

Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1277332
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: _____

1277332

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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CONSOLIDATED
Oil Well Services, LLC

TICKET NUMBER 51083

LOCATION EL Dorado

FOREMAN Fuzzy

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

FIELD TICKET & TREATMENT REPORT

CEMENT API-15-205-28342-00-00 KS

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY	
11-19-15	3656	Volunteer wdw #1	27	29	15	Wilson	
CUSTOMER HPH Kansas LLC			400+ Landed				
MAILING ADDRESS 555 N Point Center East Ste. 400							
CITY Alpharetta GA		STATE GA	ZIP CODE 30022	TRUCK #	DRIVER	TRUCK #	DRIVER
				603	Tracy		
				713	Jud		
				680-T-95	James		
				735-T-02	George		

JOB TYPE Production HOLE SIZE 7 7/8 HOLE DEPTH _____ CASING SIZE & WEIGHT 5 1/2
 CASING DEPTH 1593' DRILL PIPE _____ TUBING _____ OTHER _____
 SLURRY WEIGHT 12 SLURRY VOL 55 WATER gal/sk _____ CEMENT LEFT in CASING 0
 DISPLACEMENT 37.8 DISPLACEMENT PSI _____ MIX PSI _____ RATE _____

REMARKS: Safety meeting on HSI workover rig. Rig up and land casing and hole with 54 BBLs. Pump 300# gel. Flush 5 BBL water spacer. Mix 200SKS solsolos 69 gal, 2# HCC w/5# KCl-seal and 1# phenoxal presk. Wash pump and lines. Drop plug and displace 37 1/2 BBL. 600# HSI land plug @ 1100# float held

cement did circulate approx 10 BBL to pit

THANKS Fuzzy
CRW

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
660451	1	PUMP CHARGE	1900 ⁰⁰	1900 ⁰⁰
660002	50	MILEAGE	7 ¹⁵	357 ⁵⁰
660710	8.4400	Ten Mileage Delivery	1 ⁷⁵	735 ⁰⁰
665840	200 SKS	SOLSOPAS	13 ⁵⁰	2700 ⁰⁰
665965	1500 #	Gel	.30	450 ⁰⁰
665325	350 #	Calcium chloride	1 ⁰⁰	350 ⁰⁰
666077	1000 #	Kolson 1	.50	500 ⁰⁰
666079	200 #	Phenoxal	1 ³⁵	270 ⁰⁰
668179	1	5 1/2 - plug	125 ⁰⁰	125 ⁰⁰
6652402	5 HRS	Water Transport	120 ⁰⁰	600 ⁰⁰
6652402	5 HRS	Water Transport	120 ⁰⁰	600 ⁰⁰
666159	8000 gal	City water	.02	160 ⁰⁰
		subtotal		8745 ⁵⁰
		less disc		3936 ³⁷
		subtotal		4809 ¹³
		SALES TAX		
		ESTIMATED TOTAL		

Ravir 3737

AUTHORIZATION Doug Ferrin TITLE Ferrin 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.

Legend Drilling

Drillers Log

Rig Number: 1	S. 27 T. 29 R. 15 E
API No. 15- 205-28342	County: Wilson
Elev. 989'	Location: NW-NE-SW-SW

Gas Test:
Put a little oil on pit From 1180' 1195'

Operator: Legend Oil & Gas
Address: 555 Northpoint cntr East suite 400 Alpharetta GA 30022
Well No: WDW 1 Lease Name: Volunteer
Footage Location: 1180' ft. from the (N) (S) Line
970' ft. from the (E) (W) Line
Drilling Contractor: Legend Drilling
Spud Date: 11/12/15 Geologist:
Date Completed: 11/18/15 Total Depth: 1594'

Casing Record		Rig Time:
	Surface	Production
Size Hole:	11"	7 7/8"
Size Casing:	8 5/8"	
Weight:	23#	
Setting Depth:	43'	
Type Cement:	port	
Sacks:	8	

Inj water @ 350'			Well Log								
Formation	Top	Btm.	Formation	Top	Btm.	Formation	Top	Btm.	Formation	Top	Btm.
Top Soil	0	2	coal	839	840	Sand/Shale	1187	1192			
lime	2	47	shale	840	849	Sand Shp	1192	1197			
shale	47	56	lime	849	862	coal	1197	1198			
lime	56	161	shale	862	900	water sand	1198	1251			
shale	161	280	OSwego lime	900	922	shale	1251	1277			
lime	280	282	Summit	922	930	coal	1277	1278			
sand	282	289	lime	930	942	shale	1278	1297			
coal	289	290	mulkey	942	947	coal	1297	1298			
sand	290	368	lime	947	952	shale	1298	1302			
shale	368	404	Sand/Shale	952	960	mississippi	1302	1549			
lime	404	497	shale	960	1016	Green Shal	1549	1560			
shale	497	502	lime	1016	1020	lime	1560	1566			
sand	502	533	shale	1020	1061	shale	1566	1582			
shale	533	546	coal	1061	1062	shale	1582	1594			
lime	546	574	shale	1062	1076						
shale	574	613	coal	1076	1077						
lime	613	634	shale	1077	1134						
shale	634	711	Sand/Shale	1134	1145						
lime	711	726	shale	1145	1164						
shale	726	770	oil sand	1164	1167						
coal	770	772	Sand Shp	1167	1177						
shale	772	801	oil sand	1177	1181						
Sand/shale	801	806	coal	1181	1182						
sand	806	839	oil sand	1182	1187						