



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1269300
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: _____



1269300

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: <input type="checkbox"/> Yes <input type="checkbox"/> No
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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 <i>(Explain)</i> _____
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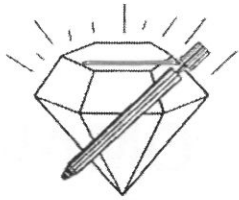
Estimated Production Per 24 Hours	Oil Bbls.	Gas Mcf	Water Bbls.	Gas-Oil Ratio	Gravity

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> _____	PRODUCTION INTERVAL: _____ _____
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Form	ACO1 - Well Completion
Operator	Nor-West Kansas Oil, L.L.C.
Well Name	Hunt Bros. 1
Doc ID	1269300

Tops

Name	Top	Datum
Anhydrite	2380	+695
Base Anhydrite	2400	+675
Heebner	3965	-890
Toronto	3981	-906
Lansing	4009	-934
Base Kansas City	4400	-1325
Marmaton	4461	-1386
Pawnee	4535	-1460
Fort Scott	4587	-1512
Cherokee Shale	4613	-1538
Johnson Zone	4669	-1594
Mississippian	4818	-1743
Total Depth	4883	-1808



DIAMOND TESTING, LLC
P.O. Box 157
HOISINGTON, KANSAS 67544
(620) 653-7550 • (800) 542-7313
HUNTBROS1DST2

Company Nor-West Kansas Oil, LLC Lease & Well No. Hunt Bros. No. 1
Elevation 3075 KB Formation Marmaton Effective Pay _____ Ft. Ticket No. T507
Date 10-21-15 Sec. 23 Twp. 17S Range 34W County Scott State Kansas
Test Approved By Richard B. Bell Diamond Representative Tim Venters

Formation Test No. 2 Interval Tested from 4,478 ft. to 4,520 ft. Total Depth 4,520 ft.
Packer Depth 4,473 ft. Size 6 3/4 in. Packer Depth _____ ft. Size _____ in.
Packer Depth 4,478 ft. Size 6 3/4 in. Packer Depth _____ ft. Size _____ in.
Depth of Selective Zone Set _____ ft.

Top Recorder Depth (Inside) 4,459 ft. Recorder Number 5504 Cap. 5,000 psi.
Bottom Recorder Depth (Outside) 4,517 ft. Recorder Number 11029 Cap. 5,025 psi.
Below Straddle Recorder Depth _____ ft. Recorder Number _____ Cap. _____ psi.

Drilling Contractor VW Drilling, LLC - Rig 10 Drill Collar Length 120 ft. I.D. 2 1/4 in.
Mud Type Chemical Viscosity 47 Weight Pipe Length _____ ft. I.D. _____ in.
Weight 9.3 Water Loss 8.8 cc. Drill Pipe Length 4,325 ft. I.D. 3 1/2 in.
Chlorides 6,200 P.P.M. Test Tool Length 33 ft. Tool Size 3 1/2-IF in.
Jars: Make Sterling Serial Number 2 Anchor Length 42 ft. Size 4 1/2-FH in.
Did Well Flow? No Reversed Out No Surface Choke Size 1 in. Bottom Choke Size 5/8 in.
Main Hole Size 7 7/8 in. Tool Joint Size 4 1/2-XH in.

Blow: 1st Open: Very weak, surface blow lasting 3 mins. No blow back during shut-in.

2nd Open: Very weak, surface blow throughout. No blow back during shut-in.

Recovered 1 ft. of clean oil = .004920 bbls. (Grind out: 100%-oil)
Recovered 75 ft. of mud cut oil = .369000 bbls. (Grind out: 65%-oil; 35%-mud)
Recovered 76 ft. of TOTAL FLUID = .373920 bbls.
Recovered _____ ft. of _____
Recovered _____ ft. of _____
Recovered _____ ft. of _____
Remarks Tool Sample Grind Out: 78%-oil; 22%-mud

Time Set Packer(s) 6:28 A.M. Time Started off Bottom 8:13 A.M. Maximum Temperature 116°
Initial Hydrostatic Pressure.....(A) 2161 P.S.I.
Initial Flow Period.....Minutes 15 (B) 24 P.S.I. to (C) 39 P.S.I.
Initial Closed In Period.....Minutes 30 (D) 493 P.S.I.
Final Flow Period.....Minutes 30 (E) 44 P.S.I. to (F) 63 P.S.I.
Final Closed In Period.....Minutes 30 (G) 474 P.S.I.
Final Hydrostatic Pressure.....(H) 2161 P.S.I.

