

Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1356344
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: _____

1356344

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 <i>(Attach Additional Sheets)</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Log	Formation (Top), Depth and Datum	<input type="checkbox"/> Sample
Samples Sent to Geological Survey	<input type="checkbox"/> Yes <input type="checkbox"/> No	Name	Top	Datum
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:				

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: Yes No

Date of First, Resumed Production, SWD or ENHR. _____ Producing Method:
 Flowing Pumping Gas Lift Other *(Explain)* _____

Estimated Production Per 24 Hours	Oil Bbls.	Gas Mcf	Water Bbls.	Gas-Oil Ratio	Gravity
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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. <i>(Submit ACO-5)</i> <input type="checkbox"/> Other <i>(Specify)</i> _____	PRODUCTION INTERVAL: _____ _____
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ALLIED CEMENTING CO., INC.

Federal Tax I.D.# 48-0727860

REMIT TO P.O. BOX 31
RUSSELL, KANSAS 67665

SERVICE POINT: **26697**

ATT.

BYRON BRAND

Per your request

[Signature]

10-12-06

10-18-06

By Brand

DATE: 10-18-06	SEC: 21	TWP: 23	RANGE: 18	CALLED OUT: 9:30 PM	ON LOCATION: 12:30 AM	JOB START: 3:00 AM	JOB FINISH: 3:30 AM	
LEASE: Tarrant	WELL: 2-A	LOCATION: Larned - K-19 7 1/2 S 1 E,			COUNTY: Pawnee	STATE: Ks		
OLD OR NEW (Circle one) NEW				LOCATION: 1/2 S 1/2 W 1/4				

CONTRACTOR **Fossil Only**

TYPE OF JOB **Surface**

HOLE SIZE **12 1/4"** T.D. **292'**

CASING SIZE **8 3/8"** DEPTH **292'**

TUBING SIZE _____ DEPTH _____

DRILL PIPE _____ DEPTH _____

IRRI _____ DEPTH _____

PREF. MAX _____ MINIMUM _____

MEAS. LINE _____ SHOE JOINT _____

CEMENT LEFT IN CSG. **15'**

PERFS. _____

DISPLACEMENT **12 1/2 bbls**

OWNER **Source**

CEMENT AMOUNT ORDERED **225 cu yds Common**

32cc, 225 cu yds

COMMON	225	@	10.65	2396.25
POZMIX		@		
GEL	5	@	16.65	83.25
CHLORIDE	7	@	46.60	326.20
ASC		@		
HANDLING	237	@	1.90	450.30
MILEAGE	33.9	@	237	793.83
TOTAL				3959.83

EQUIPMENT

PUMP TRUCK # **120** CEMENTER **Tam D**

BULK TRUCK # **342** HELPER **Tam D**

BULK TRUCK # _____ DRIVER **Marlyn S**

BULK TRUCK # _____ DRIVER _____

REMARKS:

Ran 292' of 8 3/8" casing. Borehole circ. mixed 225 cu yds common 32cc 237 cu yds. Released plug. Displaced with fresh H₂O.

Cement did circulate

CHARGE TO: **Hartman Oil Co.**

STREET _____

CITY _____ STATE _____ ZIP _____

[Signature]

To Allied Cementing Co., Inc.
You are hereby requested to rent cementing equipment and furnish cementer and helper to assist owner or contractor to do work as is listed. The above work was done to satisfaction and supervision of owner agent or contractor. I have read & understand the "TERMS AND CONDITIONS" listed on the reverse side.

SERVICE

DEPTH OF JOB **292'**

PUMP TRUCK CHARGE _____ **815.00**

EXTRA FOOTAGE _____ @ _____

MILEAGE **33** @ **6.00** **198.00**

MANIFOLD _____ @ _____

TOTAL 1013.00

PLUG & FLOAT EQUIPMENT

1 x 8 3/8 TWP @ **60.00**

_____ @ _____

_____ @ _____

_____ @ _____

TOTAL 60.00

TAX _____

TOTAL CHARGE _____

DISCOUNT _____ IF PAID IN 30 DAYS

SIGNATURE *[Signature]* **Scott Alberg**
PRINTED NAME

ALLIED CEMENTING CO., INC.

