



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1260087
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: _____



1260087

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)*

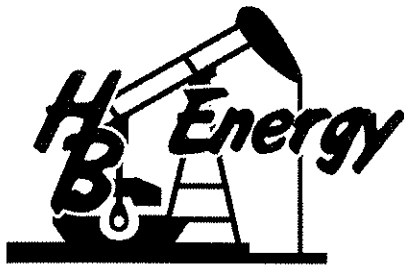
Shots Per Foot	PERFORATION RECORD - Bridge Plugs Set/Type Specify Footage of Each Interval Perforated	Acid, Fracture, Shot, Cement Squeeze Record <i>(Amount and Kind of Material Used)</i>	Depth

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> _____ <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 #: 11
 Sec. 5 Twp. 17 Rng. 22
 Miami County
 FSL: 3160 FEL: 2640
 API: 15-121-31035
 Start: 06/23/15
 End: 06/24/15

Phone: (785) 979-9493

(913) 963-9127

Fax: (785) 883-2305

<u>Thickness of Strata</u>	<u>Formation</u>	<u>Total</u>	
4	Soil & Clay	4	
3	Lime	7	
5	Shale	12	
12	Lime	24	
11	Shale	35	
20	Lime	55	
8	Shale	63	
2	Lime	65	
9	Shale	74	
1	Lime	75	
2	Shale	77	
18	Lime	95	
21	Shale	116	
1	Lime	117	
75	Shale	192	
17	Lime	209	
18	Shale	227	
16	Lime	243	
35	Shale	278	
14	Lime	292	
17	Shale	309	
11	Lime	320	
3	Shale	323	
11	Lime	334	
8	Shale	342	
23	Lime	365	Oil show
4	Shale	369	
7	Lime	376	
1	Shale	377	
6	Lime	383	Base of the Kansas City / Hertha
24	Shale	407	
1	Broken Sand	408	

1	Sand	409	Green, gassy, light oil odor
2	Sand	411	Light brown & green, light oil show, gassy
1	Silty Shale	412	
1	Broken Sand	413	40% sand, 60% shale, no bleed
2	Sand	415	Minimal oil show, gassy
2	Broken Sand	417	50% sand, 50% shale, light bleed
9	Broken Sand	426	Brown & green
3	Silty Shale	429	
64	Shale	493	
1	Limy Sand	494	White, no show, no odor
58	Shale	552	
9	Lime	561	
6	Shale	567	
1	Lime	568	
20	Shale	588	
1	Coal	589	
5	Shale	594	
7	Lime	601	Thin shale laminations
14	Shale	615	
3	Lime	618	Brown, no oil
2	Shale	620	
1	Coal	621	
13	Shale	634	
3	Lime	637	
14	Shale	651	Red bed
4	Lime	655	
9	Shale	664	
1	Lime	665	
4	Shale	669	
3.5	Silty Shale	672.5	
3	Broken Sand	675.5	40% brown oil sand, 60% shale, good bleed, gassy
.5	Oil Sand	676	Brown, good bleed
1.5	Broken Sand	677.5	30% brown sand, 70% shale, ok bleed, gassy
1	Oil Sand	678.5	Brown Sand, good bleed
3.5	Broken Sand	682	60% brown sand, 40% shale, good bleed, gassy
2.5	Broken Sand	684.5	25% brown sand, 75% shale, light bleed
1.5	Shale	686	
.5	Lime	686.5	
67.5	Shale	754	TD

Drilled an 11" hole to 20.7'
Drilled a 5 5/8" hole to 754'

06/24/15 set 20.7' of 7" surface casing, cemented with 8 sacks of cement.

06/25/15 cored upper Squirrel zone.

06/25/15 set 744' of 2 7/8" 8 round upset tubing including 3 centralizers, 1 clamp,
1 float-shoe, and baffle.

Baffle set at 712'.

Best perforation zone: 672.5-682.5 (CCH)

Core Times

<u>Depth</u>	<u>Minutes</u>	<u>Seconds</u>
671-672	2	02
673	2	27
674	1	05
675	1	22
676	2	01
677	1	01
678	1	02
679		58
680		59
681	1	01
682	1	10
683	1	25
684	1	30
685	1	42
686	1	08
687	1	03
688	1	06
689	1	03
690-691	1	04



CONSOLIDATED
Oil Well Services, LLC

3274
3199

TICKET NUMBER 51041
LOCATION Atkins, KS
FOREMAN Casey Kennedy

PO Box 884, Chanute, KS 66720
620-431-9210 or 800-467-8678

FIELD TICKET & TREATMENT REPORT
CEMENT

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
6/24/15	3635	Hart # 11	NE 5	17	22	MI
CUSTOMER Nick & Connie Hart/Hart Oil Co.						
MAILING ADDRESS PO Box 250						
CITY Paola		STATE KS	ZIP CODE 66071			
JOB TYPE <u>log string</u>		HOLE SIZE <u>5 5/8"</u>	HOLE DEPTH <u>754'</u>	CASING SIZE & WEIGHT <u>2 7/8" EUE</u>		
CASING DEPTH <u>744'</u>		DRILL PIPE	TUBING <u>battle - 712'</u>	OTHER		
SLURRY WEIGHT		SLURRY VOL	WATER gal/ek	CEMENT LEFT in CASING <u>30'</u>		
DISPLACEMENT <u>4.12 bbls</u>		DISPLACEMENT PSI	MIX PSI	RATE <u>4 bpm</u>		

TRUCK #	DRIVER	TRUCK #	DRIVER
729	Casey	✓	Safety Meeting
467	Kei Car	✓	
548	BroBic	✓	
675	Kei Det	✓	

REMARKS: held safety meeting, established circulation, mixed & pumped 92#
Gel followed by 5 bbls fresh water, mixed & pumped 92' sks 59/50
Portland cement w/ 2 1/2 gal of 14 # Floccal per sf, cement to
surface. Pushed pump clean, removed 2 1/2" rubber plug to casing battle w/
4.12 bbls fresh water pressured to 800 PSI, 2 bbls 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	
LE0002	20 mi	MILEAGE	143.00	
CE0711	1 mi	for mileage	660.00	
WE0853	2 hrs	80 Vac	200.00	
		trucks	2503.00	
		- 49 %	1226.47	
		subtotal		1276.53
4715	92 sks	59/50 Portland cement	1242.00	
CC5965	355 #	Gel	106.50	
CC0075	23 #	Floccal	46.00	
CP8176	1	2 1/2" rubber plug	45.00	
		materials	1439.50	
		- 49 %	705.36	
		subtotal		734.14
		7.65%	SALES TAX	56.16
			ESTIMATED TOTAL	2066.84

Ravin 9737

AUTHORIZATION [Signature] TITLE _____ DATE (4052.62)

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.