DIAMOND TESTING

General Information Report

General Information

Company Name NOR-WEST KANSAS OIL, LLC
Contact PATRICK WANKER
Well Name HUNT BROS. #1
Unique Well ID DST #2, MARMATON, 4478-4520
Surface Location SEC 23-17S-34W, SCOTT CO. KS.
Field ISBEL NORTHEAST
Well Type Vertical
Test Type CONVENTIONAL
Formation DST #2, MARMATON, 4478-4520
Well Fluid Type 01 Oil

Representative TIM VENTERS
Well Operator NOR-WEST KANSAS OIL, LLC
Report Date 2015/10/21
Prepared By TIM VENTERS
Qualified By RICHARD BELL

Start Test Date 2015/10/21
Final Test Date 2015/10/21

Start Test Time 04:18:00
Final Test Time 10:06:00

Test Recovery:

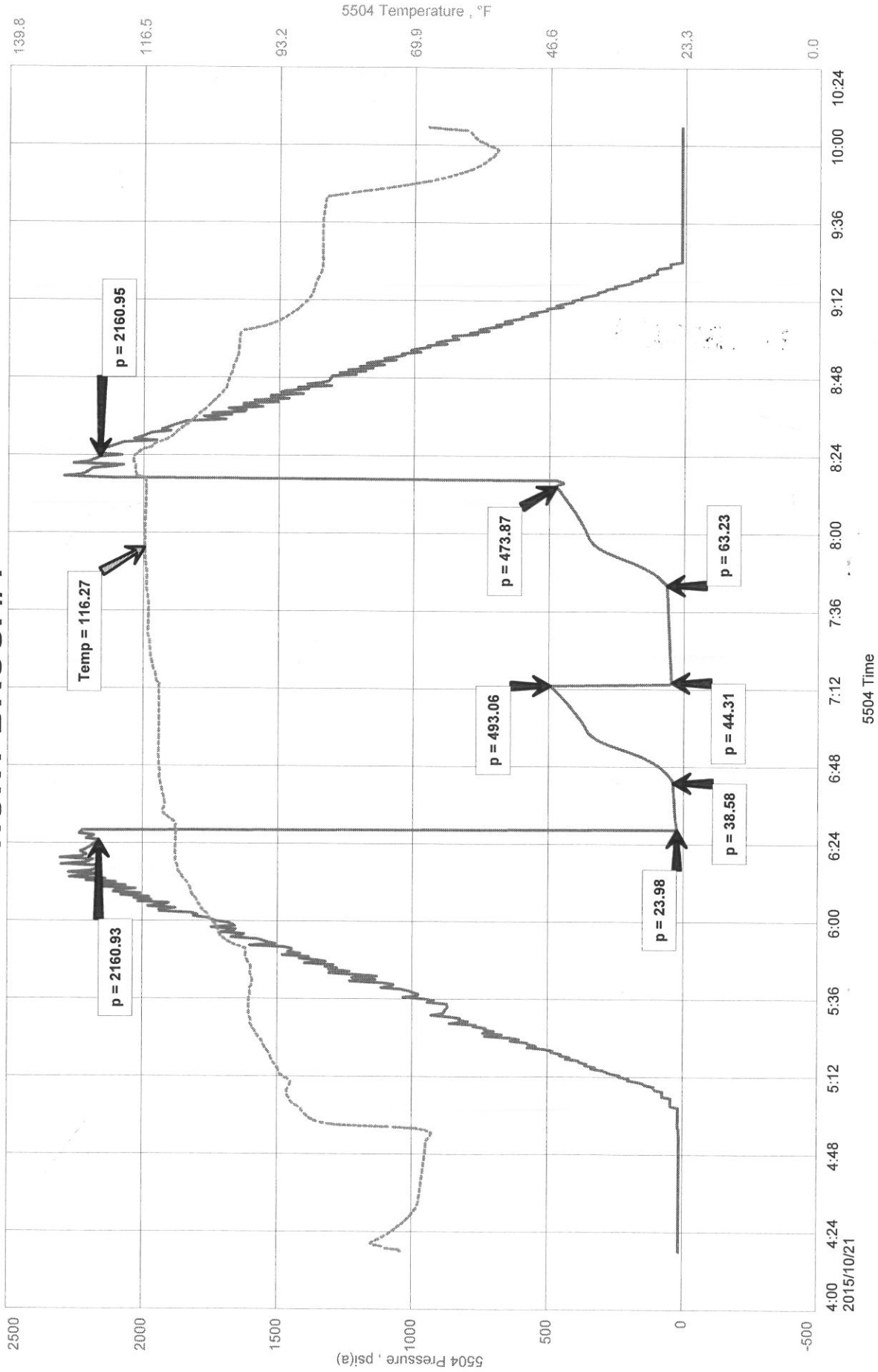
RECOVERED: 1' CLEAN OIL, 100% OIL
75' MCO, 65% OIL, 35% MUD
76' TOTAL FLUID

