



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1271071
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: _____



1271071

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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HUGHES DRILLING REPORT

Well No. I-8 Size 7"
 Farm J. McMillan Foot. 26
 Circulated 12 sk cement

PERMANENT CSG.
 Size 2 7/8 gal. EUE New
 Foot. 89.70 of pipe
 Be. file at 178.10 float shoe on Bit

T. D. at Completion 820

Contractor HUGHES DRILLING CO.

OPERATOR Hughes Drilling

STRATA THICKNESS	FORMATION DRILLED	T.D.
3	Soil	3
20	Clay	23
9	Shale	32
22	Lime	54
7	Shale	61
11	LIME	72
7	Shale	79
20	Lime	99
49	Shale	148
23	Lime	171
62	Shale	233
22	Lime	255
18	Shale	273
6	Lime	279
27	Shale	306
12	Lime	318
22	Shale	340
20	23 Lime	363
10	Shale	373
20	23 Lime	376 396
4	Shale	400
4	Lime	404
2	Shale	406
"Herten"	6 Lime	412
11	Shale	523
4	Lime	527
33	Shale	560
4	Lime	564
4	Shale	568
4	Sand	572
8	Shale	580
10	Lime	590
7	Shale	597
6	Lime	603
8	Shale	611
11	Lime	622
10	Shale	632
3	Lime	635
6	Shale	641
7	Lime	648

DATE	DRILLED		REMARKS - TYPE WORK - BILLING REF.	PIPE TALLY
	FROM	TO		
10/21/15	0	3	Soil	① 21.5 - 21.5
26'	3	23	Clay	② 22.5 - 44.0
10/22/15	23	32	Shale	③ 44.0 - 66.5
5/98	32	54	Lime	④ 66.5 - 89.0
P.R. Bit	54	61	Shale	⑤ 89.0 - 111.5
	61	72	LIME	⑥ 111.5 - 134.0
	72	79	Shale	⑦ 134.0 - 156.5
	79	99	Lime	⑧ 156.5 - 179.0
	99	148	Shale (sdy 113-120) (sdy 133-140)	⑨ 179.0 - 201.5
	148	171	Lime	⑩ 201.5 - 224.0
	171	233	Shale (sdy 189-191)	⑪ 224.0 - 246.5
	233	255	Lime	⑫ 246.5 - 269.0
	255	273	Shale (BRK 268-273)	⑬ 269.0 - 291.5
	273	279	Lime	⑭ 291.5 - 314.0
	279	306	Shale	⑮ 314.0 - 336.5
	306	318	Lime	⑯ 336.5 - 359.0
	318	340	Shale (Lime 323-324)	⑰ 359.0 - 381.5
30'	340	363	Lime	⑱ 381.5 - 404.0
	363	373	Shale (Slate 372-373)	⑲ 404.0 - 426.5
22'	373	396	Lime	⑳ 426.5 - 449.0
	396	400	Shale (Slate 399-400)	㉑ 449.0 - 471.5
	400	404	Lime	㉒ 471.5 - 494.0
	404	406	Shale	㉓ 494.0 - 516.5
"Herten"	406	412	Lime	㉔ 516.5 - 539.0
424'	412	523	Shale (BRK 416-420)	㉕ 539.0 - 561.5
10/23/15	523	527	Lime (Sandy)	㉖ 561.5 - 584.0
	527	560	Shale	㉗ 584.0 - 606.5

Sec. 2, Twp. 16, Rng. 20

Fr. Co., Kansas

1485 FSL 2595 FEL

API # 15-059-27063

HUGHES DRILLING REPORT

Well No. J-8

SURFACE CASING

Size 7"

Farm N. Hamilton

Feet 26'

Circulated 12 sx cement

PERMANENT CSG.

Size 2 7/8 8rd EVE (new)

Feet 809.70 of pipe
Baffle at 778.10 float shoe on Bottom

T. D. at Completion 820

Contractor HUGHES DRILLING CO.

OPERATOR Hughes Drilling

STRATA THICKNESS	FORMATION DRILLED	T.D.
15	Shale	663
4	Lime	667
7	Shale	674
14	Oil Sand	688
28	Shale	716
1	Lime	717
6	Shale	723
1	Lime	724
8	sand	732
88	Shale	820
		T.D.

