



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1260055
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: _____



1260055

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)*

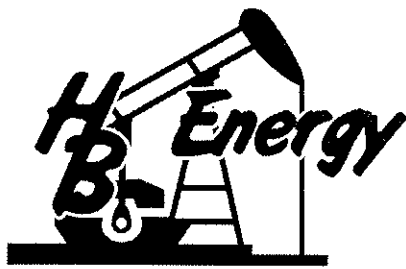
Shots Per Foot	PERFORATION RECORD - Bridge Plugs Set/Type Specify Footage of Each Interval Perforated	Acid, Fracture, Shot, Cement Squeeze Record <i>(Amount and Kind of Material Used)</i>	Depth

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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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 #: 10
 Sec. 5 Twp. 17 Rng. 22
 Miami County
 FSL: 3490 FEL: 2640
 API: 15-121-31034
 Start: 07/02/15
 End: 07/06/15

Phone: (785) 979-9493

(913) 963-9127

Fax: (785) 883-2305

<u>Thickness of Strata</u>	<u>Formation</u>	<u>Total</u>	
7	Soil & Clay	7	
5	Shale	12	
12	Lime	24	
11	Shale	35	
20	Lime	55	
17	Shale	72	
19	Lime	91	
100	Shale	191	
18	Lime	209	
5	Shale	214	
2	Lime	216	
10	Shale	226	
1	Lime	227	
8	Shale	235	
7	Lime	242	
35	Shale	277	
15	Lime	292	
15	Shale	307	
11	Lime	318	
2	Shale	320	
15	Lime	335	
6	Shale	341	
22	Lime	363	Oil show
5	Shale	368	
7	Lime	375	
1	Shale	376	
6	Lime	382	Base of the Kansas City / Hertha
24	Shale	406	
4	Sand	410	Grey, no show, some gas
8	Broken Sand	418	50% sand, 50% shale, ok bleed
10	Silty Shale	428	
87	Shale	515	

4	Silty Shale	519	
34	Shale	553	
10	Lime	563	Oil show
32	Shale	595	
4	Lime	599	
17	Shale	616	
3	Lime	619	
15	Shale	634	
2	Lime	636	
16	Shale	652	
4	Lime	656	
6	Shale	662	
1	Lime	663	
3	Shale	666	
1	Silty Shale	667	
2	Shale	669	
3	Silty Shale	672	
2	Broken Sand	674	25% brown sand, 75% laminated shale seems, light bleed
1	Broken Sand	675	75% brown sand, 25% shale, gassy, light bleed
1.5	Oil Sand	676.5	Brown sand, ok bleed, gassy
2.5	Broken Sand	679	90% brown sand, 10% laminated shale, good bleed
1	Shale	680	
2.5	Broken Sand	682.5	40% brown sand, 60% shale laminations, ok bleed, gassy
5.5	Silty Shale	688	
69	Shale	757	TD

Drilled an 11" hole to 22.4'
Drilled a 5 5/8" hole to 757'

07/02/15 set 21.4' of 7" surface casing, cemented with 8 sacks of cement.

07/06/15 chip cored Upper Squirrel zone.

07/06/15 set 747' of 2 7/8" 8 round upset tubing including 3 centralizers, 1 clamp,
1 float-shoe, and baffle.
Baffle set at 715'.

Best perforation zone: 674'-679', possibly 680.5'-682.5' (N.H.)

Core Times

<u>Depth</u>	<u>Minutes</u>	<u>Seconds</u>
672-673	1	05
674	1	02
675	1	02
676	1	09
677	1	11
678	1	21
679	1	04
680	1	07
681	1	00
682	1	19
683	1	01
684	1	11
685	1	15
686	1	23
687	1	25
688	1	30
689	1	37
690	1	26
691	1	27
691-692	1	11



3488

TICKET NUMBER 49700
 LOCATION Ottawa, KS
 FOREMAN Cory Kennedy

PO Box 884, Chanute, KS 68720
 620-431-9210 or 800-467-8676

FIELD TICKET & TREATMENT REPORT
CEMENT

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
7/6/15	3635	Hart # 10	NW 3	16	21	FR
CUSTOMER Hart Oil Inc.						
MAILING ADDRESS PO Box 250						
CITY Paola		STATE KS	ZIP CODE 66071			
			TRUCK #	DRIVER	TRUCK #	DRIVER
			729	Cosken	✓	Safety Meeting
			467	KeiCar	✓	
			558	Trotter	✓	
			319	Mikha	✓	

JOB TYPE Logging HOLE SIZE 5 5/8" HOLE DEPTH 757' CASING SIZE & WEIGHT 2 7/8" EUE
 CASING DEPTH 747' DRILL PIPE TUBING baffle - 715' OTHER _____
 SLURRY WEIGHT _____ SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT in CASING 32'
 DISPLACEMENT 4.14 bbls DISPLACEMENT PSI _____ MIX PSI _____ RATE 4 bpm

REMARKS: held safety meeting, established circulation, mixed + pumped 200 # Gel followed by 5 bbls fresh water, mixed + pumped 95 lbs 50/50 Portland cement w/ 2% gel + 1/2 # Phenoseal per sk, cement to surface, flushed pump clean, pumped 2 1/2" roller plug to baffle w/ 4.14 bbls fresh water, pressured to 800 PSI, released pressure, shut in casing.

[Handwritten signature]

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	min	van mileage	660.00	
WEO850	2 hrs	800 Vac	200.00	
		trucks	2503.00	
		- 49%	1226.47	
		subtotal		1276.53
CC5840	95 sks	50/50 Portland	1282.50	
CC5965	360 #	Gel	108.00	
CC6079	48 #	Phenoseal	64.80	
CP8176	1	2 1/2" roller plug	45.00	
		materials	1500.30	
		- 49%	735.15	
		subtotal		765.15
		8%		
		SALES TAX		61.21
		ESTIMATED TOTAL		2102.89

Rev'n 3737

AUTHORIZATION No Co. Rep. TITLE _____ DATE (4123.32)

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.