TOOL SAMPLE: 78% OIL, 22% MUD

NOR-WEST KANSAS OIL, LLC
 DST #2, MARMATON, 4478-4520
 Start Test Date: 2015/10/21
 Final Test Date: 2015/10/21

HUNT BROS. #1
 Formation: DST #2, MARMATON, 4478-4520
 Pool: WILDCAT
 Job Number: T507

HUNT BROS. #1





DIAMOND TESTING, LLC
P.O. Box 157
HOISINGTON, KANSAS 67544
(620) 653-7550 • (800) 542-7313
HUNTBROS1DST1

Company Nor-West Kansas Oil, LLC Lease & Well No. Hunt Bros. No. 1
Elevation 3075 KB Formation Pleasanton/Marmaton Effective Pay _____ Ft. Ticket No. T506
Date 10-20-15 Sec. 23 Twp. 17S Range 34W County Scott State Kansas
Test Approved By Richard B. Bell Diamond Representative _____ Tim Venters _____

Formation Test No. 1 Interval Tested from 4,413 ft. to 4,480 ft. Total Depth 4,480 ft.
Packer Depth 4,408 ft. Size 6 3/4 in. Packer Depth _____ ft. Size _____ in.
Packer Depth 4,413 ft. Size 6 3/4 in. Packer Depth _____ ft. Size _____ in.
Depth of Selective Zone Set _____ ft.

Top Recorder Depth (Inside) 4,394 ft. Recorder Number 5504 Cap. 5,000 psi.
Bottom Recorder Depth (Outside) 4,477 ft. Recorder Number 11029 Cap. 5,025 psi.
Below Straddle Recorder Depth _____ ft. Recorder Number _____ Cap. _____ psi.

Drilling Contractor WW Drilling, LLC - Rig 10 Drill Collar Length 120 ft. I.D. 2 1/4 in.
Mud Type Chemical Viscosity 47 Weight Pipe Length _____ ft. I.D. _____ in.
Weight 9.3 Water Loss 8.8 cc. Drill Pipe Length 4,260 ft. I.D. 3 1/2 in.
Chlorides 6,200 P.P.M. Test Tool Length 33 ft. Tool Size 3 1/2-IF in.
Jars: Make Sterling Serial Number 2 Anchor Length 35' perf. w/32' drill pipe Size 4 1/2-FH in.
Did Well Flow? No Reversed Out No Surface Choke Size 1 in. Bottom Choke Size 5/8 in.
Main Hole Size 7 7/8 in. Tool Joint Size 4 1/2-XH in.

Blow: 1st Open: Weak, surface blow increasing to 1 1/2 ins. No blow back during shut-in.
2nd Open: Very weak, surface blow increasing to 1 in. No blow back during shut-in.

Recovered 70 ft. of mud cut water = .437500 bbls. (Grind out: 71%-water; 29%-mud) Chlorides: 23,000 Ppm PH: 7.5 RW: .34 @ 76°
Recovered 60 ft. of water cut mud = .295200 bbls. (Grind out: 35%-water; 65%-mud)
Recovered 130 ft. of TOTAL FLUID = .732700 bbls.
Recovered _____ ft. of _____
Recovered _____ ft. of _____
Recovered _____ ft. of _____

Remarks Tool Sample Grind Out: 39%-water; 61%-mud

Time Set Packer(s) 3:50 P.M. Time Started off Bottom 6:20 P.M. Maximum Temperature 119°
Initial Hydrostatic Pressure.....(A) 2109 P.S.I.
Initial Flow Period.....Minutes 30 (B) 25 P.S.I. to (C) 59 P.S.I.
Initial Closed In Period.....Minutes 45 (D) 1249 P.S.I.
Final Flow Period.....Minutes 30 (E) 61 P.S.I. to (F) 82 P.S.I.
Final Closed In Period.....Minutes 45 (G) 1243 P.S.I.
Final Hydrostatic Pressure.....(H) 2101 P.S.I.