DATE	DRILLED		REMARKS - TYPE WORK - BILLING REF.	PIPE TALLY
	FROM	TO		
	560	569	Lime	(28) 225-629.0
	569	568	Shale	(29) 225-651.5
Way side	568	572	Sand (Little Blowing oil)	(30) 225-674.0
	572	580	Shale	(31) 225-696.5
	580	590	Lime	(32) 225-719.0
	590	597	Shale	(33) 225-741.5
	597	603	Lime	(34) 225-764.0
	603	611	Shale	(35) 225-786.5
	611	622	Lime	(36) 225-809.0
	622	632	Shale	
	632	635	Lime (Brown)	
	635	641	Shale (Slate 635-636)	
	641	648	Lime	
	648	663	Shale	
	663	667	Lime	
	667	674	Shale	
#1 squirrel	674	688	Oil sand (Remarks, pg. 3)	
	688	716	Shale	
	716	717	Lime	
	717	723	Shale	
	723	724	Lime	
#2 squirrel	724	732	sand (Remarks, pg. 4)	
	732	820	Shale	
			T.D.	

10/23/15

Set 809.70 of 2 7/8 8rd EVE (new)
Baffle at 778.10 float shoe on Bottom
used 3 centralizers

HUGHES DRILLING CO.

Pg. 3

Wellsville, Kansas 66092

Roger 913-883-2295
Darrel 913-883-4927

Ron 913-883-4855
Clay 913-883-4383

CORE TIME
LEASE N McMillen I-8
FORMATION #1 squirrel
DATE: 10/23/15

(~~chip~~ chip sample)

	FROM	FEET TO	TIME	MINUTES	REMARKS
①	674	675	3		sand very lamina w/shale (little bleed)
②	675	676			
③	676	677	-		Hard sand (bleeding)
④	677	678			} solid sand (ex. bleed)
⑤	678	679			
⑥	679	680			
⑦	680	681	-		sandy shale
⑧	681	682			} solid sand (good bleed) (A few thin streaks of shale)
⑨	682	683			
⑩	683	684			
⑪	684	685			} Limey sand (bleed)
⑫	685	686			
⑬	686	687			
⑭	687	688			} shale (A few streaks of black sand)
⑮	688	689			
⑯	689	690			
					(Best Perf zone) 677-685 CCH DRH



CONSOLIDATED
Oil Well Services, LLC

Wellsville 4526

TICKET NUMBER 49842
LOCATION Sthwa, KS
FOREMAN Casey Kennedy

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

FIELD TICKET & TREATMENT REPORT
CEMENT *Invoice #806182*

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
10/23/15	3425	W. McMullen # I-8	SE 2	16	20	FR
CUSTOMER <i>Hughes Drilling</i>			TRUCK # DRIVER TRUCK # DRIVER			
MAILING ADDRESS <i>122 Main</i>			<i>729 / Costen ✓ Safely, Meeting</i>			
CITY STATE ZIP CODE <i>Wellsville KS 66692</i>			<i>4107 / Keitar ✓</i>			
			<i>558 / Mik Han ✓</i>			

JOB TYPE *long string* HOLE SIZE *5 7/8"* HOLE DEPTH *820'* CASING SIZE & WEIGHT *2 7/8" EUE*
 CASING DEPTH *810'* DRILL PIPE _____ TUBING *baffle - 778'* OTHER _____
 SLURRY WEIGHT _____ SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT in CASING *30'*
 DISPLACEMENT *4.50 bbls* DISPLACEMENT PSI _____ MIX PSI _____ RATE *4 bpm*

REMARKS: *held safety meeting established circulation, mixed & pumped 100 # Gel followed by ~~100 bbls~~ 5 bbls fresh water, mixed & pumped 110 # Portland IA cement w/ 2% gel & 14 # Floseal per sk, cement to surface, flushed pump clean, pumped 2 1/2" rubber plug to baffle w/ 4.50 bbls fresh water, pressured to 800 PSI, well held pressure for 30 min MIT, released pressure, shut in casing.*

AKH

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
CE0450	<i>1</i>	PUMP CHARGE	<i>1500.00</i>	
CE0002	<i>15 mi</i>	MILEAGE	<i>107.25</i>	
CE0711	<i>min</i>	<i>ten mileage</i>	<i>100.00</i>	
		<i>trucks</i>	<i>2267.25</i>	
		<i>-46%</i>	<i>1042.94</i>	
		<i>Subtotal</i>		<i>1224.31</i>
<i>CC5840</i>	<i>110 sks</i>	Portland IA	<i>1485.00</i>	
<i>CC5965</i>	<i>285 #</i>	Gel	<i>85.50</i>	
<i>CC6075</i>	<i>28 #</i>	Floesal	<i>56.00</i>	
<i>CP8176</i>	<i>1</i>	<i>2 1/2" rubber plug</i>	<i>45.00</i>	
		<i>materials</i>	<i>11671.50</i>	
		<i>-46%</i>	<i>7108.89</i>	
		<i>Subtotal</i>		<i>902.61</i>
		<i>8%</i>		<i>72.21</i>
		SALES TAX		<i>72.21</i>
		ESTIMATED TOTAL		<i>2199.13</i>

6714

Ravin 3737

AUTHORIZATION *No Co Rep* TITLE _____ DATE *(4072.47)*

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.