



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1264548
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: _____



1264548

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 <i>(Attach Additional Sheets)</i>	<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 <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
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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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Mud Rotary Drilling
Andrew King - Manager/Driller

Bar Drilling, LLC
Phone: (719) 210-8806

1317 105th Rd.
Yates Center, KS 66783

Company/Operator C&S Oil 1607 Main St Neosho Falls, KS 66758		Well No. 17	Lease Name Diver		Well Location 2055fsl, 3015fel		1/4 SW	1/4 NE	1/4 NE	Sec. 33	Twp. 23	Rge, 17E
Job/Project Name/No.		Well API # 15-207-29238	Type/Well Oil	County Woodson		State KS	Total Depth 1222	Date Started 7/2/2015	Date Completed 7/5/2015			
Driller/Crew Andy King Charlie King		Surface Record		Bit Record		Coring Record						
		Bit Size:	11 1/4	Type	PDC	From	To	Core #	From	To	% Rec.	
		Casing Size:	8 5/8"	Type	PDC	From	To	Core #	From	To	% Rec.	
		Casing Length:	20'	Type		From	To	Core #	From	To	% Rec.	
		Cement Used:	10sx	Type		From	To	Core #	From	To	% Rec.	
		Cement Type:	Portland	Type		From	To	Core #	From	To	% Rec.	

From	To	Formation	From	To	Formation	From	To	Formation
0	25	Overburden	1209	1211	soft lime			
25	55	lime	1211	1222	lime			
55	147	shale						
147	446	lime						
446	610	shale						
610	612	lime						
612	631	shale						
631	642	lime						
642	702	shale						
702	704	lime						
704	770	shale						
770	775	lime						
775	786	shale/coal						
786	789	lime						
789	1163	sand/shale						
1163	1172	Top Of Miss						
1172	1173	soft lime (Cir)						
1180	823	Chalky lime						
1180	1181	hard lime						
1181	1185	good oil						
1185	1191	hard lime						
1191	1194	Soft lime (no oil)						
1194	1204	Soft lime(no oil)						
1204	1209	lime						

ran 1215' +- of 4 1/2" casing.



250 N. Water, Ste 200 - Wichita, Ks 67202

HURRICANE SERVICES INC

104 Prairie Plaza Parkway - Garnett, Ks 66032

Customer	C & S Oil				Customer Name:	Bob Christenson	Ticket No.:	100602		
Address:					AFE No.:		Date:	7/6/2015		
City, State, Zip:					Job type	Long String <i>New oil</i>				
Service District:	Garnett				Well Details:	4 1/2" 10.5 lb casing set @ 1215' 1222' of 6 3/4" hole				
Well name & No.	Diver # 17				Well Location:	33-23s-17e	County:	Woodson	State:	Kansas
Equipment #	Driver	Equipment #	Driver	Equipment #	Hours	TRUCK CALLED			AM	TIME
231	Tom	25	Dwayne			ARRIVED AT JOB			AM	
240	Troy					START OPERATION			AM	
109	Eric	30	Brad			FINISH OPERATION			AM	
111	Jeff T.					RELEASED			AM	
						MILES FROM STATION TO WELL				

Treatment Summary

Rig up to 4 1/2" casing, pumped 10 Bbbls fresh water ahead, 10 Bbbls gel flush followed with 30 Bbbls fresh water spacer. Mixed 140 sks. of Thickset cement w/ Kol-Seal @ 5lb per/sk. @ 13.2 lb. Lbs/Gal. Shut down - release plug, wash out pump & lines. Displace plug with 19.25 Bbbls water. Final pumping @ 550psi - Landed plug with 1000psi Held 1000psi for a minute, release pressure - Float Held, close casing in with Opsi. Job Complete with good cement returns-10 Bbbls slurry. "Thank You"

Product/Service Code	Description	Unit of Measure	Quantity	List Price/Unit	Gross Amount	Item Discount	Net Amount
c23101	Cement Pump	ea	1.00	\$790.00	\$790.00	20.00%	\$632.00
c00101	Heavy Equip. One Way	mi	30.00	\$3.25	\$97.50	20.00%	\$78.00
p01606	Thickset Cement	sack	140.00	\$18.60	\$2,604.00	30.00%	\$1,822.80
p01609	KOL-Seal	lb	700.00	\$0.65	\$455.00	30.00%	\$318.50
p01607	Bentonite Gel	lb	200.00	\$0.30	\$60.00	30.00%	\$42.00
c15000	Transports 150 bbl	ea	3.00	\$105.00	\$315.00	20.00%	\$252.00
p02000	H2O	gal	4,200.00	\$0.01	\$54.60		\$54.60
c00103	Ton Mileage - One way	mi	250.00	\$1.30	\$325.00	20.00%	\$260.00
c00102	Light Equip. One Way	mi	-	\$1.50	\$0.00		\$0.00
p01633	Rubber Plug 4 1/2	ea	1.00	\$48.00	\$48.00	30.00%	\$33.60

TERMS: Cash in advance unless Hurricane Services Inc has approved credit prior to sale. Credit terms of sale for approved accounts are total invoice due on or before the 30th day from the date of invoice. Past due accounts may pay interest on the balance past due at the rate of 1 1/2% per month or the maximum allowable by applicable state or federal laws if such laws limit interest to a lesser amount. In the event it is necessary to employ an agency and/or attorney to affect the collection of said account, Customer hereby agrees to pay all fees directly or indirectly incurred for such collection. In the event that Customer's account with HSI becomes delinquent, HSI has the right to revoke any and all discounts previously applied in arriving at net invoice price. Upon revocation, the full invoice price without discount will become immediately due and owing and subject to collection.

Gross:	\$ 4,749.10	Net:	\$ 3,493.50
Total Taxable	\$2,237.90	Tax Rate:	7.150%
		Sale Tax:	\$ 160.01
		Total:	\$ 3,653.51

Frac and Acid service treatments designed with intent to increase production on newly drilled or existing wells are not taxable.

Date of Service: 7/6/2015

HSI Representative: Brad Butler

Customer Representative:

X _____
CUSTOMER AUTHORIZED AGENT

Customer Comments or Concerns:

Hurricane Services appreciates any Comments, Concerns or Criticism's from our valuable customers as Safety and Customer Satisfaction are our Number 1 goal. All Comments are confidential and will be used in a constructive manner to improve our Safety and Job Performance.