Federal Tax I.D.# 48-0727860

REMIT TO P.O. BOX 31
RUSSELL, KANSAS 67665

SERVICE POINT:

21. B.

26488

DATE <i>10-25-06</i>	SEC <i>21</i>	TWP <i>23</i>	RANGE <i>16 W</i>	CALLED OUT <i>11:30</i>	ON LOCATION <i>2:30 PM</i>	JOB START COUNTY <i>HO</i>	JOB FINISH STATE <i>KSI</i>
LEASE # <i>5 Trust</i>	WELL # <i>2'A'</i>	LOCATION <i>Tool</i>	<i>12 1/2 S W 1/4</i>			COUNTY <i>Harvey</i>	STATE <i>KSI</i>
OLD OR NEW (Circle one)							

CONTRACTOR <i>Fossil</i>	OWNER
TYPE OF JOB <i>5 1/2" PIP. OC</i>	
HOLE SIZE <i>7 7/8</i>	T.D. <i>4380'</i>
CASING SIZE <i>5 5/8</i>	DEPTH <i>4175'</i>
TUBING SIZE	DEPTH
DRILL PIPE	DEPTH
TOOL <i>2 1/2" 1000'</i>	DEPTH
PRES. MAX <i>1500'</i>	MINIMUM <i>500'</i>
MEAS. LINE	SHOE JOINT <i>14.1'</i>
CEMENT LEFT IN CSG.	
PERFS.	
DISPLACEMENT <i>101.6 bbl</i>	

EQUIPMENT

PUMP TRUCK	CEMENTER <i>Mike</i>
# <i>120</i>	HELPER <i>Brandon</i>
BULK TRUCK	DRIVER <i>Don</i>
BULK TRUCK	DRIVER

REMARKS:

*Circulate. Hole with Big Mix Pump
and mudstick. Plug 2 1/2" Hole Mix
Cement + Bulking Plug Displace
Plug Down with water.
Hole did hold*

CHARGE TO: *Hartman oil Co.*

STREET _____ STATE _____ ZIP _____

To Allied Cementing Co., Inc.

You are hereby requested to rent cementing equipment and furnish cementer and helper to assist owner or contractor to do work as is listed. The above work was done to satisfaction and supervision of owner agent or contractor. I have read & understand the "TERMS AND CONDITIONS" listed on the reverse side.

*Thank you
AM*

SIGNATURE *AM*

CEMENT AMOUNT ORDERED <i>215.4 A.S.C. 544 lbs</i>	COMMON @	POZMIX @	GEL @	CHLORIDE @	ASC @
HANDLING @					
MILEAGE @					
TOTAL					

SERVICE

DEPTH OF JOB <i>4175'</i>	
PUMP TRUCK CHARGE @	
EXTRA FOOTAGE @	
MILEAGE @	
MANIFOLD @	
TOTAL	

PLUG & FLOAT EQUIPMENT

<i>1-5 1/2" Pack, sh.</i>	@
<i>1-5 1/2" Hatch down Plug</i>	@
<i>6-5 1/2" Centralizers</i>	@
	@
	@
	@
TOTAL	

TAX _____

TOTAL CHARGE _____

DISCOUNT _____ IF PAID IN 30 DAYS

PRINTED NAME

LOG-TECH



Dual Induction Log

DIGITAL LOG

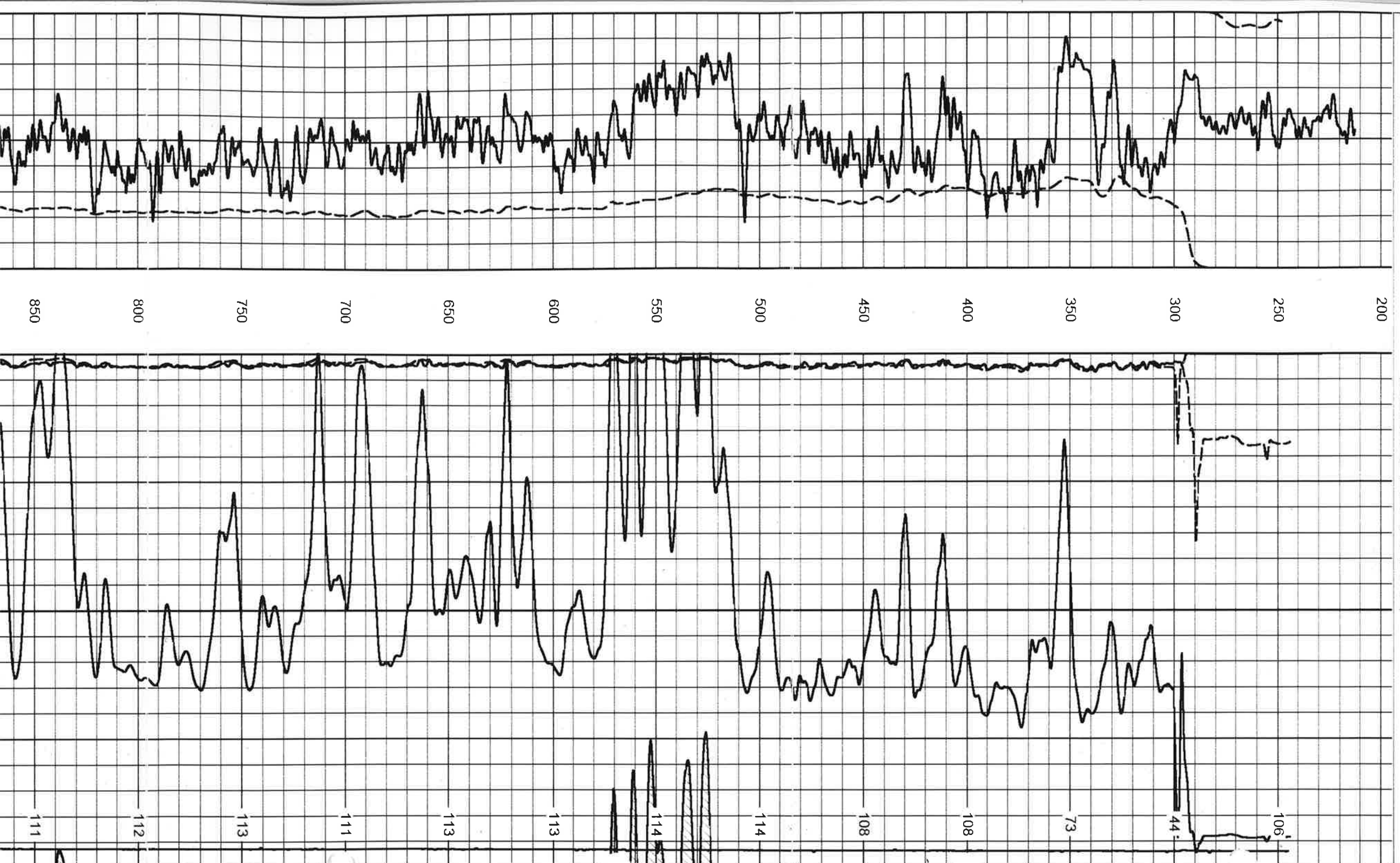
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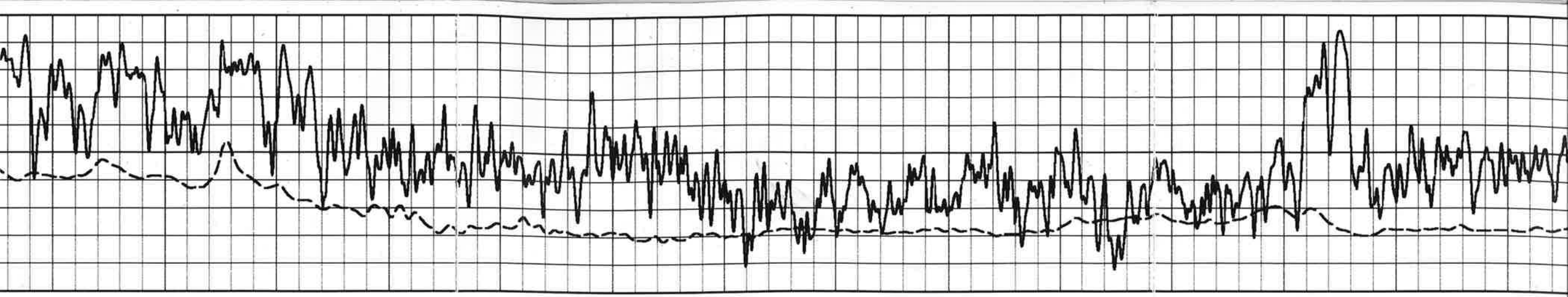
API No. API#15-145-21,543-00-00	Company	Hartman Oil Company, Inc.	
	Well	James Trust No. 2-A	
	Field	Zook	
	County	Pawnee	State
	Location	NE-SE-NE 1800' FNL & 330' FEL	Other Services CNL/CDL
	Sec: 21	Twp: 23S	Rge: 16W
	Permanent Datum	Ground Level	Elevation 2052
	Log Measured From	Kelly Bushing	10 Ft. Above Perm. Datum
	Drilling Measured From	Kelly Bushing	
	Date	10/24/2006	
	Run Number	One	
	Depth Driller	4380	
	Depth Logger	4386	
	Bottom Logged Interval	4385	
	Top Log Interval	250	
	Casing Driller	8.625 @ 297	
	Casing Logger	296	
	Bit Size	7.875	
	Type Fluid in Hole	Chemical	
	Salinity, ppm CL	3600	
	Density / Viscosity	9.2 43	
	pH / Fluid Loss	9.5 18	
	Source of Sample	Flowline	
	Rm @ Meas. Temp	1.3 @ 62	
	Rmf @ Meas. Temp	.96 @ 62	
	Rmc @ Meas. Temp	1.8 @ 62	
	Source of Rmf / Rmc	Charts	
	Rm @ BHT	.67 @ 120	
	Operating Rig Time	3 Hours	
	Max Rec. Temp. F	120	
	Equipment Number	2	
	Location	Hays	
	Recorded By	J. Loffredi	M. Garrison

K.B. 2062
D.F.
G.L. 2052

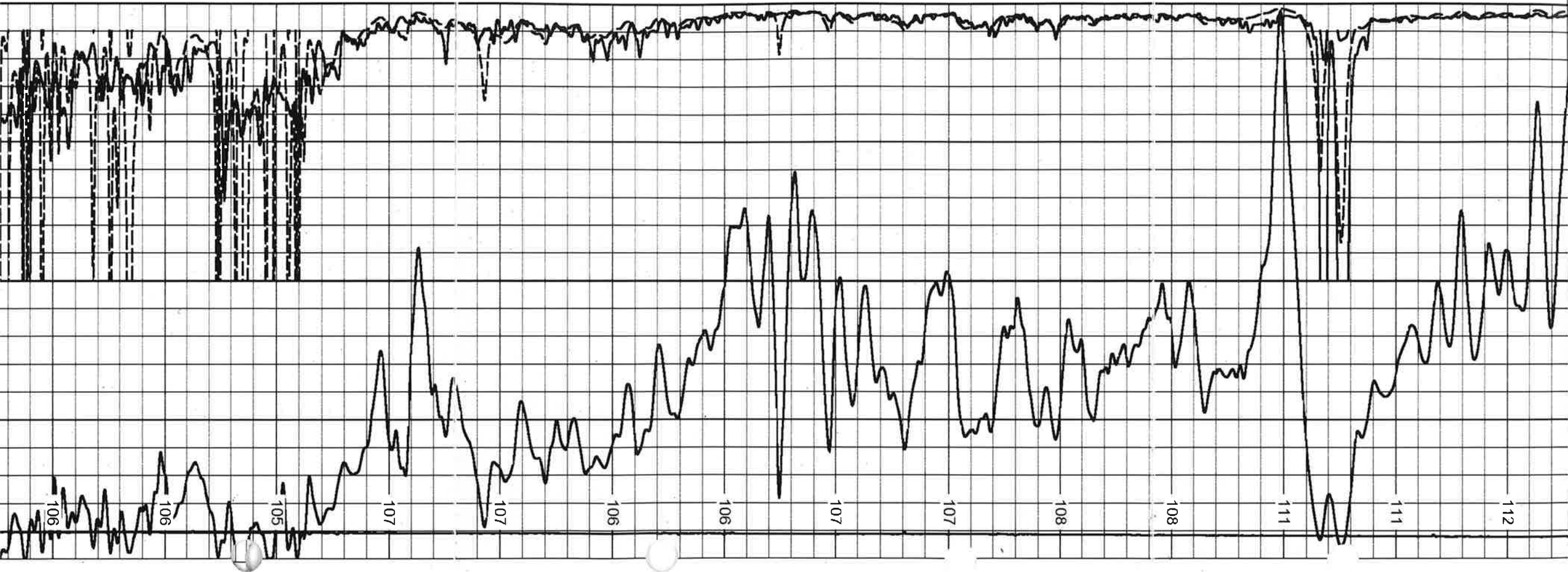
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50 Deep Resistivity (Ohm-m) 500

