

Confidentiality Requested:

☐ Yes ☐ No

KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION

1260054

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: _____



1260054

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 (Attach Additional Sheets)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Log	Formation (Top), Depth and Datum	<input type="checkbox"/> Sample
Samples Sent to Geological Survey	<input type="checkbox"/> Yes <input type="checkbox"/> No	Name	Top	Datum
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:				

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
____ Perforate				
____ Protect Casing				
____ Plug Back TD				
____ Plug Off Zone				

Did you perform a hydraulic fracturing treatment on this well? ☐ Yes ☐ No (If No, skip questions 2 and 3)

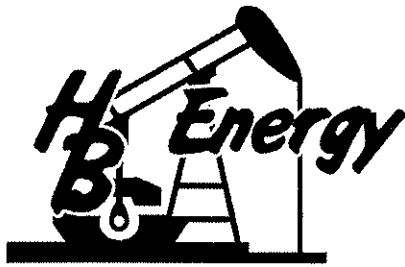
Does the volume of the total base fluid of the hydraulic fracturing treatment exceed 350,000 gallons? ☐ Yes ☐ No (If No, skip question 3)

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 (Amount and Kind of Material Used)	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 (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 (If vented, Submit ACO-18.)	METHOD OF COMPLETION: <input type="checkbox"/> Open Hole <input type="checkbox"/> Perf. <input type="checkbox"/> Dually Comp. <input type="checkbox"/> Commingled (Submit ACO-5) <input type="checkbox"/> Other (Specify) _____	PRODUCTION INTERVAL: _____ _____
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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

Nick & Connie Hart
Hart Well #8
Sec. 5 Twp. 17 Rng. 22
Miami County
FSL: 4420 FEL: 2640
API: 15-121-31032
Start: 07/22/15
End: 07/23/15

Phone: (785) 979-9493

(913) 963-9127

Fax: (785) 883-2305

<u>Thickness of Strata</u>	<u>Formation</u>	<u>Total</u>	
5	Soil & Clay	5	
10	Lime	15	
11	Shale	26	
22	Lime	48	
21	Shale	69	
18	Lime	87	
17	Shale	105	
13	Lime	118	
59	Shale	177	
19	Lime	196	
19	Shale	215	
1	Lime	216	
8	Shale	224	
6	Lime	230	
37	Shale	267	
14	Lime	281	
15	Shale	296	
29	Lime	325	
4	Shale	329	
24	Lime	353	
3	Shale	356	
15	Lime	371	Base of the Kansas City / Hertha
34	Shale	405	
2	Silty Shale	407	
2	Sand	409	Grey sand, light oil show, making water
7	Silty Shale	416	
124	Shale	540	
7	Lime	547	
7	Shale	554	
2	Lime	556	
24	Shale	580	
8	Lime	588	

Hart #8

13	Shale	601	
3	Lime	604	
16	Shale	620	
2	Lime	622	Laminated with shale
32	Shale	654	
2	Silty Shale	656	
.5	Broken Sand	656.5	10% brown sand, 90% shale, light bleed
1	Silty Shale	657.5	
2	Broken Sand	659.5	25% brown sand, 75% shale, good bleed, gassy
4	Oil Sand	663.5	Brown sand, good bleed
.5	Limey Sand	664	White & brown, minimal oil show
2	Oil Sand	666	Brown, good bleed
1	Broken Sand	667	90% brown sand, 10% shale, good bleed
3	Broken Sand	670	20% brown sand, 80% shale, ok bleed, gassy
3.5	Shale	673.5	
1	Broken Sand	674.5	20% dark brown sand, 80% shale, ok bleed
47.5	Shale	722	
1	Lime & Shells	723	
11	Shale	734	
10	Silty Shale	744	
2	Shale	746	TD

Drilled an 11" hole to 22.4'
Drilled a 5 5/8" hole to 746'

07/22/15 set 22.4' of 7" surface casing, cemented with 8 sacks of cement.

07/23/15 cored Upper Squirrel zone.

07/23/15 set 736' of 2 7/8" 8 round upset tubing including 3 centralizers, 1 clamp,
1 float-shoe, and baffle.
Baffle set at 704'.

Best perforation zone: 658.5'-670' (C.C.H.)

Core Times

<u>Depth</u>	<u>Minutes</u>	<u>Seconds</u>
656-657		51
658	1	08
659	1	00
660	1	30
661	1	43
662	1	10
663	1	26
664	2	35
665		50
666		54
667		46
668		50
669		53
670		58
671	1	12
672	1	23
673	1	09
674	1	06
675-676	1	01



FIELD TICKET & TREATMENT REPORT

TICKET NUMBER 49735
LOCATION Ottawa, KS
FOREMAN Casa Kennedy

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
7/23/15	3635	Hart # 8	NE 5	17	22	N 1
CUSTOMER Hart Oil Inc.						
MAILING ADDRESS PO Box 250						
CITY Paola		STATE KS	ZIP CODE 66071			

TRUCK #	DRIVER	TRUCK #	DRIVER
729	Casey	✓ Safety	Mahting
467	Kei Car	✓	
804	Arlynd	✓	
319	Mik Ha	✓	

JOB TYPE <u>Logging</u>	HOLE SIZE <u>5 5/8"</u>	HOLE DEPTH <u>746'</u>	CASING SIZE & WEIGHT <u>2 7/8" EUE</u>
CASING DEPTH <u>736'</u>	DRILL PIPE	TUBING <u>6 5/8" - 704'</u>	OTHER
SLURRY WEIGHT	SLURRY VOL	WATER gal/sk	CEMENT LEFT In CASING <u>30'</u>
DISPLACEMENT <u>4.08 lbs</u>	DISPLACEMENT PSI	MIX PSI	RATE <u>4 bbl/s</u>

REMARKS: held safety, unsealing, established circulation, mixed & pumped 200# Gal
followed by 5 bbls fresh water, mixed & pumped 9.5 sks 50/50 Portland
cement w/ 2 p gal + 1/2 # Phenoseal per sk, cement to surface,
flushed pump clean, pumped 2 1/2" rubber plug to bottle w/ 4.08 bbls fresh
water, pressured to 800 PSI, released pressure, shot in casing.

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
CE0450	1	PUMP CHARGE	1500. ⁰⁰	
CE0002	20 mi	MILEAGE	143. ⁰⁰	
CE0711	unit	ton mileage	660. ⁰⁰	
WE0853	2 hrs	SO Vac	200. ⁰⁰	
		Trucks	2503. ⁰⁰	
		- 49%	1226.47	
		subtotal		1276.53
CC5840	95 sks	5/8 Pozblend cement	1282.50	
CC5965	360 #	Gel	108. ⁰⁰	
CC6079	48 #	Phenoseal	64.80	
CP8176	1	2 1/2" rubber plug	45. ⁰⁰	
		materials	1500.30	
		- 49%	735.15	
		subtotal		765.15
		8%	SALES TAX	61.22

Ravin 9737

AUTHORIZATION

TITLE

DATE _____

**ESTIMATED
TOTAL**

2102.91

DATE 4/23/38

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.