DIAMOND TESTING

General Information Report

General Information

Company Name NOR-WEST KANSAS OIL, LLC
Contact PATRICK WANKER
Well Name HUNT BROS. #1
Unique Well ID DST #1, PLEAS./MARM., 4413-4480
Surface Location SEC 23-17S-34W, SCOTT CO. KS.
Field ISBEL NORTHEAST
Well Type Vertical
Test Type CONVENTIONAL
Formation DST #1, PLEAS./MARM., 4413-4480
Well Fluid Type 01 Oil

Representative TIM VENTERS
Well Operator NOR-WEST KANSAS OIL, LLC
Report Date 2015/10/20
Prepared By TIM VENTERS
Qualified By RICHARD BELL

Start Test Date 2015/10/20
Final Test Date 2015/10/20

Start Test Time 13:48:00
Final Test Time 20:31:00

Test Recovery:

RECOVERED: 70' MCW, 71% WATER, 29% MUD
60' WCM, 35% WATER, 65% MUD
130' TOTAL FLUID

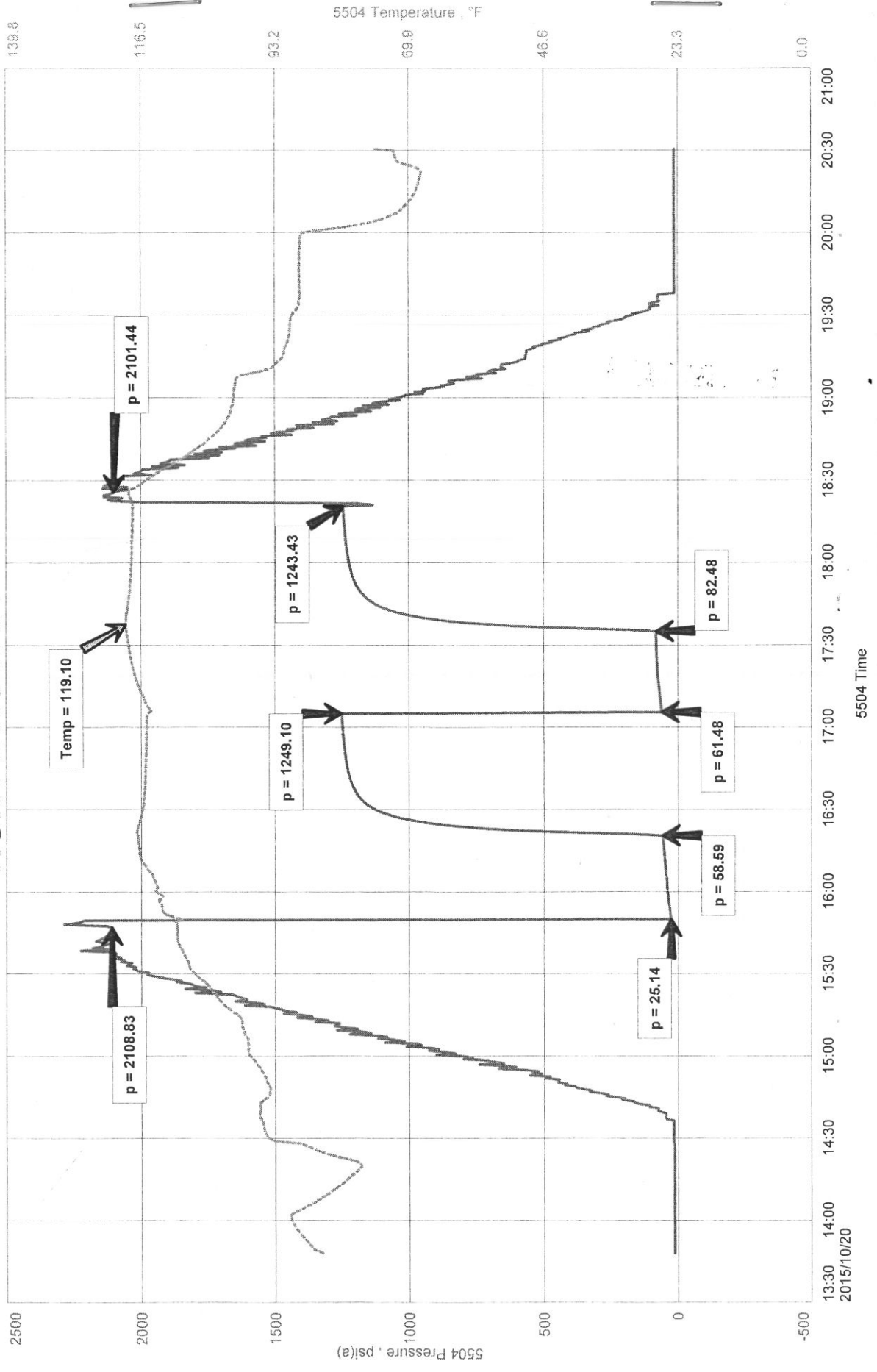
TOOL SAMPLE: 39% WATER, 61% MUD

CHLORIDES: 23,000 ppm
PH: 7.5
RW: .34 @ 76 deg.

