



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1324572
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: _____

1324572

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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1/10/85

TYPE

AFFIDAVIT OF COMPLETION FORM

ACO-1 WELL HISTORY

Compt. _____

SIDE ONE

(Rules 82-3-130 and 82-3-107)

DOCKET NO. NP _____

This form shall be filed with the Kansas Corporation Commission, 200 Colorado Derby Building, Wichita, Kansas 67202, within ninety (90) days after the completion of a well, regardless of how the well was completed.

FOR INFORMATION REGARDING THE NUMBER OF COPIES TO BE FILED AND APPLICATIONS REQUIRING COPIES OF ACO-1 FORMS SEE PAGE TWO (2), SIDE TWO (2) OF THIS FORM.

F _____ Letter requesting confidentiality attached.

C _____ Attach ONE COPY of EACH wireline log run (i.e. electrical log, sonic log, gamma ray neutron log etc.)***Check here if NO logs were run _____.

PLEASE FILL IN ALL INFORMATION. IF NOT AVAILABLE, INDICATE. IF INFORMATION LATER BECOMES AVAILABLE, SUBMIT BY LETTER.

LICENSE # 6208 EXPIRATION DATE 6/30/84

OPERATOR Hickory Creek Oil Company API NO. 15-037-20,465

ADDRESS P. O. Box 379 COUNTY Crawford

Parsons, Kansas 67357 FIELD McCune West

** CONTACT PERSON E. H. Hare, Jr. PROD. FORMATION Skinner

PHONE 316-421-0910 Indicate if new pay.

PURCHASER Eureka Crude Purchasing Company LEASE Sartin

ADDRESS P.O. Box 190 WELL NO. 11

Eureka, Kansas 67045 WELL LOCATION SW SW

DRILLING CONTRACTOR Lamampco Drilling 155 Ft. from South Line and

ADDRESS Route 1, Box 165 185 Ft. from West Line of (E)

Dewey, Oklahoma 74029 the SW (Qtr.) SEC 26 TWP 30 RGE 21 (E)

PLUGGING CONTRACTOR _____

ADDRESS _____

TOTAL DEPTH 302' PBTD _____

SPUD DATE 2/28/80 DATE COMPLETED 3/03/80

ELEV: GR 846.26' DF _____ KB _____

DRILLED WITH (CABLE) (ROTARY) (AIR) TOOLS.

DOCKET NO. OF DISPOSAL OR REPRESSURING WELL BEING USED TO DISPOSE OF WATER FROM THIS LEASE CR-97918

Amount of surface pipe set and cemented 20' DV Tool Used? _____

TYPE OF COMPLETION THIS AFFIDAVIT APPLIES TO: (Circle ONE) Oil Shut-in Gas, Gas, Dry, Disposal, Injection, Temporarily Abandoned. If OWWO, indicate type of re-completion _____. Other completion _____. NGPA filing _____.

ALL REQUIREMENTS OF THE STATUTES, RULES AND REGULATIONS PROMULGATED TO REGULATE THE OIL AND GAS INDUSTRY HAVE BEEN FULLY COMPLIED WITH.

A F F I D A V I T

_____, being of lawful age, hereby certifies that:

I am the Affiant, and I am familiar with the contents of the foregoing Affidavit. The statements and allegations contained therein are true and correct.

(Name)

Side TWO

OPERATOR Hickory Creek Oil LEASE NAME Sartin SEC 26 TWP 30 RGE 21 (E)

WELL NO 11

FILL IN WELL INFORMATION AS REQUIRED;

Show all important zones of porosity and contents thereof; cored intervals, and all drill-stem tests, including depth interval tested, cushion used, time tool open, flowing and shut-in pressures, and recoveries.

Show Geological markers, logs run, or other Descriptive information.

