 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.