HUNT BROS. #1
 Formation: DST #1, PLEAS./MARM., 4413-4480
 Pool: WILDCAT
 Job Number: T506

NOR-WEST KANSAS OIL, LLC
 DST #1, PLEAS./MARM., 4413-4480
 Start Test Date: 2015/10/20
 Final Test Date: 2015/10/20

HUNT BROS. #1





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

TICKET NUMBER 49600
LOCATION Oakley, KS
FOREMAN Jerry V

FIELD TICKET & TREATMENT REPORT
CEMENT

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
10-15-15	5666	Hunt Bros #1	23	17	34	Scott
CUSTOMER <u>Nor West</u>			TRUCK # DRIVER TRUCK # DRIVER			
MAILING ADDRESS			Cory D → 731			
CITY STATE ZIP CODE			693 Keith C			

JOB TYPE Surface HOLE SIZE 12 1/4 HOLE DEPTH 218 CASING SIZE & WEIGHT 8 7/8 23#
 CASING DEPTH 218 DRILL PIPE _____ TUBING _____ OTHER _____
 SLURRY WEIGHT 14.8 SLURRY VOL 1.24 WATER gal/sk _____ CEMENT LEFT in CASING .20'
 DISPLACEMENT 12 1/2 bbl DISPLACEMENT PSI _____ MIX PSI _____ RATE _____

REMARKS: Safety meeting & rig up on WW10 break circulation with rig mix
165 sks surface blend wash up & displace with 12 1/2 bbl fresh water & shut
in. Circulated approx 3 bbl to pit

Cement did
Circulate
Thank you
Jerry & crew

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
CE 0450	1	PUMP CHARGE	1500 ⁰⁰	1500 ⁰⁰
CE 0002	50	MILEAGE	7 ¹⁵	357 ⁵⁰
CE 0710	7.8	ton mileage delivery	17 ⁵	682 ⁵⁰
CC 5871	165 sks	surface blend (com 302)	23 ⁰⁰	3795 ⁰⁰
			subtotal	6335 ⁰⁰
			-30%	1900 ⁵⁰
			subtotal	4434 ⁵⁰
			SALES TAX	
			ESTIMATED TOTAL	

AUTHORIZATION [Signature] 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



CONSOLIDATED
Oil Well Services, LLC

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

TICKET NUMBER 49602
LOCATION Oakley Ks
FOREMAN Jerry Y

FIELD TICKET & TREATMENT REPORT
CEMENT

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
10-23-15	5666	Hunt Bros # 1	23	17	34	Scott
CUSTOMER			TRUCK #		DRIVER	
MAILING ADDRESS			TRUCK #		DRIVER	
CITY			TRUCK #		DRIVER	
STATE			TRUCK #		DRIVER	
ZIP CODE			TRUCK #		DRIVER	

Jerry Y
Nor West
Scott City
N to 190
W to Eagle
3/4 N
W across
pasture

JERRY Y

JOB TYPE Plug HOLE SIZE 7/8 HOLE DEPTH 4825 CASING SIZE & WEIGHT _____
 CASING DEPTH _____ DRILL PIPE 4 1/2 TUBING _____ OTHER _____
 SLURRY WEIGHT 138 SLURRY VOL 1.42 WATER gal/sk _____ CEMENT LEFT in CASING _____
 DISPLACEMENT _____ DISPLACEMENT PSI _____ MIX PSI _____ RATE _____

REMARKS: Safety meeting & rig up on WW 10, plug as ordered with 270 sks
Lite weight V 1/4" fb seal
50 sks @ 2410'
80 sks @ 1450'
50 sks @ 700'
40 sks @ 250'
20 sks @ 60'
30 sks Rathole

Thank you
Jerry Y

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
CE0450	1	PUMP CHARGE	1500 ⁰⁰	1500 ⁰⁰
CE0002	50	MILEAGE	7 ¹⁵	357 ⁵⁰
CE0710	11.61	ton mileage delivery	1 ⁷⁵	1015 ⁸⁸
CC5829	270 sks	Lite blend V	16 ⁰⁰	4320 ⁰⁰
CC6075	68 ⁴⁴	fb seal	2 ⁰⁰	136 ⁰⁰
			Subtotal	7329 ³⁸
			-30%	2198 ⁸¹
			Subtotal	5130 ⁵⁷
			SALES TAX	
			ESTIMATED TOTAL	

AUTHORIZATION Rich Y 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