Formation description, contents, etc.	Top	Bottom	Name	Depth
<p>_____ Check if no Drill Stem Tests Run.</p> <p>_____ Check if samples sent Geological Survey.</p>				
Soil	0	2		
Clay	2	14		
Gravel & Sand	14	18		
Lime	18	27		
Shale (Dark)	27	34		
Lime	34	48		
Shale	48	84		
Lime	84	86		
Shale	86	153		
Lime	153	154		
Shale	154	174		
Cored	174	243		
Shale	243	280		
Lime	280	281		
Shale	281	303		

If additional space is needed use Page 2

Report of all strings set — surface, intermediate, production, etc. CASING RECORD (New) or (Used)							
Purpose of string	Size hole drilled	Size casing set (in O.D.)	Weight lbs./ft.	Setting depth	Type cement	Socks	Type and percent additives
surface	9"	7"	20 lbs.	20'	portland	six	20 lbs. CaCl
production	6½"	4½"	9 lbs.	281'	portland	34	prem gel (1 sk)

LINER RECORD			PERFORATION RECORD		
Top, ft.	Bottom, ft.	Socks cement	Shots per ft.	Size & type	Depth interval
			2	80 g	177.5 - 183

TUBING RECORD		
Size	Setting depth	Packer set at

ACID, FRACTURE, SHOT, CEMENT SQUEEZE RECORD	
Amount and kind of material used	Depth interval treated
Versigel frac w/3500 lb 20/20 sand	177 - 183

CORNISH

WIRELINE SERVICES, INC.

Phone 431-9308

Box 260

Chanute, Kansas

RADIOACTIVITY LOG

FILING NO

9

COMPANY HICKORY CREEK OIL COMPANY

WELL SARTIN NO. 11

FIELD

COUNTY CRAWFORD

STATE KANSAS

LOCATION SW $\frac{1}{4}$ SW $\frac{1}{4}$

SEC. 26 TWP. 30S RGE. 21E

OTHER SERVICES:

PERMANENT DATUM G.L.
 LOG MEASURED FROM G.L.
 DRILLING MEASURED FROM G.L.

ELEV. K.B.
 D.F.
 G.I.

DATE	3-3-80	3-3-80
RUN NO	1 NW	1 NW
TYPE LOG	GAMMA RAY	NEUTRON
DEPTH-DRILLER		
DEPTH-LOGGER	278.8'	278.8'
BOTTOM LOGGED INTERVAL	272.7'	277.8'
TOP LOGGED INTERVAL	2.5'	7.3'
TYPE FLUID IN HOLE	WATER	WATER
SALINITY PPM CL.		
DENSITY		
LEVEL	FULL	FULL
MAX REC TEMP DEG F		
OPERATING RIG TIME		
RECORDED BY	CORNISH, J.	CORNISH, J.
WITNESSED BY	KONTIO, D.	KONTIO, D.

BORE-HOLE RECORD				CASING RECORD			
RUN NO	BIT	FROM	TO	SIZE	WGT	FROM	TO
				4"		0	T.D.

