

Confidentiality Requested:

Yes  No

KANSAS CORPORATION COMMISSION 1263913  
OIL & GAS CONSERVATION DIVISION

Form ACO-1  
November 2016

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

Gas  DH  EOR

OG  GSW

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 EOR  Conv. to SWD  
 Plug Back  Liner  Conv. to GSW  Conv. to Producer

Commingled Permit #: \_\_\_\_\_

Dual Completion Permit #: \_\_\_\_\_

SWD Permit #: \_\_\_\_\_

EOR Permit #: \_\_\_\_\_

GSW Permit #: \_\_\_\_\_

Spud Date or Date Reached TD Completion Date or Recompletion Date

API No.: \_\_\_\_\_

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  Drill Stem Tests Received

Geologist Report / Mud Logs Received

UIC Distribution

ALT  I  II  III Approved by: \_\_\_\_\_ Date: \_\_\_\_\_

1263913

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 Geologist Report / Mud Logs <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				

1. Did you perform a hydraulic fracturing treatment on this well?  Yes  No *(If No, skip questions 2 and 3)*
2. Does the volume of the total base fluid of the hydraulic fracturing treatment exceed 350,000 gallons?  Yes  No *(If No, skip question 3)*
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)*

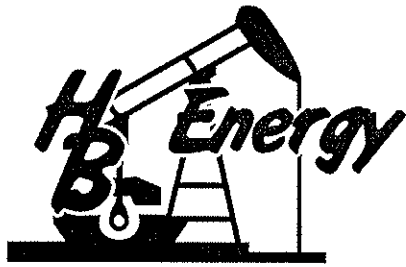
Date of first Production/Injection or Resumed Production/Injection:	Producing Method: <input type="checkbox"/> Flowing <input type="checkbox"/> Pumping <input type="checkbox"/> Gas Lift <input type="checkbox"/> Other <i>(Explain)</i> _____			
Estimated Production Per 24 Hours	Oil Bbls.	Gas Mcf	Water Bbls.	Gas-Oil Ratio Gravity

<b>DISPOSITION OF GAS:</b> <input type="checkbox"/> Vented <input type="checkbox"/> Sold <input type="checkbox"/> Used on Lease <i>(If vented, Submit ACO-18.)</i>	<b>METHOD OF COMPLETION:</b> <input type="checkbox"/> Open Hole <input type="checkbox"/> Perf. <input type="checkbox"/> Dually Comp. <input type="checkbox"/> Commingled <i>(Submit ACO-5)</i> <i>(Submit ACO-4)</i>	<b>PRODUCTION INTERVAL:</b> Top Bottom
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Shots Per Foot	Perforation Top	Perforation Bottom	Bridge Plug Type	Bridge Plug Set At	Acid, Fracture, Shot, Cementing Squeeze Record <i>(Amount and Kind of Material Used)</i>

TUBING RECORD:	Size:	Set At:	Packer At:	
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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

Owners: Clay Hughes & Ray Groshong  
Clayton, Well #: GH3  
Sec. 29 Twp. 15 Rng. 21  
FSL: 3690 FEL: 5105  
API: 15-059-27059  
Start: 09/01/15  
End: 09/02/15

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

<u>Thickness of Strata</u>	<u>Formation</u>	<u>Total</u>	
26	Soil & Clay	26	
12	Sandstone	38	Red and grey, no water
83	Shale	121	
29	Lime	150	
7	Shale	157	
33	Lime	190	
36	Shale	226	
22	Lime	248	
88	Shale	336	
14	Lime	350	
2	Shale	352	
5	Lime	357	
2	Shale	359	
8	Lime	367	
46	Shale	413	
10	Lime	423	
5	Shale	428	
7	Lime	435	
4	Shale	439	
9	Lime	448	
17	Shale	465	
19	Lime	484	
3	Shale	487	
5	Lime	492	
3	Shale	495	
5	Lime	500	Base of the Kansas City / Hertha
30	Shale	530	
1	Broken Sand	531	Hard green sand, no odor, no show
92	Shale	623	
2	Sand	625	Grey, no odor, no show
52	Shale	677	
6	Lime	683	

