

Confidentiality Requested:

Yes No

Kansas Corporation Commission Oil & Gas Conservation Division

1271071

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 #			API No. 15		
Name:			Spot Description:		
Address 1:			Sec.	TwpS. R	East _ West
Address 2:			F6	eet from North /	South Line of Section
City:	State: Z	ip:+	Fe	eet from East /	West Line of Section
Contact Person:			Footages Calculated from	Nearest Outside Section C	Corner:
Phone: ()			□ NE □ NW	V □SE □SW	
CONTRACTOR: License #			GPS Location: Lat:	, Long:	
Name:				(e.g. xx.xxxxx)	(e.gxxx.xxxxx)
Wellsite Geologist:			Datum: NAD27	NAD83 WGS84	
Purchaser:			County:		
Designate Type of Completion:			Lease Name:	W	ell #:
	e-Entry	Workover	Field Name:		
	_		Producing Formation:		
☐ Oil ☐ WSW ☐ D&A	☐ SWD	∐ SIOW ∏ SIGW	Elevation: Ground:	Kelly Bushing:	
	GSW	Temp. Abd.	Total Vertical Depth:	Plug Back Total D	epth:
CM (Coal Bed Methane)	dow	Temp. Abd.	Amount of Surface Pipe Se	et and Cemented at:	Feet
☐ Cathodic ☐ Other (Co	ore. Expl., etc.):		Multiple Stage Cementing	Collar Used? Yes	No
If Workover/Re-entry: Old Well I			If yes, show depth set:		
Operator:			If Alternate II completion, c	cement circulated from:	
Well Name:			feet depth to:	w/	sx cmt.
Original Comp. Date:					
Deepening Re-perf	J	ENHR Conv. to SWD	Drilling Fluid Managemer	nt Plan	
Plug Back	Conv. to G		(Data must be collected from to		
Commingled	Permit #		Chloride content:	ppm Fluid volume	: bbls
Dual Completion			Dewatering method used:_		
SWD			Location of fluid disposal if	hauled offsite:	
ENHR	Permit #:				
GSW	Permit #:		Operator Name:		
			Lease Name:		
Spud Date or Date R	eached TD	Completion Date or	QuarterSec	TwpS. R	East West
Recompletion Date		Recompletion Date	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:

Page Two



Operator Name:				_ Lease l	Name: _			Well #:		
Sec Twp	S. R	East V	West	County	:					
INSTRUCTIONS: Shopen and closed, flow and flow rates if gas to	ring and shut-in pres o surface test, along	sures, whether s with final chart(shut-in pre s). Attach	ssure reac extra shee	hed stati t if more	c level, hydrosta space is neede	itic pressures, bot d.	tom hole temp	erature, flui	d recovery,
Final Radioactivity Lo- files must be submitte						gs must be ema	ailed to kcc-well-lo	gs@kcc.ks.go	v. Digital el	ectronic log
Drill Stem Tests Taker (Attach Additional S		Yes	No				on (Top), Depth ar			mple
Samples Sent to Geo	logical Survey	Yes	☐ No		Nam	e		Тор	Da	tum
Cores Taken Electric Log Run		☐ Yes ☐ Yes	☐ No ☐ No							
List All E. Logs Run:										
			CASING		☐ Ne					
	0: 11-1-	· ·				ermediate, product		# O	T	d Damasat
Purpose of String	Size Hole Drilled	Size Cas Set (In O		Weig Lbs. /		Setting Depth	Type of Cement	# Sacks Used		d Percent itives
		AD	DITIONAL	CEMENTIN	NG / SQL	JEEZE RECORD				
Purpose:	Depth Top Bottom	Type of Ce	ement	# Sacks	Used		Type and F	ercent Additives		
Perforate Protect Casing										
Plug Back TD Plug Off Zone										
Did you perform a hydrau	•					Yes	No (If No, ski	p questions 2 ar	nd 3)	
Does the volume of the to							= :	p question 3)	of the ACO	()
Was the hydraulic fractur	ing treatment information	on submitted to the	e chemicai d	isciosure re	gistry?	Yes	No (If No, fill	out Page Three	or the ACO-1	<i>)</i>
Shots Per Foot		ION RECORD - I Footage of Each I					cture, Shot, Cement mount and Kind of Ma		d	Depth
TUBING RECORD:	Size:	Set At:		Packer A	i:	Liner Run:	Yes No			
Date of First, Resumed	Production, SWD or Ef	NHR. Prod	ducing Meth	ıod:		1				
			Flowing	Pumpin	g	Gas Lift C	Other (Explain)			
Estimated Production Per 24 Hours	Oil	Bbls.	Gas	Mcf	Wate	er B	bls. (Gas-Oil Ratio		Gravity
DISPOSITIO	ON OF GAS:		M	METHOD OF	COMPLE	ETION:		PRODUCTION	ON INTERVA	
Vented Sold		Open		Perf.	Dually	Comp. Cor	mmingled			
	bmit ACO-18.)		(Specify)		(Submit)	ACO-5) (Sub	mit ACO-4)			

HUGHES DRILLING REPORT

Well No. I. 8 Size. 7 Farm Michaellen. Foet 26

SURFACE CASING PERMANENT CSO.

