

Confidentiality Requested:
 Yes No

KANSAS CORPORATION COMMISSION 1271467
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 Date Reached TD Completion Date or Recompletion Date

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: _____

1271467

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

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> _____ <input type="checkbox"/> Other <i>(Specify)</i> _____	PRODUCTION INTERVAL: _____ _____
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3613A Y Road
Madison, KS 66860
Ph: 620-437-2661
Fax: 620-437-2881



HURRICANE SERVICES INC

104 Prairie Plaza Parkway
Garnett, KS 66032
Ph: 785-448-3100
Fax: 785-448-3102

FED ID# 48-1214033
MC ID# 165290

Remit to: Hurricane Services, Inc.
250 N. Water, Suite 200
Wichita, KS 67202

Customer:
PRODUCTION MAINTENANCE SVC
405 N EAST ST
PO BOX 275
TYRO, KS 67364-0275

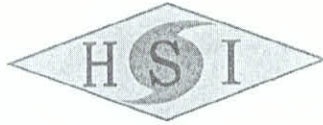
Invoice Date: 11/13/2015
Invoice #: 0020756
Lease Name: JAYHOG PRAIRIE
Well #: 1
County: MONTGOMERY

Date/Description	HRS/QTY	Rate	Total
See ticket 100652 of Brad B	0.000	0.000	0.00
Cement pump 201 (LS/Plug)	1.000	790.000	790.00
Heavy Eq mileage one way	50.000	3.250	162.50
Bulk truck #202	1.000	357.500	357.50
Light Eq mileage one way	50.000	1.500	75.00
Bentonite Gel	400.000	0.300	120.00
Hulls	0.500	25.000	12.50
KOL Seal	480.000	0.650	312.00
Pheno Seal	40.000	1.700	68.00
Thickset cement	96.000	18.600	1,785.60 T
Top rubber plug 4 1/2"	1.000	48.000	48.00 T
Bid price	1.000	547.680-	547.68-T
Bid price	1.000	500.000-	500.00-

Net Invoice 2,683.42
Sales Tax: (6.50%) 83.58
Total 2,767.00

All invoices are due upon receipt. Interest at the rate of 1 1/2% per month may be charged on all invoices not paid within 30 days from date of invoice.

WE APPRECIATE YOUR BUSINESS!



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

HURRICANE SERVICES INC

104 Prairie Plaza Parkway - Garnett, Ks 66032

Customer: Production Maintenance Service		Customer Name: Mike McClenning		Ticket No.: 100652				
Address: 405 N. East st. P.O. Box 275		AFE No.:		Date: 11/13/2015				
City, State, Zip: Tyro, Ks, 67364		Job type: Longstring						
Service District: Madison, Ks.		Well Details: T.D. 812' 6 3/4" Hole 4 1/2' casing set @ 794'						
Well name & No.: JayHog Prairie #1		Well Location: 35-33s-14e		County: Montgomery State: Kansas				
Equipment #	Driver	Equipment #	Driver	Equipment #	Hours	TRUCK CALLED	AM	TIME
201	Jerry	30	Brad			ARRIVED AT JOB	PM	
202	Bryan					START OPERATION	AM	
	Mark					FINISH OPERATION	PM	
						RELEASED	AM	
						MILES FROM STATION TO WELL	PM	105 miles
Treatment Summary								
<p>Rig up to 4 1/2" casing, tagged float shoe @ 795" by wire line. Pumped 14 Bbbls. Fresh water ahead, 20 Bbbls gel flush (400 lbs.Gel, 25 lbs.Hulls) followed with 13 Bbbls.water, shut down - leave Gel w/ hulls set on backside for 30 minutes.Pumped 1 Bbl water to regain circulation, pumped 5 Bbbls dye water ahead. Mixed 96 sks Thick Set cement w/ 5# per/sk of Kol-Seal, 5 # per/sk of Pheno-Seal @ 13.4 lb. per/gal Shut down wash out pump & lines, release top rubber plug. Displaced plug with 12.5 Bbbls water, final pumping @ 450 psi, land plug with 1000 psi. Held 1000 psi for a few minutes, release pressure - float held - close casing in with 0 psi. Good cement returns with 7 Bbbls slurry. Job Complete - wash up & tear down "Thank You"</p>								
Product/Service Code	Description	Unit of Measure	Quantity	List Price/Unit	Gross Amount	Net Amount		
c20101	Cement Pump	ea	1.00	\$790.00	\$790.00	\$592.50		
c00101	Heavy Equip. One Way	mi	50.00	\$3.25	\$162.50	\$121.88		
p01606	Thickset Cement	sack	96.00	\$18.60	\$1,785.60	\$1,249.92		
p01609	KOL-Seal	lb	480.00	\$0.65	\$312.00	\$218.40		
p01618	Pheno Seal	lb	40.00	\$1.70	\$68.00	\$47.60		
p01607	Bentonite Gel	lb	400.00	\$0.30	\$120.00	\$84.00		
p01613	Hulls (50#)	sack	0.50	\$25.00	\$12.50	\$8.75		
c20200	Cement Bulk Truck	tm	275.00	\$1.30	\$357.50	\$268.13		
c00102	Light Equip. One Way	mi	50.00	\$1.50	\$75.00	\$56.25		
c00108	Wireline	job	-	\$50.00	\$0.00	\$0.00		
p01633	Rubber Plug 4 1/2	ea	1.00	\$48.00	\$48.00	\$36.00		
				Gross:		\$ 3,731.10		
				Total Taxable		\$1,644.67		
				Tax Rate:		6.150%		
				Sale Tax:		\$ 101.15		
				Total:		\$ 2,784.57		
				Not:		\$ 2,683.42		
<small>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. Authorization below acknowledges receipt and acceptance of all terms and conditions including the Standard Terms of Sale.</small>				Date of Service: 11/13/2015				
				HSI Representative: Brad Butler		Thank You		
				Customer Representative:				
<input checked="" type="checkbox"/> 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.