



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1259791
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: _____



1259791

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: <input type="checkbox"/> Yes <input type="checkbox"/> No
----------------	-------	---------	------------	---

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

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: _____ _____
--	--	---



Operator:
J. Richard Burris
Gas, KS

Baker #1
Allen Co., KS
22-23S-18E
API: 001-31341

Spud Date: 12/29/2014
Surface Casing: 8 5/8"
Surface Length: 20.0'
Surface Cement: 4 sx
Longstring:

Surface Bit: 11"
Drill Bit: 6.75"
Longstring: P&A
Longstring Date: 2/12/2015

Driller's Log

Top	Bottom	Formation	Comments
1	121	Soil	
121	189	Lime	
189	256	Shale	
256	271	Lime	
271	329	Sandy Shale	
329	388	Lime	
388	396	Bl. Shale	
396	416	Lime	
416	421	Shale	
421	439	Lime	Base KC
439	617	Shale	Big Shale
617	620	Lime	
620	635	Shale	
635	658	Lime	
658	665	Sandy Shale	White
665	719	Shale	
719	739	Lime	
739	750	Shale	
750	758	Lime	
758	765	Shale	
765	780	Lime	20'
780	787	Shale	
787	793	Lime	5'

Baker #1
Allen Co., KS

793	817	Shale	
817	828	Sand	No show
828	831	Sand	Light oil saturation
831	834	Sand	Very light to no oil saturation
834	838	Sand	Fair oil saturation, watery
838	840	Sand	No oil, watery
840	852	Sand	Laminated with shale, spotty oil shows
852	919	Shale	
919	926	Sandy Shale	
926	934	Shale	
934	937	Sand	Laminated with shale, good bleed to pit
937	950	Sand	Laminated, mostly shale, spotty oil sat.
950		TD	

	Coring		
Run	Footage	Recovery	
1	818-838	20'	
2	838-858	20'	
3	937-950	13'	Plugged with shale

2/12/15 - Run drill pipe open ended to TD. Nipple up HSI.
Pump 20 sx at TD; pull to base of KC, pump 10 sx; pull to 250' pump cement to surface; TOOH, top off with cement, rig down.

3613A Y Road
Madison, KS 63860
Ph: 620-437-2661
Fax: 620-437-2881



HURRICANE SERVICES INC

104 Prairie Plaza Parkway
Garnett, KS 66032
Ph: 785-448-3100
Fax: 785-448-3102

FED ID# 48-1214033
MC ID# 165290

Remit to: Hurricane Services, Inc.
250 N. Water, Suite 200
Wichita, KS 67202

Customer:

TB&G, LLC
308 FAIRWAY AVE
IOLA, KS 66749

Invoice Date: 2/12/2015
Invoice #: 0016325
Lease Name: BAKER
Well #: 1
County: ALLEN

Date/Description	HRS/QTY	Rate	Total
See ticket 100556 of BB	1.000	790.000	790.00 T
Heavy Eq mileage one way	30.000	3.250	97.50 T
Cement Pozmix 60/40	98.000	12.000	1,176.00 T
Bentonite Gel	168.000	0.300	50.40 T
Vac truck 106 80bbl	4.000	84.000	336.00 T
Bulk truck #202	1.000	300.000	300.00 T

Net Invoice 2,749.90
Sales Tax: (7.40%) 203.49
Total 2,953.39

All invoices are due upon receipt. Interest at the rate of 1 1/2% per month may be charged on all invoices not paid within 30 days from date of invoice.

WE APPRECIATE YOUR BUSINESS!



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

HURRICANE SERVICES INC

104 Prairie Plaza Parkway - Garnett, Ks 66032

Customer:	T B & G, LLC		Customer Name:	Richard		Ticket No.:	100556	
Address:			AFE No.:			Date:	2/12/2015	
City, State, Zip:			Job type:	Plug to Abandon				
Service District:	Madison		Well Details:	950' of 6 3/4" hole				
Well name & No.:	Baker #1		Well Location:	22-23s-18e	County:	Allen	State:	Ks.
Equipment #	Driver	Equipment #	Driver	Equipment #	Hours	TRUCK CALLED		AM PM
201	Jerry					ARRIVED AT JOB		AM PM
202	Bryan					START OPERATION		AM PM
106	Kelly					FINISH OPERATION		AM PM
						RELEASED		AM PM
						MILES FROM STATION TO WELL		

Treatment Summary

Set cement plugs as following: 15 sks. @ 925', 15 sks. @ 450', 68 sks. @ 200' to surface

Product/Service Code	Description	Unit of Measure	Quantity	List Price/Unit	Gross Amount	Item Discount	Net Amount
C20101	Cement Pump (Longstring & Plug)		1.00	\$790.00	\$790.00		\$790.00
C00101	Heavy Equip. One Way	mi	30.00	\$3.25	\$97.50		\$97.50
P01603	60/40 Pozmix Cement	sack	98.00	\$12.00	\$1,176.00		\$1,176.00
P01607	Bentonite Gel	lb	168.00	\$0.30	\$50.40		\$50.40
C10600	Vacuum Truck 80 bbl	Hr.	4.00	\$84.00	\$336.00		\$336.00
C00104	Minimum Ton Mile Charge	ea	1.00	\$300.00	\$300.00		\$300.00

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 1/4% 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:		\$ 2,749.90	Net:	\$ 2,749.90
Total Taxable	\$ 1,226.40	Tax Rate:	7.400%	
Frac and Acid service treatments designed with intent to increase production on newly drilled or existing wells are not taxable.		Sale Tax:	\$	90.75
		Total:	\$	2,840.65

Date of Service:	2/12/2015
HSI Representative:	Brad Butler "Thank You"
Customer Representative:	Richard

X _____
CUSTOMER AUTHORIZED AGENT

Customer Comments or Concerns:

Hurricane Services appreciates any Comments, Concerns or Criticism's from our valuable customers as Safety and Customer Satisfaction are our Number 1 goal. All Comments are confidential and will be used in a constructive manner to improve our Safety and Job Performance.