



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1277363
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
-----------------------------------	-----------------	---

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: _____

1277363

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
--	---

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
----------------	-------	---------	------------	---

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> _____
---	--

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: _____ _____
--	--	---

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

FIELD TICKET & TREATMENT REPORT

CEMENT API # 15-205-28374

KS

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
12-23-15	3656	Volunteer #67	27	29	15	Wilson
CUSTOMER <u>HPH of Kansas LLC</u>		Fredda lane 5-in	TRUCK #	DRIVER	TRUCK #	DRIVER
MAILING ADDRESS <u>555 N. Pointe Center Suite 400</u>			760	Chris		
CITY <u>Alpharetta, GA</u>			611	Jeremy		
STATE <u>GA</u>			680-795	James		
ZIP CODE <u>30022</u>			735-7221	George		

JOB TYPE Production HOLE SIZE 6"4 HOLE DEPTH 1372' CASING SIZE & WEIGHT 4"2 10"2#
 CASING DEPTH 1348' DRILL PIPE _____ TUBING _____ OTHER _____
 SLURRY WEIGHT 14.7 SLURRY VOL 49.7 WATER gal/sk 8.1 CEMENT LEFT in CASING 24
 DISPLACEMENT 21.4 DISPLACEMENT PSI _____ MIX PSI _____ RATE _____

REMARKS: Safety meeting on location. Dr. sup and establish circulation
Mix 300# Gel flush, 5 BBL water, mix 160 SKS Thiro blend I
w/ 15# Kolsyal and 1# phenosyal, Wash pump and lines. Drop plug
and displace 21"2 BBL 700# mix Land plug @ 1150#
Cement did circulate approx 10 BBL to pit
wait 1 hr cement did not fall

customer provided plug

Thanks Fuzz & crew

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
660450	1	PUMP CHARGE	1500 ⁰⁰	1500 ⁰⁰
660002	50	MILEAGE	7 ¹⁵	357 ⁵⁰
		Top mileage Delivery	1 ²⁵	660 ⁰⁰
665860	160#	Thiro blend I	25 ⁰⁰	4000 ⁰⁰
666077	800#	Kolsyal	.50	400 ⁰⁰
666079	160#	Phenosyal	1 ³⁵	216 ⁰⁰
	300#	Gel	.30	90 ⁰⁰
WS 2402	5 KRS	Water Transports X 2	120 ⁰⁰	1200 ⁰⁰
WC 6159	6000 gal	City water		120 ⁰⁰
		4 1/2 plug		
		subtotal		8543 ⁵⁰
		less disc		3844 ⁵⁷
				4698 ⁹³
			SALES TAX	
			ESTIMATED TOTAL	

Ravin 3737

AUTHORIZATION Doug Fenwick 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.

Rig Number: 1 S. 27 T. 29 R. 15 E
 API No. 15-205-28374 County: Wilson
 Elev. 994' Location: NW-SE-NW-SW

Gas Test:

Operator: HPH Kansas LLC
 Address: 555 North point center East suite 400
 Alpharetta GA 30022
 Well No: 67 Lease Name: Volunteer
 Footage Location: 1655 ft. from the (N) (S) Line
 4600 ft. from the (E) (W) Line
 Drilling Contractor: Legend Drilling
 Spud Date: 12/17/15 Geologist:
 Date Completed: 12/22/15 Total Depth: 1370'

Put oil on pit From 1177'
 TO 1215'

Put oil on pit From 1228'
 TO 1265'

Casing Record		Rig Time:
	Surface	Production
Size Hole:	11"	6 3/4"
Size Casing:	8 5/8"	
Weight:	23 #	
Setting Depth:	41.5'	
Type Cement:	port	
Sacks:	8	

1370' @ \$9.50/FT = \$13,015.
 6 3/4" Hole

Inj water @ 390'

Inj water @ 390'			Well Log					
Formation	Top	Btm.	Formation	Top	Btm.	Formation	Top	Btm.
Top Soil	0	2	Shale	718	723	Shale	1085	1099
lime	2	66	lime	723	733	coal	1099	1100
Shale	66	82	Shale	733	738	Sand Sho	1100	1107
lime	82	165	Sand Sho	738	777	Sand/Shale	1107	1164
Shale	165	287	coal	777	778	oil Sand	1164	1182
lime	287	292	Shale	778	795	coal	1182	1183
Shale	292	287	Sand Sho	795	844	oil Sand	1183	1199
Sand wet	287	374	lime	844	849	coal	1199	1200
Shale	374	407	coal	849	850	oil Sand	1200	1238
lime	407	412	Shale	850	856	water Sand	1238	1252
Sand/Shale	412	422	lime	856	872	oil Sand	1252	1262
lime	422	503	Shale	872	908	coal	1262	1263
Shale	503	510	Oswego lime	908	928	Shale	1263	1269
lime	510	514	Summit	928	937	coal	1269	1270
Sand Sho	514	549	lime	937	948	Shale	1270	1308
coal	549	550	mulkey	948	954	coal	1308	1309
Shale	550	557	lime	954	958	Sand/Shale	1309	1319
lime	557	580	Sand/Shale	958	967	mississippi	1319	1370
Shale	580	622	Shale	967	1024			
lime	622	638	lime	1024	1026			
Shale	638	683	Shale	1026	1069			
lime	683	706	coal	1069	1070			
Shale	706	716	Shale	1070	1084			
lime	716	718	coal	1084	1085			