

Confidentiality Requested:

☐ Yes ☐ No

KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION

1260085

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: _____



1260085

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
<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 (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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Oil and Gas Well Drilling

3137 Virginia Rd, Wellsville KS 66092

Owners: Clay Hughes
Isaac Burbank

Well Log

Nick & Connie Hart
Hart Well #7
Sec. 5 Twp. 17 Rng. 22
Miami County
FSL: 4620 FEL: 2640
API: 15-121-31031
Start: 07/23/15
End: 07/24/15

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

<u>Thickness of Strata</u>	<u>Formation</u>	<u>Total</u>	
3	Soil & Clay	3	
3	Broken Lime	6	
4	Shale	10	
12	Lime	22	
1	Shale	23	
1	Lime	24	
12	Shale	36	
24	Lime	60	
17	Shale	77	
17	Lime	95	
24	Shale	119	
3	Sand	122	Grey
61	Shale	183	
18	Lime	201	
29	Shale	230	
6	Lime	236	
36	Shale	272	
14	Lime	286	
16	Shale	302	
10	Lime	312	
3	Shale	315	
15	Lime	330	
9	Shale	339	
19	Lime	358	Oil show
4	Shale	362	
14	Lime	376	Base of the Kansas City / Hertha
23	Shale	399	
6	Sand	405	Green, gassy
2	Broken Sand	407	Shale & green sand, gassy
1	Sand	408	Green, gassy
5	Broken Sand	413	Shale & green sand, gassy, ok bleed
12	Silty Shale	425	Grey sandy shale

121	Shale	546	
11	Lime	557	Oil show
4	Shale	561	
3	Lime	564	
23	Shale	587	
7	Lime	594	
15	Shale	609	
2	Lime	611	
16	Shale	627	
4	Lime	631	Lime with laminated shale
12	Shale	643	
2	Lime	645	
18	Shale	663	
3	Silty Shale	666	
1	Broken Sand	667	30% light brown sand, 70% shale, light bleeds
.5	Limey Sand	667.5	
.5	Broken Sand	668	70% brown sand, 30% shale, ok bleed
1	Limey Sand	669	Brown, some oil show
7	Oil Sand	676	Brown sand, good bleed, good saturation, few thin shale seems
3.5	Broken Sand	679.5	60% brown sand, 40% shale, good bleed, gassy
5.5	Silty Shale	685	
45	Shale	730	
1	Lime & Shells	731	
22	Shale	753	TD

Drilled an 11" hole to 22.4'
Drilled a 5 5/8" hole to 753'

07/23/15 set 22.4' of 7" surface casing, cemented with 8 sacks of cement.

07/24/15 cored Upper Squirrel zone.

07/24/15 set 753' of 2 7/8" 8 round upset tubing including 3 centralizers, 1 clamp,
1 float-shoe, and baffle.
Baffle set at 713'.

Best perforation zone: 669'-679' (C.C.H.)

Core Times

<u>Depth</u>	<u>Minutes</u>	<u>Seconds</u>
666-667	1	47
668	1	57
669	2	00
670		39
671		51
672		58
673	1	10
674	1	01
675		49
676		50
677	1	03
678	1	49
679	1	13
680	1	02
681	1	15
682	1	36
683		58
684		54
685		55
685-686		58



CONSOLIDATED
Oil Well Services, LLC

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

FIELD TICKET & TREATMENT REPORT

CEMENT

3652
3572

TICKET NUMBER 49738
LOCATION Chanute, KS
FOREMAN Casey Kennedy

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
7/24/15	3635	Hart # 7	NES	17	22	LI
CUSTOMER Hart Oil Co.						
MAILING ADDRESS PO Box 250						
CITY Paducah	STATE KS	ZIP CODE 66071				
			TRUCK #	DRIVER	TRUCK #	DRIVER
			729	Casey	✓	Safety Meeting
			368	Alamad	✓	
			804	Art McD	✓	
			31A	Jim Gre	✓	

JOB TYPE long string HOLE SIZE 5 7/8" HOLE DEPTH 753' CASING SIZE & WEIGHT 2 7/8" EUE
CASING DEPTH 743' DRILL PIPE 7 1/2" TUBING 7 1/2" OTHER
SLURRY WEIGHT SLURRY VOL WATER gal/sk CEMENT LEFT in CASING 30'
DISPLACEMENT 4.13 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 sks 50# Pozblend cement w/ 2% gel + 1/2# Phenoseal per spec, cement to surface, flushed pump clean, pumped 2 1/2" rubber plug to bottle w/ 4.13 bbls fresh water, pressured to 800 PSI, released pressure, shut in casing.

[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	
CE0741	min	ton mileage	600.00	
WE0853	2 hrs	80 lbc	200.00	
		trucks	2503.00	
		- 49%	1226.47	
		Subtotal		1276.53
CC5840	95 sks	50# Pozblend	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		61.21
		ESTIMATED TOTAL		2102.89
				(4123.32)

Revin 9737

AUTHORIZATION *[Signature]*

TITLE *[Signature]*

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