

Confidentiality Requested:

Yes No

**KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION**

Form ACO-1

January 2018

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

Gas DH EOR

OG GSW

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 EOR Conv. to SWD
 Plug Back Liner Conv. to GSW Conv. to Producer

Commingled Permit #: _____

Dual Completion Permit #: _____

SWD Permit #: _____

EOR Permit #: _____

GSW Permit #: _____

Spud Date or Date Reached TD Completion Date or Recompletion Date

API No.: _____

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 Drill Stem Tests Received

Geologist Report / Mud Logs Received

UIC Distribution

ALT I II III Approved by: _____ Date: _____

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 Geologist Report / Mud Logs <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				

1. Did you perform a hydraulic fracturing treatment on this well? Yes No *(If No, skip questions 2 and 3)*
2. Does the volume of the total base fluid of the hydraulic fracturing treatment exceed 350,000 gallons? Yes No *(If No, skip question 3)*
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)*

Date of first Production/Injection or Resumed Production/Injection:	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) (Submit ACO-4)</i>	PRODUCTION INTERVAL: Top Bottom
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Shots Per Foot	Perforation Top	Perforation Bottom	Bridge Plug Type	Bridge Plug Set At	Acid, Fracture, Shot, Cementing Squeeze Record <i>(Amount and Kind of Material Used)</i>

TUBING RECORD:	Size:	Set At:	Packer At:	
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Form	ACO1 - Well Completion
Operator	H & D Exploration LLC
Well Name	Dozier 1
Doc ID	1309869

All Electric Logs Run

DIL
CDNL
ML
BCS

Form	ACO1 - Well Completion
Operator	H & D Exploration LLC
Well Name	Dozier 1
Doc ID	1309869

Tops

Name	Top	Datum
Anhydrite	533	+1291
Base anhydrite	566	+1258
Heebner	3314	-1490
Toronto	3331	-1507
Douglas	3344	-1520
Brown Lime	3487	-1663
Lansing	3513	-1689
Base Kansas City	3820	-1996
Marmaton	3850	-2026
Mississippi	3941	-2117
Kinderhook	4101	-2277
Misner	4159	-2335
Viola	4164	-2340
RTD	4200	-2376
LTD	4202	-2378

QUALITY OILWELL CEMENTING, INC.

Federal Tax I.D.# 20-2886107

Phone 785-483-2025
Cell 785-324-1041

Home Office P.O. Box 32 Russell, KS 67665

No. 1709

Date	6-8-16	Sec.	21	Twp.	25	Range	11	County	Stafford	State	Ks	On Location		Finish	9:30pm
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Lease Dozier Well No. 1 Location Stafford, Ks - 65, 3E, 1/4 S, E1s

Contractor Southwind 3 Owner To Quality Oilwell Cementing, Inc.
 Type Job Surface You are hereby requested to rent cementing equipment and furnish cementer and helper to assist owner or contractor to do work as listed.

Hole Size 12 1/4" T.D. 727' Charge To H+D Exploration

Csg. 8 5/8" Depth 727' Street _____

Tbg. Size _____ Depth _____ City _____ State _____

Tool _____ Depth _____ The above was done to satisfaction and supervision of owner agent or contractor.

Cement Left in Csg. 20' Shoe Joint 20' Cement Amount Ordered 375 60/40 4% CC 2%

Meas Line _____ Displace 45 8cs Gel 1/2 # Flo-seal

EQUIPMENT
 Pumptrk 20 No. 225 Cementer Brett Common 225
 Bulktrk 17 No. 150 Driver Doug Poz. Mix 150
 Bulktrk p.u. No. Rick Driver Rick Gel. 7
 Calcium 16

JOB SERVICES & REMARKS
 Remarks: Cement did Circulate Hulls _____

Rat Hole _____ Salt _____

Mouse Hole _____ Flowseal 187#

Centralizers _____ Kol-Seal _____

Baskets _____ Mud CLR 48 _____

D/V or Port Collar _____ CFL-117 or CD110 CAF 38 _____

Handling 398 Sand _____

Mileage _____

FLOAT EQUIPMENT
 Guide Shoe Rubber plug

Centralizer _____

Baskets _____

AFU Inserts _____

Float Shoe _____

Latch Down _____

Pumptrk Charge Long Surface

Mileage 31

X Signature Jay Hurd Tax _____

Discount _____
Total Charge _____

QUALITY OILWELL CEMENTING, INC.

