



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1277361
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: _____

1277361

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> <i>(Submit ACO-4)</i> <input type="checkbox"/> Other <i>(Specify)</i> _____	PRODUCTION INTERVAL: _____ _____
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CONSOLIDATED
Oil Well Services, LLC

TICKET NUMBER 48413
LOCATION 180
FOREMAN Jacob Storm

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

FIELD TICKET & TREATMENT REPORT
CEMENT

API B-205-28369-00-00

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
12-17-15		Landers #10	28	29	15	Wilson
CUSTOMER			TRUCK #	DRIVER	TRUCK #	DRIVER
MAILING ADDRESS			760		702	
			611			
			692			
			634			
CITY	STATE	ZIP CODE				

JOB TYPE Long string HOLE SIZE 6 1/4 HOLE DEPTH 1350 CASING SIZE & WEIGHT 4 1/2
 CASING DEPTH 1338 DRILL PIPE _____ TUBING _____ OTHER _____
 SLURRY WEIGHT 14 lb SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT in CASING _____
 DISPLACEMENT 21.7 DISPLACEMENT PSI 600 MIX PSI 300 RATE 3 bpm

REMARKS: Safety meeting, hood hole, mix 300 lbs gel flush mix
160 Skts Thick set 11b pheno seal 1/2 lb poly Flake displaced
with 21.7 bbl landing plug at 1100 psi float held

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
CE0400	1	PUMP CHARGE	1500.00	1500.00
CE0002	50	MILEAGE	7.15	357.50
CE0711	1	min bulk delivery	660.00	660.00
CC5860	160	Thick set	25.00	4000.00
CC6075	100	poly-Flake	2.00	200.00
CC6079	200	pheno-Seal	1.35	270.00
CC5965	300	gel	.30	90.00
CC6159	6000	city water	.02	120.00
WE0850	4 hr	80 vac X2 trucks	100.00	800.00
			Subtotal	7997.50
			-	3838.80
			total	4158.70
			SALES TAX	
			ESTIMATED TOTAL	

AVIN 3737

AUTHORIZATION Doug Jensen TITLE Foreman 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: /	S. 28 T.29 R.15E
API No. 15-205-28369	County: Wilson
Elev. 975'	Location: NE-SE-SE-SE

Operator: HPH Kansas LLC	
Address: 555 North point center East Suite 400 Alpharetta GA 30022	
Well No: 10	Lease Name: Lander
Footage Location: 600 ft. from the (N) (S) Line	
165 ft. from the (N) (S) Line	
Drilling Contractor: Legend Drilling	
Spud Date: 12/11/15	Geologist:
Date Completed: 12/16/15	Total Depth: 1354'

Casing Record		Rig Time:
Surface	Production	
Size Hole: 11"	6 3/4"	
Size Casing: 8 5/8"		1354' of 6 3/4" Hole @
Weight: 23#		\$9.50/F (Total \$12,863)
Setting Depth: 42'		
Type Cement: port		
Sacks: 8		

Gas Test:
put oil on pit From 1218'
TO 1245'

Inj water @ 530'			Well Log					
Formation	Top	Btm.	Formation	Top	Btm.	Formation	Top	Btm.
Top Soil	0	2	lime	923	934			
lime	2	152	mulkey	934	939			
Shale	152	275	lime	939	943			
wet Sand	275	390	Shale	943	1013			
lime	390	392	Coal	1013	1015			
Sand Shl	392	402	Shale	1015	1053			
lime	402	505	coal	1053	1054			
wet Sand	505	532	Shale	1054	1128			
Shale	532	538	Sand/Shale	1128	1138			
lime	538	563	Sand Shl	1138	1168			
Shale	563	606	Oil Sand	1168	1208			
lime	606	620	coal	1208	1211			
Shale	620	667	water Sand	1211	1217			
lime	667	687	Oil Sand	1217	1242			
Shale	687	699	coal	1242	1243			
lime	699	715	Sand/Shale	1243	1251			
Shale	715	828	coal	1251	1252			
lime	828	833	Shale	1252	1287			
Coal	828	834	coal	1287	1288			
Shale	834	837	Sand/Shale	1288	1293			
lime	837	855	mississippi	1293	1354 T			
Shale	855	891						
Oswego lime	891	913						
Summit	913	899 928						

