



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1242526
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: _____



1242526

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: _____ _____ |
|--|---|---|



CONSOLIDATED
Oil Well Services, LLC

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

272181

TICKET NUMBER 50564
LOCATION Ottawa
FOREMAN Alan Mader

FIELD TICKET & TREATMENT REPORT
CEMENT

| DATE | CUSTOMER # | WELL NAME & NUMBER | SECTION | TOWNSHIP | RANGE | COUNTY |
|---|------------------|--------------------|-------------------------------|----------|-------|--------|
| 10-27-14 | 7381 | R & M Hoehn 3 | NE 20 | 16 | 21 | FR |
| CUSTOMER S & B Operating | | | TRUCK # DRIVER TRUCK # DRIVER | | | |
| MAILING ADDRESS 9393 W 160 th | | | 730 Alg Mader Safety Meet | | | |
| CITY STATE ZIP CODE Overland Park KS 66210 | | | 368 Brl Mader | | | |
| | | | 369 Mik Hagg | | | |
| | | | 510 Dus Webb | | | |
| JOB TYPE | HOLE SIZE | HOLE DEPTH | CASING SIZE & WEIGHT | | | |
| log strings | 5 5/8 | 702 | 2 7/8 | | | |
| CASING DEPTH | DRILL PIPE | TUBING | OTHER | | | |
| 692 | | | | | | |
| SLURRY WEIGHT | SLURRY VOL | WATER gal/sk | CEMENT LEFT in CASING | | | |
| | | | 1/RS | | | |
| DISPLACEMENT | DISPLACEMENT PSI | MIX PSI | RATE | | | |
| 4.02 | 800 | 200 | 4.5 gpm | | | |
| REMARKS: Held meeting. Established rate. Mixed & pumped 100# gel followed by 95 sk 50/50 cement plus 20% gel & 1/2# phenoseal. Circulated cement. Flushed pump. Pumped plug to casing TD. Well held 800 PSI. Set float. | | | | | | |

Evans, Scott

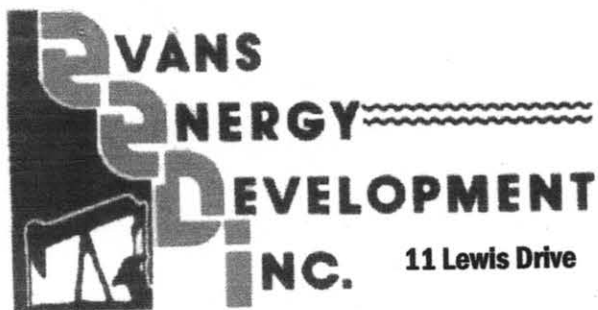
Alan Mader

| ACCOUNT CODE | QUANTITY or UNITS | DESCRIPTION of SERVICES or PRODUCT | UNIT PRICE | TOTAL |
|--------------|-------------------|------------------------------------|-----------------|---------|
| 5401 | 1 | PUMP CHARGE | 368 | 1085.00 |
| 5406 | 15 | MILEAGE | 368 | 63.00 |
| 5402 | 692 | casing footage | 368 | |
| 5407 | min | Truck miles | 510 | 368.00 |
| 55026 | 1 1/2 | 80 lbs | 369 | 150.00 |
| 1124 | 93 | 50/50 cement | 1069.50 | |
| 1118B | 256# | gel | 56.32 | |
| 1107A | 47# | phenoseal | 63.45 | |
| | | material 845 | 1189.27 | |
| | | less 30% - | 356.78 | |
| | | material total | | 832.49 |
| 4402 | 1 | 2 1/2 plug | | 29.00 |
| | | | 2978.01 | |
| | | | SALES TAX | 65.95 |
| | | | ESTIMATED TOTAL | 2593.95 |

Ravin 3737

AUTHORIZATION [Signature] 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.



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

S & B Operating LLC

R&M Hoehn # 3

API #15-059-26,831

October 22 - October 27, 2014

| <u>Thickness of Strata</u> | <u>Formation</u> | <u>Total</u> |
|----------------------------|------------------|-----------------------------|
| 8 | soil & clay | 8 |
| 18 | lime | 26 |
| 4 | shale | 30 |
| 13 | lime | 43 |
| 3 | shale | 46 |
| 9 | lime | 55 |
| 5 | shale | 60 |
| 5 | lime | 65 |
| 31 | shale | 96 |
| 19 | lime | 115 |
| 10 | sandstone | 125 |
| 80 | shale | 205 |
| 16 | lime | 221 |
| 27 | shale | 248 |
| 5 | lime | 253 |
| 30 | shale | 283 |
| 5 | lime | 288 |
| 7 | shale | 295 |
| 2 | lime | 297 |
| 16 | shale | 313 |
| 21 | lime | 334 |
| 7 | shale | 341 |
| 22 | lime | 363 oil show 347' |
| 5 | shale | 368 |
| 12 | lime | 380 base of the Kansas City |
| 151 | shale | 531 oil show at 488' |
| 6 | lime | 537 |
| 17 | shale | 554 |
| 3 | lime | 557 |
| 8 | sandy shale | 565 light |
| 7 | grey shale | 572 |
| 2 | coal | 574 |
| 4 | shale | 578 |
| 6 | lime | 584 |
| 14 | shale | 598 |
| 4 | lime | 602 |
| 11 | shale | 613 |
| 1 | lime | 614 |
| 7 | shale | 621 |

| | | |
|-----|-------------------|---|
| 2 | lime | 623 |
| 10 | shale | 633 few lime seams |
| 2 | lime | 635 |
| 7 | shale | 642 grey shale, oil show |
| 1.5 | shale | 643.5 light grey |
| 0.5 | badly broken sand | 644 brown sand, light shale |
| 2 | broken sand | 646 20% light shale, 80% light brown sand |
| 3 | brown sand | 649 |
| 1 | light shale | 650 10% light brown sand |
| 3 | broken sand | 653 20% light brown sand 80% light shale |
| 1 | shale | 654 |
| 0.5 | broken sand | 654.5 50% bleeding sand 50% light shale |
| 5.2 | light shale | 659.7 |
| 0.3 | lime | 660 |
| 43 | shale | 703 grey |
| | | 703 TD |

Drilled a 9 7/8" hole to 21.6'

Drilled a 5 5/8" hole to 703'

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

Set 692.85' of used 2 7/8" 8 round upset tubing including, 3 centralizers, 1 float shoe, 1 clamp,

| Upper Squirrel Core Time | | |
|--------------------------|----------------|----------------|
| | <u>Minutes</u> | <u>Seconds</u> |
| 645 | | 31 |
| 646 | | 29 |
| 647 | | 30 |
| 648 | | 28 |
| 649 | | 26 |
| 650 | | 24 |
| 651 | | 26 |
| 652 | | 36 |
| 653 | | 24 |
| 654 | | 22 |
| 655 | | 24 |
| 656 | | 27 |
| 657 | | 33 |
| 658 | | 22 |
| 659 | | 23 |
| 660 | | 29 |
| 661 | | 19 |
| 662 | | 25 |
| 663 | | 28 |
| 664 | | 30 |