Federal Tax I.D.# 20-2886107

Phone 785-483-2025
Cell 785-324-1041

Home Office P.O. Box 32 Russell, KS 67665

No. 1716

Date	6-14-16	Sec.	21	Twp.	25	Range	11	County	Stafford	State	Ks	On Location		Finish	6:30 PM
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Location Stafford, Ks - 6S, 3E, 14S, E1S

Lease	<u>Dozier</u>		Well No.	<u>1</u>	Owner	To Quality Oilwell Cementing, Inc. You are hereby requested to rent cementing equipment and furnish cementer and helper to assist owner or contractor to do work as listed.	
Contractor	<u>Southwind</u>			<u>3</u>			
Type Job	<u>Longstring</u>						
Hole Size	<u>7 7/8"</u>	T.D.	<u>4200'</u>		Charge To	<u>H+D Exploration</u>	
Csg.	<u>5 1/2" used 20#</u>	Depth	<u>4198'</u>		Street		
Tbg. Size		Depth			City	State	
Tool		Depth			The above was done to satisfaction and supervision of owner agent or contractor.		
Cement Left in Csg.	<u>17.55'</u>	Shoe Joint	<u>17.55'</u>		Cement Amount Ordered <u>180 Com 10% Salt 5%</u>		
Meas Line		Displace	<u>92 1/2 BLS</u>		<u>Gilsonite - 500 gal mud Clear 48</u>		

EQUIPMENT				Common
Pumptrk	<u>20</u>	No.	Cementer	Poz. Mix <u>180</u>
			Helper	
Bulktrk	<u>14</u>	No.	Driver	Gel.
			Driver	
Bulktrk	<u>p.k.</u>	No.	Driver	Calcium
			Driver	

JOB SERVICES & REMARKS		Hulls
Remarks:		Salt <u>15</u>
Rat Hole		Flowseal
Mouse Hole		Kol-Seal <u>800 #</u>
Centralizers	<u>4, 10, 13</u>	Mud CLR 48 <u>500 gal</u>
Baskets	<u>8, 17</u>	CFL-117 or CD110 CAF 38
D/V or Port Collar	<u>pipe on bottom, break circulation</u>	Sand
	<u>pump 500 gal mud clear 48, plug</u>	Handling <u>203</u>
	<u>Rathole w/ 30 sk Hook Casing mixer</u>	Mileage
	<u>150 5X Cement, shut down wash</u>	
	<u>pump + lines Released plug +</u>	
	<u>Displaced w/ 92 1/2 BLS of water.</u>	
	<u>Released + held</u>	
Lift pressure	<u>700 #</u>	
Land plug to	<u>1500 #</u>	

FLOAT EQUIPMENT	
Guide Shoe	
Centralizer	<u>3</u>
Baskets	<u>2</u>
AFU Inserts	
Float Shoe	<u>1</u>
Latch Down	<u>1</u>

Pumptrk Charge	<u>prod string</u>
Mileage	<u>31</u>

X Signature <u>Joy Shur</u>	Tax	
	Discount	
	Total Charge	



DIAMOND TESTING
 P.O. Box 157
HOISINGTON, KANSAS 67544
 (800) 542-7313
DRILL-STEM TEST TICKET
 FILE: Dozier 1 Dst 1

TIME ON: 10:55 June 12
 TIME OFF: 06:37 June 13

Company H & D Exploration LLC Lease & Well No. Dozier 1
 Contractor South Wind Rig 3 Charge to H & D Exploration LLC
 Elevation 1816 Formation _____ Miss Effective Pay _____ Ft. Ticket No. RR228
 Date June-13-2016 Sec. 21 Twp. _____ 25 S Range _____ 11 W County _____ Stafford State KANSAS
 Test Approved By Jim Musgrove Diamond Representative _____ Ricky Ray

Formation Test No. 1 Interval Tested from 3940 ft. to 3954 ft. Total Depth 3954 ft.
 Packer Depth 3935 ft. Size 6 3/4 in. Packer depth _____ ft. Size 6 3/4 in.
 Packer Depth 3940 ft. Size 6 3/4 in. Packer depth _____ ft. Size 6 3/4 in.

