



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1324375
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: _____

1324375

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> _____				
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 50306

LOCATION Ottawa KS

FOREMAN Fred Maden

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

FIELD TICKET & TREATMENT REPORT
CEMENT

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
9-22-16	3602	Gillespie # I-9	NW 31	14	22	JO
CUSTOMER Hoehn Oil LLC			TRUCK #			
MAILING ADDRESS 40971 W 247 th			DRIVER			
CITY Wellsville			TRUCK #			
STATE KS			DRIVER			
ZIP CODE 66092			TRUCK #			
			DRIVER			

JOB TYPE Log string HOLE SIZE 5 7/8 HOLE DEPTH 995 CASING SIZE & WEIGHT 2 7/8 EUE
 CASING DEPT 990 DRILL PIPE Buffloin TUBING @ 9 5/8 OTHER _____
 SLURRY WEIGHT _____ SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT in CASING 6' Plug
 DISPLACEMENT 5.72 BBL DISPLACEMENT PSI _____ MIX PSI _____ RATE 4+ BPM

REMARKS: Hold Safety meeting. Unable to establish circulation. Initially
MIT. 900' Bentonite Gel w/ 120# Cottonseed hulls to condition
hole. Follow w/ 200 SKs Pop Blend I A Cement 22 Gal
Pheno Seal/sk. w/ 20# Cottonseed hulls. Gained circulation
end of cementing procedure. Flush pump lines clean. Displace
2 1/2" Rubber plug to Baffle in casing. Pressure to 800# PSI.
Monitor Pressure for 30 min MIT. Release pressure to
set float valve.

Fred Maden

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
CE0450	1	PUMP CHARGE	467	1500 ⁰⁰
CE0002	30 mi	MILEAGE	467	2145 ⁰⁰
CE0211	Minimum	Ten Miles	503	660 ⁰⁰
WE0853	3 hrs	50 BBL Van Truck	675	300 ⁰⁰
		Sub Total		2674 ³⁰
		less 52%		1390 ⁷⁴
CC5842	200 SKs	Pop Blend I A Cement		2700 ⁰⁰
CC5965	2236#	Bentonite Gel		670 ⁸⁰
CC6080	140#	Cottonseed hulls		70 ⁰⁰
CC6079	200#	Pheno Seal		270 ⁰⁰
CP8176	1	2 1/2" Rubber Plug		45 ⁰⁰
		Sub Total		3755 ⁸⁰
		less 52%		1953 ⁰²
			7.725%	SALES TAX
				139 ²⁶
				ESTIMATED TOTAL
				3225 ⁸⁰
				DATE <u>672044</u>

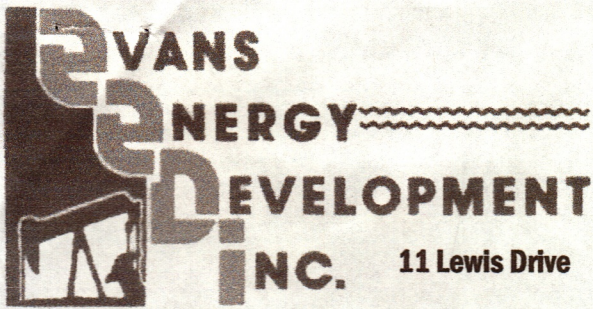
Ravin 3737

AUTHORIZATION Jim Hoehn

TITLE Pres

DATE 672044

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.



11 Lewis Drive

Paola, KS 66071

**Oil & Gas Well Drilling
Water Wells
Geo-Loop Installation**

Phone: 913-557-9083

Fax: 913-557-9084

WELL LOG

Hoehn Oil, LLC

Gillespie #1-9

API #15-091-24,435

September 21 - September 22, 2016

<u>Thickness of Strata</u>	<u>Formation</u>	<u>Total</u>
8	soil & clay	8
55	sandstone	63 making water
43	shale	106
7	lime	113
3	shale	116
19	lime	135
8	shale	143
9	lime	152
10	shale	162
17	lime	179
11	shale	190
2	lime	192
8	shale	200
26	lime	226
20	shale	246
9	lime	255
18	shale	273
23	lime	296
12	shale	308
10	lime	318
15	shale	333
6	lime	339
6	shale	345
6	lime	351
43	shale	394
27	lime	421
10	shale	431
22	lime	453
4	shale	457
14	lime	471 base of the Kansas City
173	shale	644
4	lime	648
2	shale	650
9	lime	659
8	shale	667
11	lime	678
8	shale	686
6	lime	692
3	shale	695

5	lime	700
105	shale	805
7	broken sand	812 brown & grey, light oil show
112	shale	924
1	limey sand	925 black & white, good bleeding
2	oil sand	927 black, good bleeding
3	limey sand	930 black & white, good bleeding
2	oil sand	932 black, good bleeding
14	oil sand	946 black, soft good bleeding
2	broken sand	948 brown & grey, light bleeding
47	shale	995 TD

Drilled a 9 7/8" hole to 22.7'

Drilled a 5 5/8" hole to 995'

Set 22.6' of new 7" threaded and coupled surface casing with 5 sacks of cement.

Set 980' of 2 7/8" 8 round upset tubing including 4 centralizers, 1 float shoe, 1 clamp, 1 baffle.
Baffle set at 974'