Size 7 Size 2/8 870 EUE

Foet 26 Feet 88 70 of Piffact shoe on Better at 178 to Fractishse on

T. D. at Completion

OPERATOR HISTOR DEILLING

Contractor ... HUGHES DRILLING CO.

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DATE		PROM	H.LED	REMARKS - TYPE WORK BILLING PRF.	PIPE TALLY
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26	4	3	7.3	clay	22.2.5 44.0
10/12	1	23	32	Shale	Q215-665
578		32	54	Lime	9 22,5 - 89.0
PM 8	; +	54	61	Shale	\$ 22.5-11.5
· · · · · · · · · · · · · · · · · · ·		61	72-	Lime	Q225-134.9
		72	79	Sink	D225- 156.5
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and the state of t	-	199	148	SWALL (5dy/13-120) CSAy 133-14	0(1)22.5 - 201.7
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		233	Seventines and	Lime	1225- 269.0
	· · · · · · · · · · · · · · · · · · ·	255	273	Shull (BRKN 268-273)	(13)225-291.5
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Fr. Co., Kansas

1485 FSL 2595 FE

API # 15-058-27063

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Set 809.70 of 278 get EVE (New)
Baffle at 778.10 Flactshoe on Bottom
Used 3 centralizers

HUGHES DRILLING CO.

Wellsville, Kansas 66092

Roger 913-883-2235 Darrel 913-883-4027

CORE TIME FORMATION #1 Squirre Ron 913-883-4655 913-683-4383

(man chip Sample)

			DATE: LOZZ;		(machip Sample)
	FROM	FEET TO	S. L. S. J. M. T. S. Carrier insternes e en stratumental material production of transcalars and construction construction	MINUTES	REMARKS
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HUGHES DRILLING CO.



Wellsville, Kansas 66092

Roger 913-483-2235 Ogræð 913-883-4027 LEASE OF MEMILIEN I-8
FORMATION #2 Squire

Ron 913-883-4655 (Ciay)913-883-4383

(Beschip Sample) DATE: 10-23-15 TEET TO REMARKS MINUTES TIME FROM フスト フィフ フス8



yell yell

LOCATION SHOWA, CS FOREMAN CASCY Kemedy

PO	Box	884,	Cha	nute,	K\$	66720
620	-431	-9210	or	800-	467-	8676

FIELD TICKET & TREATMENT REPORT #806192

620-431-9210	or 800-467-8676	3		CEMEN	T [NVOICETIC	1000	
DATE	CUSTOMER#	WELL	NAME & NUME	BER	SECTION	TOWNSHIP	RANGE	COUNTY
10/23/15	3425	12. McH	illen#	I-8	SE2	16	20	FR
CUSTOMER	- 1	_	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				TOUGH #	DRIVER
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Pozbend	V IA cel	rent w/ 2		7 1	1	and the same of th	event to	11 .
Flushod p	uno clean	punped	2%	rybber G			4.50 bbl	-
safer, ere	cried to	F '009'	SI, well	held pro	ssure for i	30 Min MI	T, Releason	l pressure
shot in c	gasing.					$\overline{}$		
						-	-	
						1-)1	_/	
							·	т
ACCOUNT	QUANITY	or UNITS	DI	ESCRIPTION o	of SERVICES or F	RODUCT	UNIT PRICE	TOTAL
F0450	1		PUMP CHAR	GE			1500,00	
(£0002	150	ui	MILEAGE				107.20	
FO711	min		ten my	leace			(da)-00	
					truc	ks	2267.29	>
					-4	6%	1642.94	!
						Subtotal		1224.3
CC5840	- 110	Sks	POZHO	ud I/			1485.00	
DC CGI.T	385	#	600	70.00			85.50	
CL6075	28	#	El-m	0			56.00	
	A ~ 6	4	Flason		1		4500	
	,							
	1		2%"	ubber p	lus 1	10-		ă
	1		2/5"	ubber p	red,	enals	11071.50	Ď
	l		2/5 1	ubber p	us made	ends 16%		7
	(2/5 1	rubber p	- mode	enals 16% Subtotal	11071.50	902.6
	(2/5 1	rubber p	and the	endls 16% Subtotal	11071.50	7
			3/5 Y	rubber p	N. A.	enals 16% Subtotal	11071.50	7
			2/5 Y	ubber p	and a	endfs 16% Subtotal	11071.50	7
CP8176			2/5 Y	ubber p	lug mid	endls 16% Subtotal	11071.50	7
			3/5 Y	ubber p	ly mod		1671.50 Flos.8	902.6
CP8176			2/5 Y	ubber p	No.	endls 16% Subtotal	1671.50 7108.8	902.6
			2/5 Y	ubber p	lug mod		1671.50 Flos.8	902.6

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.