



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1260083
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: _____



1260083

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)*

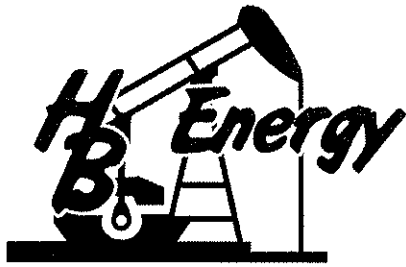
Shots Per Foot	PERFORATION RECORD - Bridge Plugs Set/Type Specify Footage of Each Interval Perforated	Acid, Fracture, Shot, Cement Squeeze Record <i>(Amount and Kind of Material Used)</i>	Depth

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> _____
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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: _____ _____
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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 #: 15
 Sec. 5 Twp. 17 Rng. 22
 Miami County
 FSL: 3160 FEL: 2310
 API: 15-121-31039
 Start: 06/24/15
 End: 06/25/15

Phone: (785) 979-9493

(913) 963-9127

Fax: (785) 883-2305

<u>Thickness of Strata</u>	<u>Formation</u>	<u>Total</u>	
5	Soil	5	
2	Broken Lime	7	
6	Shale	13	
13	Lime	26	
10	Shale	36	
20	Lime	56	
20	Shale	76	
17	Lime	93	
36	Shale	129	
2	Lime	131	
54	Shale	185	
27	Lime	212	
17	Shale	229	
1	Lime	230	
10	Shale	240	
6	Lime	246	
35	Shale	281	
13	Lime	294	
16	Shale	310	
25	Lime	335	Oil show
9	Shale	346	
21	Lime	367	
3	Shale	370	
5	Lime	375	
3	Shale	378	
6	Lime	384	Base of the Kansas City / Hertha
24	Shale	408	
1	Silty Shale	409	
3	Broken Sand	412	80% green sand, 20% shale, light gas odor
2	Silty Shale	414	
2	Broken Sand	417	60% green & grey sand, 40% shale, ok bleed
5	Broken Sand	422	65% grey sand, 35% shale, ok bleed

Hart #15

68	Shale	490	
1	Silty Shale	491	
5	Sand	496	Grey/green, no show, no odor
57	Shale	553	
9	Lime	562	Oil show
37	Shale	599	
6	Lime	605	
15	Shale	620	
1	Lime	621	
2	Shale	623	
1	Coal	624	
6	Shale	630	
1	Lime	631	
5	Shale	636	
8	Lime	644	Thin shale laminations
8	Shale	652	
5	Lime	657	
7	Shale	664	
4	Lime	668	
4	Shale	672	
3	Silty Shale	675	
4	Broken Sand	679	50% brown sand, gassy, good bleed
1.5	Oil Sand	680.5	Brown, good bleed, gassy
.5	Broken Sand	681	75% brown sand, 25% shale, gassy, good bleed
2.5	Broken Sand	683.5	25% brown sand, 75% shale, ok bleed
1.5	Broken Sand	685	80% brown sand, 20% shale, good bleed
2.5	Broken Sand	687.5	25% brown sand, 75% shale, ok bleed
4.5	Silty Shale	692	
56	Shale	748	
4	Silty Shale	752	
5	Shale	757	TD

Drilled an 11" hole to 22.5'
Drilled a 5 5/8" hole to 757'

06/25/15 set 22.5' of 7" surface casing, cemented with 8 sacks of cement.

06/26/15 cored upper Squirrel zone.

06/26/15 set 756' of 2 7/8" 8 round upset tubing including 3 centralizers, 1 clamp,
1 float-shoe, and baffle.
Baffle set at 728'.

Best perforation zone: 675-685' (WMR)

Core Times

<u>Depth</u>	<u>Minutes</u>	<u>Seconds</u>
674-675	1	05
676	1	04
677	1	18
678	1	22
679	1	37
680	1	21
681	1	04
682	1	09
683	1	28
684	1	39
685	1	50
686	1	25
687	1	15
688	1	23
689	1	25
690	1	30
691	1	37
692	1	26
693	1	27
694-695	1	15



CONSOLIDATED
Oil Well Services, LLC

PO Box 884, Chanute, KS 66720
620-431-9210 or 800-467-8676

3272
3193

TICKET NUMBER 49688
LOCATION Chanute, KS
FOREMAN Casey Kennedy

FIELD TICKET & TREATMENT REPORT
CEMENT

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
10/25/15	3635	Hart #15	NE 5	17	22	Wagoner MI
CUSTOMER <u>Mike + Connie Hart / Hart Oil Inc</u>			TRUCK # DRIVER TRUCK # DRIVER			
MAILING ADDRESS <u>PO Box 250</u>			729 <u>Craken</u> ✓ <u>Safety Meeting</u>			
CITY <u>Paola</u>			467 <u>Kei Car</u> ✓			
STATE <u>KS</u>			558 <u>Bob Minton</u> ✓			
ZIP CODE <u>66071</u>			675 <u>Kei Det</u> ✓			

JOB TYPE 1 way string HOLE SIZE 5 5/8" HOLE DEPTH 757' CASING SIZE & WEIGHT 2 7/8" EUE
 CASING DEPTH 757' DRILL PIPE _____ TUBING baffle OTHER _____
 SLURRY WEIGHT _____ SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT in CASING 28'
 DISPLACEMENT 4.22 bbls DISPLACEMENT PSI _____ MIX PSI _____ RATE 4 bpm

REMARKS: held safety meeting, checked casing tally w/ wireline, established circulation, mixed + pumped 200 # Gel followed by 5 bbls fresh water, mixed + pumped sks 80% Pozblend cement w/ 2 1/2 gal + 1/2 # Phenoseal per sk, cement to surface, flushed pump clean, pumped 2 1/2" rubber plug to baffle w/ 4.22 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	ton mileage	160.00	
WE0853	2 hr	80 Vac	200.00	
		Trucks	2503.00	
		- 49 %	1226.47	
		subtotal		1276.53
CC5840	98 sks	50/50 Pozblend cement	1323.00	
CC5965	365 #	Gel	109.50	
CC6079	49 #	Phenoseal	66.15	
PR176	1	2 1/2" rubber plug	45.00	
		materials	1543.65	
		- 49 %	756.39	
		subtotal		787.26
		7.65%	SALES TAX	60.23
		ESTIMATED TOTAL		2124.02
				(4164.74)

4770

Revin 3737

AUTHORIZATION [Signature] TITLE _____ DATE _____

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.