

Confidentiality Requested:

☐ Yes ☐ No

KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION

1260088

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: _____



1260088

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)

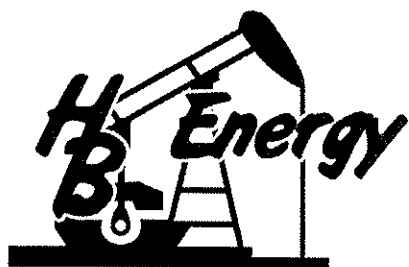
Does the volume of the total base fluid of the hydraulic fracturing treatment exceed 350,000 gallons? ☐ Yes ☐ No (If No, skip question 3)

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 #: 13

Sec. 5 Twp. 17 Rng. 22

Miami County

FSL: 3820 FEL: 2310

API: 15-121-31037

Start: 06/29/15

End: 06/30/15

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	
11	Broken Lime	18	
10	Shale	28	
21	Lime	49	
7	Shale	56	
2	Lime	58	
11	Shale	69	
17	Lime	86	
22	Shale	108	
2	Lime	110	
75	Shale	185	
18	Lime	203	
6	Shale	209	
3	Lime	212	
9	Shale	221	
1	Lime	222	
10	Shale	232	
5	Lime	237	
36	Shale	273	
13	Lime	286	
16	Shale	302	
11	Lime	313	Oil show
2	Shale	315	
13	Lime	328	
7	Shale	335	
13	Lime	348	
15	Shale	363	
4	Lime	367	
2	Shale	369	
8	Lime	377	Base of the Kansas City / Hertha
23	Shale	400	
1	Silty Shale	401	

Hart #13

13	Broken Sand	414	60% shale, 40% grey sand, minimal oil show, gassy
6	Broken Sand	420	30% green sand, 70% shale, gassy, ok bleed
2	Silty Shale	422	
121	Shale	543	
1	Lime	544	
4	Shale	548	
10	Lime	558	Oil show
4	Shale	562	
2	Lime	564	
17	Shale	581	
1	Coal	582	
6	Shale	588	
5	Lime	593	
16	Shale	609	
2	Lime	611	
18	Shale	629	
1	Lime	630	
16	Shale	646	
3	Lime	649	
4	Shale	653	
5	Lime	658	
4	Shale	662	
3	Silty Shale	665	
2.5	Broken Sand	667.5	15% brown sand, 85% shale, light bleed
.5	Lime	668	
2	Broken Sand	670	90% brown sand, 10% shale, ok bleed
5.5	Oil Sand	675.5	Brown sand, good bleed
1.5	Lime	677	
1.5	Oil Sand	678.5	Brown sand, good bleed
1.5	Shale	680	
.5	Broken Sand	680.5	40% brown sand (hard), 60% shale, good bleed, gassy
1.5	Shale	682	
.5	Broken Sand	682.5	50% brown sand, 50% shale, good bleed
7.5	Silty Shale	690	
41	Shale	731	
1	Lime & Shells	732	
25	Shale	757	TD

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

06/29/15 set 22.5' of 7" surface casing, cemented with 8 sacks of cement.

06/30/15 cored upper Squirrel zone.

06/30/15 set 747' of 2 7/8" 8 round upset tubing including 3 centralizers, 1 clamp,
1 float-shoe, and baffle.
Baffle set at 716'.

Best perforation zone: 668.5-678.5' (CCH).

Core Times

<u>Depth</u>	<u>Minutes</u>	<u>Seconds</u>
664-665	1	02
666	1	07
667	1	09
668	1	01
669	1	04
670	1	02
671		58
672		56
673		59
674		58
675	1	00
676	2	06
677	1	53
678	1	01
679	1	04
680		58
681	1	07
682	1	02
683-684	1	09



CONSOLIDATED
OIL FIELD SERVICES, LLC

PO Box 884, Chanute, KS 66720
620-431-9210 or 800-467-8876

FIELD TICKET & TREATMENT REPORT

CEMENT

TICKET NUMBER 49694
LOCATION Ottawa, KS
FOREMAN Cory Kennedy

3390
3313

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
6/30/15	3635	Hart #13	NES	17	22	ML
CUSTOMER Hart Oil Inc.						
MAILING ADDRESS PO Box 250						
CITY Paola	STATE KS	ZIP CODE 66604				
			TRUCK #	DRIVER	TRUCK #	DRIVER
			729	Geo Ken	✓ Safety	Marketing
			467	Kei Car	✓	
			558	Jim Ore	✓	
			369	Mick Haa	✓	

JOB TYPE Logging HOLE SIZE 5 5/8" HOLE DEPTH 757' CASING SIZE & WEIGHT 2 7/8" EUE
CASING DEPTH 247' DRILL PIPE TUBING baffle - 710' OTHER
SLURRY WEIGHT SLURRY VOL WATER gal/ek CEMENT LEFT In CASING
DISPLACEMENT 4.11 bbls DISPLACEMENT PSI MIX PSI RATE 4 bpm

REMARKS: held safety machine, established circulation, mixed + pumped 200 # Gel followed by 3 bbls fresh water mixed + pumped 100 # 59.50 Pozblend cement w/ 2% gel + 1/2 # Phenoseal per spec, cement to surface, flushed pump clean, pumped 2 1/2" rubber plug to baffle w/ 4.11 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	113.00	
CE0711	min	for mileage	660.00	
WF0853	2 hrs	80 Vac	200.00	
		trucks	2503.00	
		-49%	1226.47	
		subtotal		1276.53
CC5840	100 sts	59.50 Pozblend	1350.00	
CC5965	368 #	Gel	110.40	
CC6079	50 #	Phenoseal	67.50	
CP8176	1	2 1/2" rubber plug	45.00	
		materials	1572.90	
		-49%	770.72	
		subtotal		802.18
		7.65%		
		SALES TAX		161.37
		ESTIMATED TOTAL		2140.08
				(419.27)

Ravin 3737

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.