THIS HEADING AND LOG CONFORMS TO API RP 33

EQUIPMENT DATA

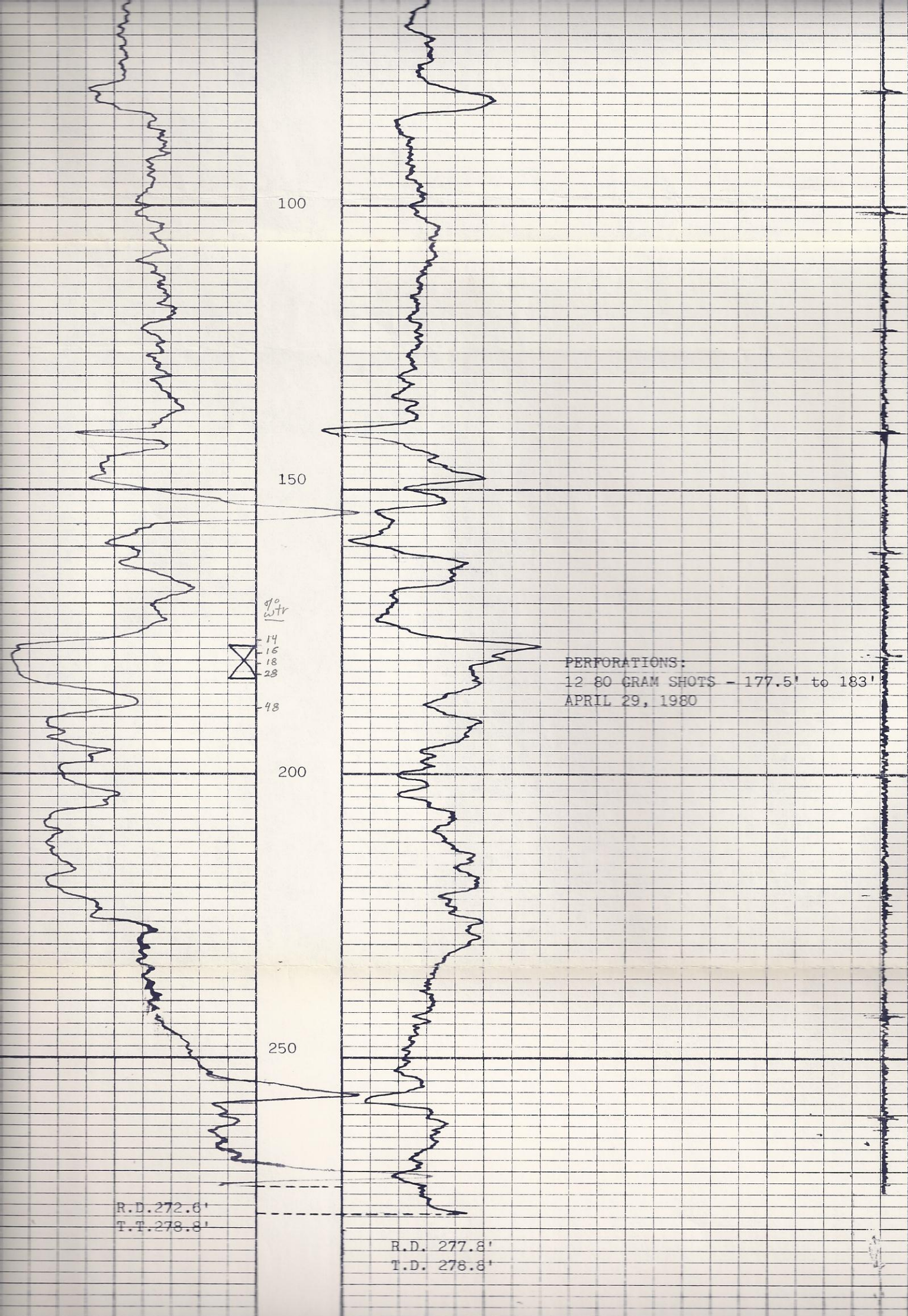
GAMMA RAY			NEUTRON		
RUN NO	1 NW		RUN NO	1 NW	
TOOL MODEL NO	9205		LOG TYPE	NEU/NEU	
DIAMETER	1-11/16"		TOOL MODEL NO	9205	
DETECTOR MODEL NO	95SC		DIAMETER	1-11/16"	
TYPE	SCINT.		DETECTOR MODEL NO	95HE	
LENGTH	1"x4"		TYPE	He3	
DISTANCE TO N SOURCE	8.5'		LENGTH	1"x6"	
			SOURCE MODEL NO	AC	
			SERIAL NO	MRC415	
			SPACING	13"	
			TYPE	Am/Be	
			STRENGTH	6.7x106	

LOGGING DATA

GENERAL		GAMMA RAY				NEUTRON				
RUN NO	DEPTHS	SPEED FT MIN	T.C SEC	SENS SETTINGS	ZERO DIV. L OR R	API GR UNITS PER LOG DIV.	T.C SEC.	SENS. SETTINGS	ZERO DIV. L OR R	API N UNITS PER LOG DIV.
	FROM									
	278.8'	25	2.5	10-.0	2L	20	2.0	0-.35	4L	

REFERENCE LITERATURE

REMARKS



100

150

90
wtr

14
16
18
28

48

200

250

PERFORATIONS:
12 80 GRAM SHOTS - 177.5' to 183'
APRIL 29, 1980

R.D. 272.6'
T.T. 278.8'

R.D. 277.8'
T.D. 278.8'