Depth of Selective Zone Set _____
 Top Recorder Depth (Inside) 3930 ft. Recorder Number 0062 Cap. 5000 P.S.I.
 Bottom Recorder Depth (Outside) 3944 ft. Recorder Number 8471 Cap. 5000 P.S.I.
 Below Straddle Recorder Depth _____ ft. Recorder Number _____ Cap. _____ P.S.I.

Mud Type Chem Viscosity 50 Drill Collar Length _____ ft. I.D. 2 1/4 in.
 Weight 9.2 Water Loss 8.8 cc. Weight Pipe Length _____ ft. I.D. 2 7/8 in.
 Chlorides 7000 P.P.M. Drill Pipe Length 3915 ft. I.D. 3 1/2 in.
 Jars: Make STERLING Serial Number na Test Tool Length 25 ft. Tool Size 3 1/2-IF in.
 Did Well Flow? na Reversed Out NA Anchor Length 14 (A) ft. Size 4 1/2-FH in.
 Main Hole Size 7 7/8 Tool Joint Size 4 1/2 xh in. Surface Choke Size 1 in. Bottom Choke Size 5/8 in.

Blow: 1st Open: WSB (Built to 4' in 30 mins) 1 1/4" BB
 2nd Open: WSB (BOB in 25 1/4 mis) 1/4" BB

Recovered <u>288</u> ft. of <u>GIP</u>	
Recovered <u>22</u> ft. of <u>WOM</u> <u>10% O</u> <u>6% W</u> <u>84% M</u>	
Recovered _____ ft. of _____	
Recovered _____ ft. of _____	
Recovered _____ ft. of _____	Price Job
Recovered _____ ft. of _____	Other Charges
Remarks: Tool Sample: <u>75% O</u> <u>5% W</u> <u>20% M</u>	Insurance
	Total

