



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1243535
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: _____



1243535

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: 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: _____ _____
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Operator License # 34610
 Operator Peoples Oil, LLC
 Address 928 W. 45h Street
 City Ottawa, KS 66067
 Contractor JTC Oil, Inc.
 Contractor License # 32834
 T.D. 600'
 T.D. of pipe 580'
 Surface pipe size 7"
 Surface pipe depth 20'
 Well Type Production

API # 15-121-30564-00-00
 Lease Name Fred Hughes
 Well # P1

Spud Date 10/20/2014
 Cement Date

Location Sec 26 T 17 R 21
 1170 feet from N line
 270 feet from W line
 County Miami

Driller's Log

Thickness	Strata	From	To	
2	gravel	0	2	
16	mix clay	2	18	
15	shale	18	33	
19	lime	33	52	
23	shale	52	75	
6	lime	75	81	
37	shale	81	118	
16	lime	118	134	
11	shale	134	145	
28	lime	145	173	
7	shale	173	180	
22	lime	180	202	
4	black shale	202	206	oil 202-203
14	lime	206	220	
150	shale	220	370	tiny oil 360-365
14	lime	370	384	
44	shale	384	428	
10	lime	428	438	
9	shale	438	447	
3	lime	447	450	
12	shale	450	462	
7	lime	462	469	
17	shale	469	486	
6	sandy lime oil	486	492	
20	shale	492	512	
2	sand	512	514	ok
2	sand	514	516	ok
2	sand	516	518	ok
2	sand	518	520	ok
2	tiny	520	522	
2	ok	522	524	
2	ok	524	526	
2	tiny	526	528	
45	shale	528	573	

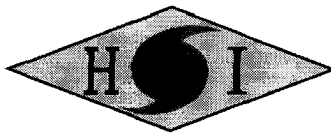
4
23

sand
shale

573
577

577
600

tiny oil



250 N. Water, Ste 200 - Wichita, Ks 67202

HURRICANE SERVICES INC

104 Prairie Plaza Parkway - Garnett, Ks 66032

Customer: AG Oil		Customer No.:	Ticket No.: 50449	
Address:		AFE No.:	P.O. No.:	
City, State, Zip:		Job type: Longsting Cement - 2 7/8" csg, 5 7/8" hole		
Service District: Garnett		Well Type: 2 7/8 casing set @ 570.. 5 7/8 hole @ 590		
Well name & No. Hughes P1		Well Location:	County: Franklin	State: Kansas
Equipment #	Driver	Equipment #	Driver	Equipment #
26	Joe			
231	Tom			
241	Troy			
111	Tyler			
108	Jeff			
Hours				
TRUCK CALLED				
ARRIVED AT JOB				
START OPERATION				
FINISH OPERATION				
RELEASED				
MILES FROM STATION TO WELL				
Hooked onto 2 7/8 casing and achieved circulation. Pumped 15 bbl gel sweep and 15 bbl water spacer followed by 95 sks of 60/40 poz mix 2% gel and 1/4 flo seal.. Flushed pump. Pumped plug to bottom and set float shoe. <i>Cement To Surface</i>				

Product/Service Code	Description	Unit of Measure	Quantity	List Price/Unit	Gross Amount	Item Discount	Net Amount
C00101	Heavy Equip. One Way	mi	20.00	\$3.25	\$65.00		\$65.00
C00102	Light Equip. One Way	mi	20.00	\$1.50	\$30.00		\$30.00
C23103	Cement Pump (Multiple wells)	ea	1.00	\$675.00	\$675.00		\$675.00
C10800	Vacuum Truck 80 bbl	ea	2.00	\$84.00	\$168.00		\$168.00
C11100	Vacuum Truck 80 bbl	ea	2.00	\$84.00	\$168.00		\$168.00
C24200	Cement Bulk Truck	tm	115.00	\$1.30	\$149.50		\$149.50
p01603	60/40 Pozmix Cement	sack	95.00	\$12.00	\$1,140.00		\$1,140.00
P01607	Bentonite Gel	lb	190.00	\$0.30	\$57.00		\$57.00
P01607	Bentonite Gel	lb	200.00	\$0.30	\$60.00		\$60.00
P01611	FLO-Seal	lb	23.75	\$2.15	\$51.06		\$51.06
P02000	H2O	gal	4,600.00	\$0.01	\$59.80		\$59.80
P01631	Rubber 2 7/8	ea	1.00	\$25.00	\$25.00		\$25.00

TERMS: Cash in advance unless Hurricane Services Inc has approved credit prior to sale. Credit terms of sale for approved accounts are total invoice due on or before the 30th day from the date of invoice. Past due accounts may pay interest on the balance past due at the rate of 1 1/2% per month or the maximum allowable by applicable state or federal laws if such laws limit interest to a lesser amount. In the event it is necessary to employ an agency and/or attorney to affect the collection of said account, Customer hereby agrees to pay all fees directly or indirectly incurred for such collection. In the event that Customer's account with HSI becomes delinquent, HSI has the right to revoke any and all discounts previously applied in arriving at net invoice price. Upon revocation, the full invoice price without discount will become immediately due and owing and subject to collection.

Gross: \$ 2,648.36		Net: \$ 2,648.36
Total Taxable \$1,333.06	Tax Rate: 7.650%	
Frac and Acid service treatments designed with intent to increase production on newly drilled or existing wells are not taxable.		Sale Tax: \$ 101.98
		Total: \$ 2,750.34

Date of Service:	11/14/2014
HSI Representative:	Joe Blanchard
Customer Representative:	Andy Peoples

X _____
CUSTOMER AUTHORIZED AGENT

Customer Comments or Concerns: