



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1324579
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: _____

1324579

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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WIRELINE SERVICES, INC.

Phone 431-9308

Box 260

Chanute, Kansas

RADIOACTIVITY LOG

FILING NO. 9		COMPANY: HICKORY CREEK OIL COMPANY	
WELL: SARTIN NO. 16		FIELD: CRAWFORD	
COUNTY: CRAWFORD		STATE: KANSAS	
LOCATION: SW $\frac{1}{4}$ SW $\frac{1}{4}$	SEC: 26	TWP: 30S	RGE: 21E
PERMANENT DATUM: G.L.	ELEV.:	LOG MEASURED FROM: G.L.	FT ABOVE PERM. DATUM:
DRILLING MEASURED FROM: G.L.	ELEV. K.B.:		D.F.:
			G.L.:
DATE: 2-15-80	DATE: 2-15-80		
RUN NO: 1 NW	RUN NO: 1 NW		
TYPE LOG: GAMMA RAY	TYPE LOG: NEUTRON		
DEPTH-DRILLER: 282.6'	DEPTH-DRILLER: 282.6'		
BOTTOM LOGGED INTERVAL: 276.8'	BOTTOM LOGGED INTERVAL: 281.6'		
TOP LOGGED INTERVAL: 2.5'	TOP LOGGED INTERVAL: 7.3'		
TYPE FLUID IN HOLE: WATER	TYPE FLUID IN HOLE: WATER		
SALINITY PPM CL:	SALINITY PPM CL:		
DENSITY LEVEL:	DENSITY LEVEL:		
MAX REC TEMP DEG F:	MAX REC TEMP DEG F:		
OPERATING RIG TIME:	OPERATING RIG TIME:		
RECORDED BY: CORNISH J.	RECORDED BY: CORNISH J.		
WITNESSED BY: KONTIO D.	WITNESSED BY: KONTIO D.		
BORE-HOLE RECORD		CASING RECORD	
NO. BIT	FROM	TO	SIZE
			4 $\frac{1}{2}$ "
			WGT
			0
			FROM
			TO
			T.D.

FOLD HERE

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	He ³	
DISTANCE TO N SOURCE	8.5'		LENGTH	1"x6"	
			SOURCE MODEL NO	AC	
			SERIAL NO.	MRC415	
			SPACING	13"	
			TYPE	Am/Be ⁶	
			STRENGTH	6.7x10 ⁶	

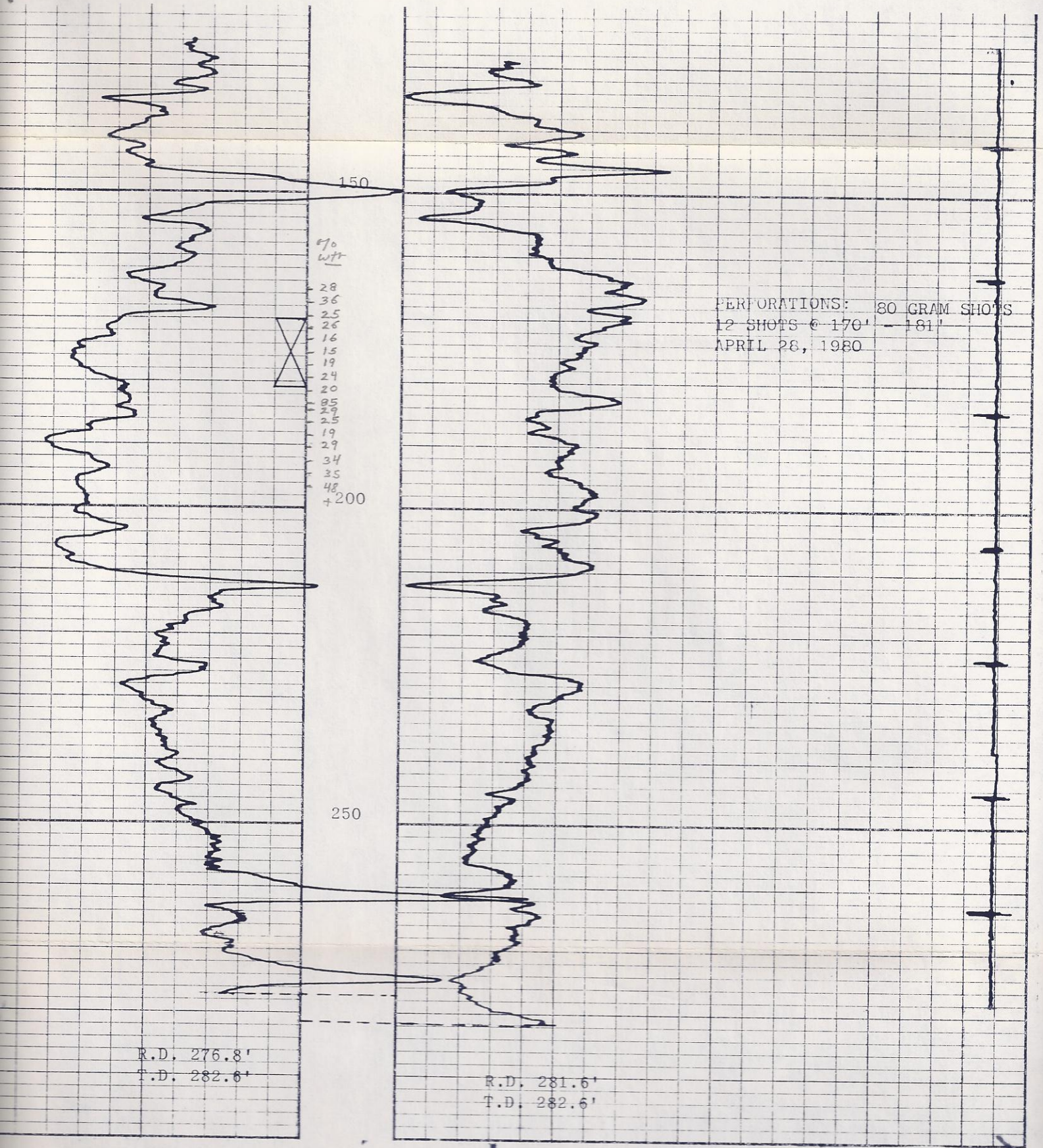
LOGGING DATA

RUN NO	GENERAL DEPTHS		SPEED FT MIN	T.C SEC	SENS SETTINGS	GAMMA RAY		T.C SEC	SENS. SETTINGS	NEUTRON	
	FROM	TO				ZERO DIV. L OR R	API GR UNITS PER LOG DIV.			ZERO DIV. L OR R	API N UNITS PER LOG DIV.
1	281.6'	2.5'	20	2.0	0-8.7	1L		2.0	0-3.4	5L	

REFERENCE LITERATURE

REMARKS

DRILLING CONTRACTOR: LAMPANCO



SARTIN NO. 16
 HICKORY CREEK OIL COMPANY
 CRAWFORD COUNTY, KANSAS
 FEBRUARY 15, 1980

1/10/85

**WELL COMPLETION REPORT AND
DRILLER'S LOG**

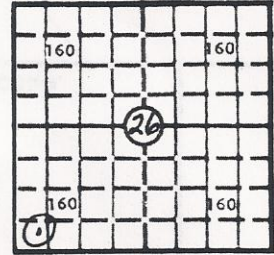
API No. 15 — 037 — 20,470
County Number

S. 26 T. 30 R. 21 E ~~W~~

Loc. SW SW

County Crawford

640 Acres
N



Elev.: Gr. 849.40'

DF _____ KB _____

Operator
Hickory Creek Oil Co.

Address
P. O. Box 379 Parsons, Kansas 67357

Well No. **#16** Lease Name **Sartin**

Footage Location
500 feet from (E) (S) line 525 feet from (E) (W) line

Principal Contractor **Lamampco Drilling** Geologist **C. R. Robinson**

Spud Date **2/07/80** Date Completed **2/11/80** Total Depth **303'** P.B.T.D.

Directional Deviation Oil and/or Gas Purchaser **Eureka Crude Purchasing**

CASING RECORD

Report of all strings set — surface, intermediate, production, etc.

Purpose of string	Size hole drilled	Size casing set (in O.D.)	Weight lbs./ft.	Setting depth	Type cement	Sacks	Type and percent additives
surface	9"	7"	20 lbs.	23'	portland	five	none
production	6½"	4½"	9 lbs.	283'	portland A	42	prem gel (1 sk)

LINER RECORD

PERFORATION RECORD

Top, ft.	Bottom, ft.	Sacks cement	Shots per ft.	Size & type	Depth interval
			1	80 g	170 - 181

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 10/20 sand	170 - 181

INITIAL PRODUCTION

Date of first production _____ Producing method (flowing, pumping, gas lift, etc.) _____

RATE OF PRODUCTION PER 24 HOURS	Oil	Gas	Water	Gas-oil ratio
	bbls.	MCF	bbls.	CFPB
Disposition of gas (vented, used on lease or sold)			Producing interval (s)	

INSTRUCTIONS: As provided in KCC Rule 82-2-125, within 90 days after completion of a well, one completed copy of this Drillers Log shall be transmitted to the State Geological Survey of Kansas, 4150 Monroe Street, Wichita, Kansas 67209. Copies of this form are available from the Conservation Division, State Corporation Commission, 245 No. Water, Wichita, Kansas 67202. Phone AC 316-522-2206. If confidential custody is desired, please note Rule 82-2-125. Drillers Logs will be on open file in the Oil and Gas Division, State Geological Survey of Kansas, Lawrence, Kansas 66044.

DESIGNATE TYPE OF COMP.: OIL, GAS, DRY HOLE, SWDW, ETC.:

Operator
Hickory Creek Oil Company

Well No. 16 Lease Name Sartin

S 26 T 30 R 21 E₁ SW SW

WELL LOG

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
Soil	0	2		
Clay	2	15		
Sand & Gravel	15	19		
Lime	19	28		
Shale	28	34		
Lime	34	46		
Shale	46	72		
Lime	72	73		
Shale	73	147		
Lime	147	148		
Shale	148	164		
Sand	164	220		
Shale	220	250		
Lime	250	251		
Shale	251	283		
Shale	283	303		

USE ADDITIONAL SHEETS, IF NECESSARY, TO COMPLETE WELL RECORD.

Date Received	Signature
	General Manager
	Title
	Date