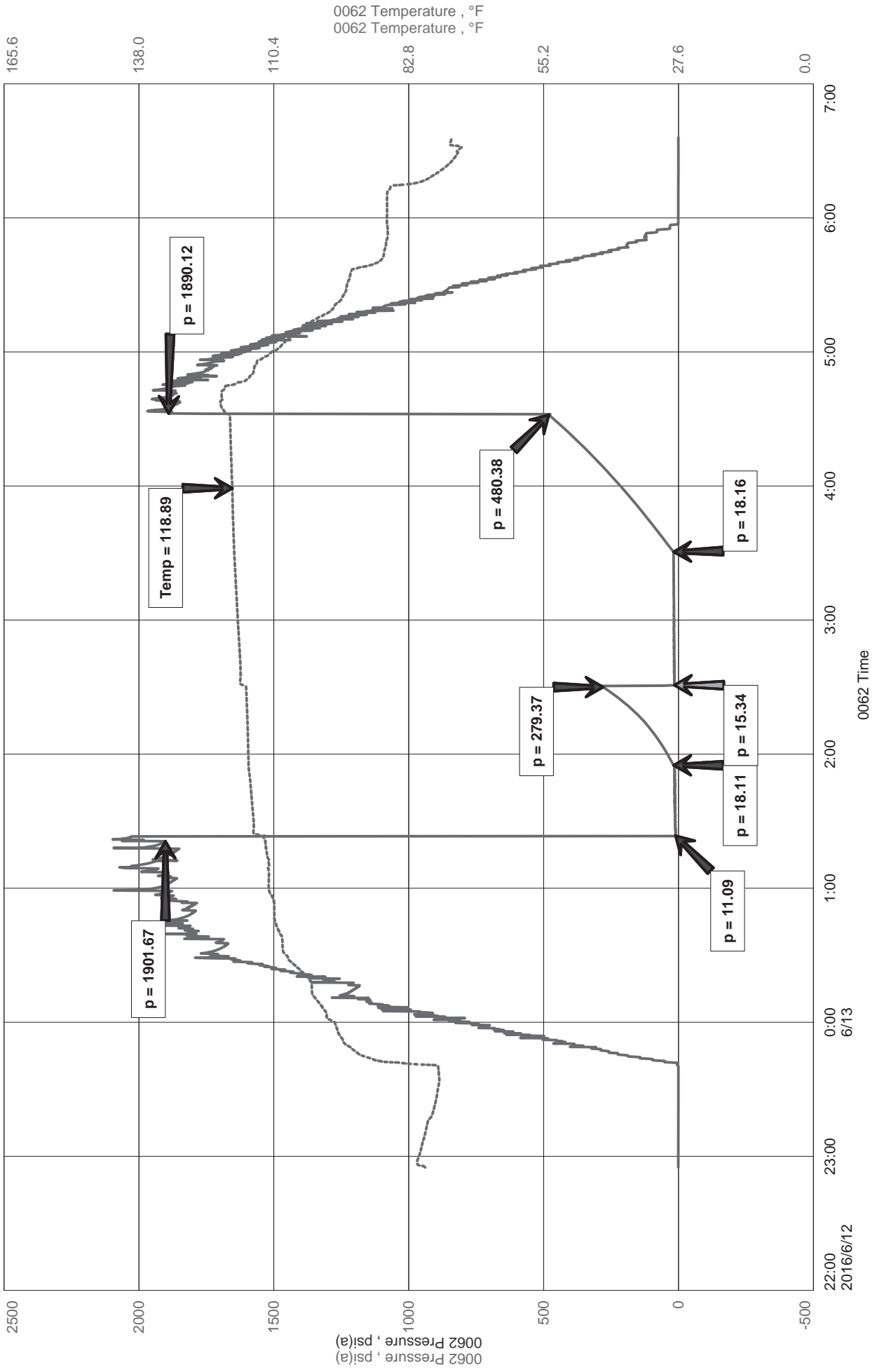
Time Set Packer(s) June 13 1:22 Am A.M. P.M. Time Started Off Bottom June 13 4:22 Am A.M. P.M. Maximum Temperature 119
 Initial Hydrostatic Pressure..... (A) 1902 P.S.I.
 Initial Flow Period..... Minutes 30 (B) 11 P.S.I. to (C) 18 P.S.I.
 Initial Closed In Period..... Minutes 30 (D) 279 P.S.I.
 Final Flow Period..... Minutes 60 (E) 15 P.S.I. to (F) 18 P.S.I.
 Final Closed In Period..... Minutes 60 (G) 480 P.S.I.
 Final Hydrostatic Pressure..... (H) 1890 P.S.I.

Diamond Testing shall not be liable for damages of any kind to the property or personnel of the one for whom a test is made or for any loss suffered or sustained, directly or indirectly, through the use of its equipment, or its statement or opinion concerning the result of any test. Tools lost or damaged in the hole shall be paid for at cost by the party for whom the test is made.

H & D Exploration LLC
Dst 1 Mississippi (3940-3954)
Start Test Date: 2016/06/12
Final Test Date: 2016/06/13

Dozier 1
Formation: Dst 1 Mississippi (3940-3954)
Pool: Infield
Job Number: RR228