Clayton GH3

8	Shale	691	
7	Lime	698	
5	Shale	703	
9	Lime	712	
12	Shale	724	
5	Lime	729	Brown, light bleed
1	Coal	730	
11	Shale	741	
2	Lime	743	
26	Shale	769	
2	Broken Lime	771	
4.5	Silty Shale	775.5	
2	Lime & Sand	777.5	White, no oil
1.5	Oil Sand	779	Brown, fair bleed, thin shale laminations
3	Broken Sand	782	60% brown sand, gassy, good bleed
1	Broken Sand	783	90% brown sand, 10% shale, good bleed, gassy
1	Oil Sand	784	Brown sand, good bleed, few thin shale seems
2	Broken Sand	786	60% brown sand, 40% laminated shale
3	Broken Sand	789	10% brown sand, 90% shale, minimal bleed
4	Silty Shale	793	
37	Shale	830	
1	Lime & Shells	831	
12	Shale	843	
1	Broken Sand	844	Limey sand with light brown sand, no oil
6	Shale	850	
5	Broken Sand	855	Laminated shale & light brown sand, no oil
13	Shale	868	
1	Coal	869	
5	Shale	874	
4	Lime	878	TD

Drilled an 11" hole to 44.6'  
 Drilled a 5 5/8" hole to 878'

09/01/15 set 44.6' of 7" surface casing, cemented with 13 sacks of cement.

09/02/15 cored upper squirrel zone.

09/02/15 set 860' of 2 7/8" 8 round upset tubing including 3 centralizers, 1 clamp, 1 float-shoe, and baffle.  
 Baffle set at 828'.

**Core Times**

<u>Depth</u>	<u>Minutes</u>	<u>Seconds</u>
775-776	2	25
777	2	21
778	2	15
779		44
780		55
781		55
782	1	00
783	1	00
784		56
785		52
786	1	03
787	1	04
788		54
789	1	07
790	1	04
791		55
792		54
793	1	00
794-795		50



4163  
4078

TICKET NUMBER 49794  
LOCATION Ottawa  
FOREMAN Alan Maden

PO Box 884, Chanute, KS 66720  
620-431-9210 or 800-497-8676

**FIELD TICKET & TREATMENT REPORT**  
**CEMENT**

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
9-2-15	2999	Clayton GH:3	NW 25	15	21	FR
CUSTOMER CCN LLC			TRUCK # DRIVER TRUCK # DRIVER			
MAILING ADDRESS 3131 Virginia			730 AlMad Safety Meet			
CITY STATE ZIP CODE Wellsville KS 66092			467 KeiCar			
			369 MikHag			
			558 AlMad			
JOB TYPE	HOLESIZE	HOLE DEPTH	CASING SIZE & WEIGHT			
long string	3 5/8	878	2 1/8			
CASING DEPTH	DRILL PIPE	TUBING	OTHER			
860			bf 328			
SLURRY WEIGHT	SLURRY VOL	WATER gal/sk	CEMENT LEFT in CASING			
			YES			
DISPLACEMENT	DISPLACEMENT PSI	MIX PSI	RATE			
4.81	800	200	46gpm			

REMARKS: Held meeting. Established rate. Mixed & pumped 100# gel followed by 91 sk Poz Blend I-A plus 2# gel & 4# flo seal persack. Circulated cement. Flushed pump. Pumped plug to baffle. Well 800 PST. Set float

HB Energy

*Alan Maden*

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
CE0450	1	PUMP CHARGE	467	1500.00
CE0002	15	MILEAGE	467	10785.00
CE0711	min	Ten miles	558	660.00
WE0853	1	80 gal	369	100.00
		SUB		2367.00
		less 40% -	946.80	1420.35
6084 CC5840	94	Poz Blend I-A		1269.00
CC5965	258#	gel		77.40
CC6075	24#	flo seal		48.00
CP8176	1	2 1/2 plug		45.00
		SUB		1439.40
		less 40% -	575.76	863.64
		8%		69.09
		SALES TAX		69.09
		ESTIMATED TOTAL		2353.08
				(3927.05)

AUTHORIZATION Clay 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.

2353.08