

Confidentiality Requested:

Yes  No

KANSAS CORPORATION COMMISSION 1255015  
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: \_\_\_\_\_

1255015



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

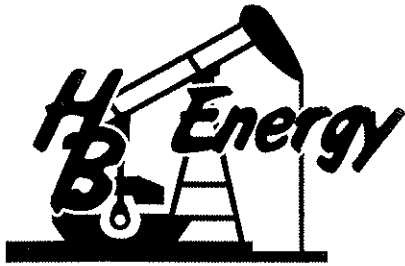
TUBING RECORD:	Size:	Set At:	Packer At:	Liner Run: <input type="checkbox"/> Yes <input type="checkbox"/> No
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Date of First, Resumed Production, SWD or ENHR.	Producing Method:
	<input type="checkbox"/> Flowing <input type="checkbox"/> Pumping <input type="checkbox"/> Gas Lift <input type="checkbox"/> Other <i>(Explain)</i> _____

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

<b>DISPOSITION OF GAS:</b> <input type="checkbox"/> Vented <input type="checkbox"/> Sold <input type="checkbox"/> Used on Lease <i>(If vented, Submit ACO-18.)</i>	<b>METHOD OF COMPLETION:</b> <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> _____	<b>PRODUCTION INTERVAL:</b> _____ _____
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*Fueling American Prosperity™*

# Oil and Gas Well Drilling

3137 Virginia Rd, Wellsville KS 66092

Owners: Clay Hughes  
Isaac Burbank

## Well Log

Owners: Clay Hughes & Ray Groshong  
Clayton, Well #: GH1  
Sec. 29 Twp. 15 Rng. 21  
FSL: 3790 FEL: 4680  
API: 15-059-26933  
Start: 03/10/15  
End: 03/11/15

Phone: (785) 979-9493  
(913) 963-9127  
Fax: (785) 883-2305

<u>Thickness of Strata</u>	<u>Formation</u>	<u>Total</u>	
26	Soil & Clay	26	
16	Sandstone	42	Red with few thin grey seems, no water
85	Shale	127	
8	Lime	135	
2	Shale	137	
3	Lime	140	
2	Shale	142	
14	Lime	156	
7	Shale	163	
9	Lime	172	
6	Shale	178	
17	Lime	195	
36	Shale	231	
21	Lime	252	
79	Shale	331	
28	Lime	359	
4	Shale	363	
6	Lime	369	
47	Shale	416	
2	Lime	418	
13	Shale	431	
26	Lime	457	
6	Shale	463	
24	Lime	487	
3	Shale	490	
4	Lime	494	
5	Shale	499	
5	Lime	504	Base of Kansas City
26	Shale	530	
2	Sand	532	Hard shaley grey sand, light gas odor
137	Shale	669	
7	Silty Shale	676	
6	Shale	682	

7	Lime	689	Light oil show
8	Shale	697	
4	Lime	701	
1	Coal	702	
29	Shale	731	
4	Lime	735	Oil show, brown lime
2	Shale	737	
1	Coal	738	
7	Shale	745	
2	Lime	747	
3	Shale	750	
4	Lime	754	
15	Shale	769	
1	Lime	770	
5	Shale	775	
2	Shale	777	Thin lime laminations
2	Shale	779	
1	Lime/Shale	780	
1	Shale	781	Core point
1	Broken Sand	782	10% brown sand, 90% shale, minimal bleeding
2	Lime	784	
2	Broken Sand	786	90% brown sand, 10% shale laminations, good bleed, gassy
3	Oil Sand	789	Brown sand, good bleed, gassy
1	Lime	790	
.5	Oil sand	790.5	Brown sand, good bleed
1.5	Broken Sand	792	90% brown sand, 10% shale laminations
1	Broken Sand	793	70% brown sand, 20% lime, 10% shale laminations, good bleed
1	Broken Sand	794	90% brown sand, 10% shale, good bleed
2	Broken Sand	796	10% brown sand, 90% shale, no bleed
9	Silty Shale	805	
48	Shale	862	
2	Sand	864	Light brown, no oil
3	Shale	867	TD

Drilled an 11" hole to 45'  
 Drilled a 5 5/8" hole to 867'

Set 45' of 7" surface casing, cemented with 12 sacks of cement.

Set 855' of 2 7/8" 8 round upset tubing including 3 centralizers, 1 clamp, 1 float-shoe, and baffle.  
 Baffle set at 825'.



PO Box 884, Chanute, KS 66720  
620-431-9210 or 800-467-8878

22/601  
22/618

TICKET NUMBER 50841  
LOCATION Ottawa  
FOREMAN Alan Mader

**FIELD TICKET & TREATMENT REPORT**  
**CEMENT**

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
3/1/15	3645	Clayton #6H1	NW 29	15	81	FR
CURTAS Clay Hughes, % HB Energy MAILING ADDRESS 3131 Virginia CITY Wellsville STATE KS ZIP CODE 66092			TRUCK # 730 368 370 548 DRIVER Alan Mader Arl Mader M.K. Fox Dan Wind TRUCK # DRIVER Safety Mader			

JOB TYPE Long string HOLE SIZE 3 5/8 HOLE DEPTH 875 CASING SIZE & WEIGHT 2 7/8  
 CASING DEPTH 855 DRILL PIPE \_\_\_\_\_ TUBING \_\_\_\_\_ OTHER 825 bf  
 SLURRY WEIGHT \_\_\_\_\_ SLURRY VOL \_\_\_\_\_ WATER gal/sk \_\_\_\_\_ CEMENT LEFT in CASING YES  
 DISPLACEMENT 4.97 DISPLACEMENT PSI 800 MIX PSI 200 RATE 4 bpm

REMARKS: Held meeting. Established rate. Mixed & pumped 100 # gel followed by 109 sk 5015D cement plus 2% gel. Circulated cement. Flushed pump. Pumped plug to baffle. Well held 800 PSI. Set float. Closed valve.

HB Energy, Mitchell

Alan Mader

ACCOUNT CODE	QUANTITY of UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401	1	PUMP CHARGE	368	1088 <sup>00</sup>
5406	15	MILEAGE	368	6320
5402	855	casing footage	368	368 <sup>00</sup>
5407	mi	ten miles	548	100 <sup>00</sup>
55026	1	80 van	370	
1124	109	5015D Cem	1253.50	
1118B	283#	gel	6226	
1107	27#	Flowgel	66.69	
		material sub	1382.78	
		less 30%	414.74	
		material total		96771
4402	1	2 1/2 plug		29.50
		SALES TAX		76.29
		ESTIMATED TOTAL		2689.50

3515

Perin 3737 AUTHORIZATION Clay Hughes TITLE \_\_\_\_\_ DATE 3/3/15

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