Dozier 1





Diamond Testing LLC
 P.O. Box 157
 HoisingtonKS 67544

Ricky Ray - Tester
(620) 617-7261

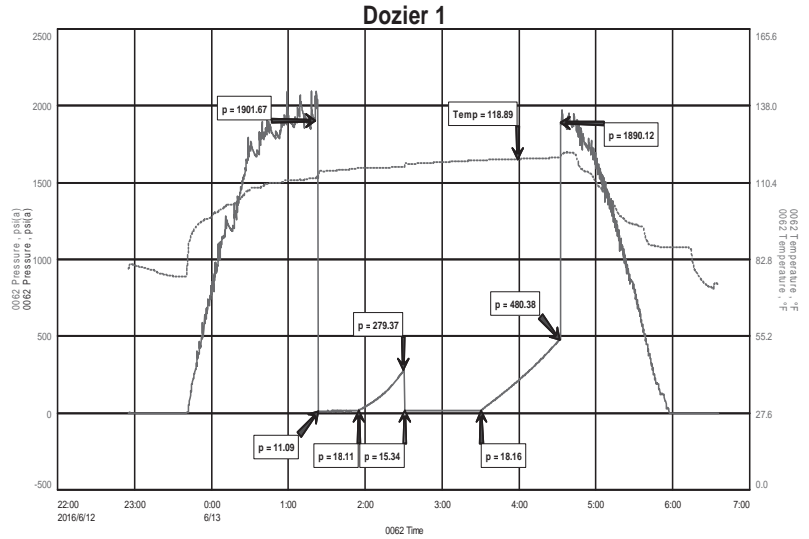
Wellsite Report

General Information

Company Name	H & D Exploration LLC
Contact	Mitch Driscoll
Well Operator	H & D Exploration LLC
Well Name	Dozier 1
Surface Location	Sec: 21-25s-11w (Stafford County)
Field	NA
Well Type	Vertical
Pool	Infield
Test Purpose (AEUB)	Initial Test
Qualified By	
Gauge Name	0062

Test Information

Job Number	RR228
Test Type	Drill Stem Test
Well Fluid Type	01 Oil
Formation	Dst 1 Mississippi (3940-3954)
Start Test Date	2016/06/12 YYYY/MM/DD
Start Test Time	22:55:00 HH:mm:ss
Final Test Date	2016/06/13 YYYY/MM/DD
Final Test Time	06:37:00 HH:mm:ss



Test Results

Recovery:

288'	GIP			
22'	WOM	10% O	6% W	84% M

Tool Sample:	75% O	5% W	20% M
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QUALITY OILWELL CEMENTING, INC.

Federal Tax I.D.# 20-2886107

Phone 785-483-2025
Cell 785-324-1041

Home Office P.O. Box 32 Russell, KS 67665

No. 1708

Date	6-7-16	Sec.	21	Twp.	25	Range	11	County	Stafford	State	Ks	On Location		Finish	7:30PM
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Lease	Dozier		Location	Stafford, Ks - 65, 3E, 1/4S	
Well No.	1		Owner	EIS	

Contractor	Southwind 3		To Quality Oilwell Cementing, Inc. You are hereby requested to rent cementing equipment and furnish cementer and helper to assist owner or contractor to do work as listed.		
Type Job	Conductor Pipe				

Hole Size	17 1/2"	T.D.	65'	Charge To	H & D Exploration
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Csg.	13 3/8"	Depth	65'	Street	
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Tbg. Size		Depth		City	State
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Tool		Depth		The above was done to satisfaction and supervision of owner agent or contractor.	
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Cement Left in Csg.	15'	Shoe Joint	15'	Cement Amount Ordered	100 5x 60/40 5% CC
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Meas Line	Displace	7 BLS	2 1/2 Gal 1/2# Flo-seal
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EQUIPMENT

Pumptrk	20	No.	Cementer	Brett	Common
			Helper		Poz. Mix
Bulktrk	19	No.	Driver	Doug	Gel.
			Driver		Calcium
Bulktrk	P.U.	No.	Driver	Pick	
			Driver		

JOB SERVICES & REMARKS

Remarks:	Cement Job - Circulate	Hulls
		Salt
Rat Hole		Flowseal
Mouse Hole		Kol-Seal
Centralizers		Mud CLR 48
Baskets		CFL-117 or CD110 CAF 38
D/V or Port Collar		Sand
		Handling
		Mileage

FLOAT EQUIPMENT

	Guide Shoe
	Centralizer
	Baskets
	AFU Inserts
	Float Shoe
	Latch Down

	Pumptrk Charge
	Mileage

	Tax
	Discount
	Total Charge

X Signature *Joy Hines*