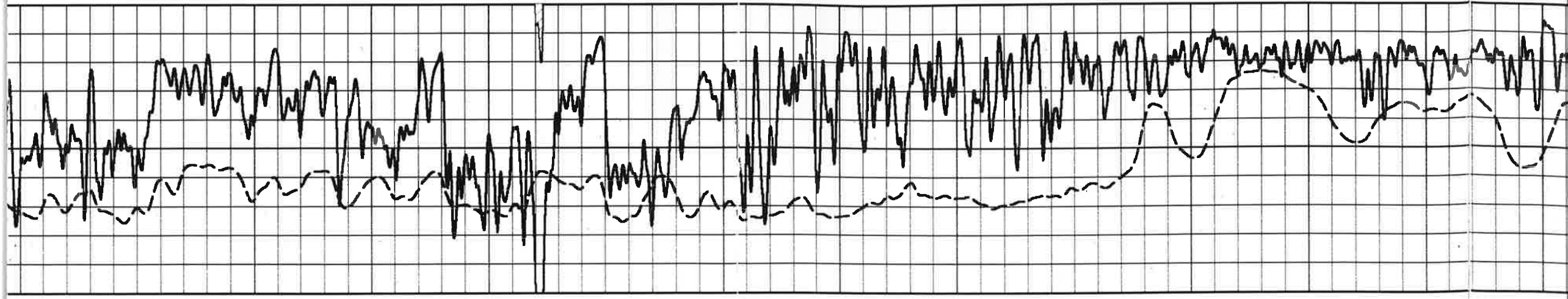




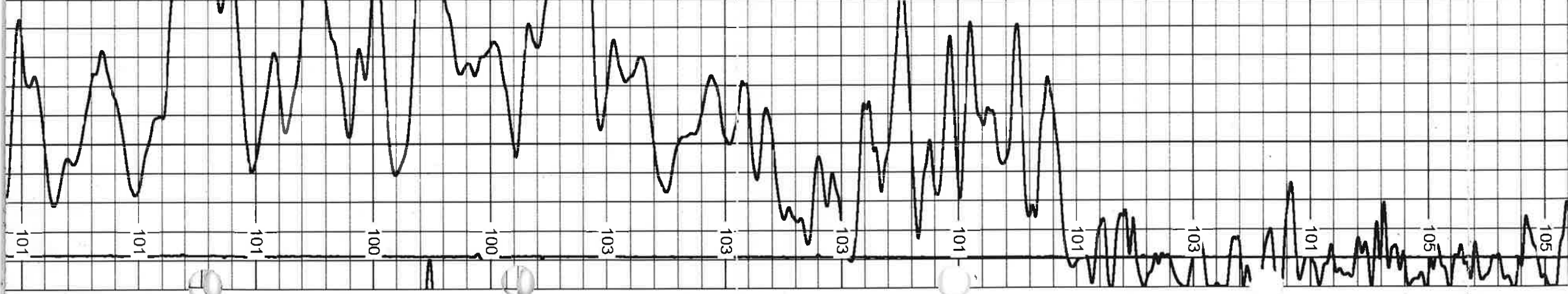
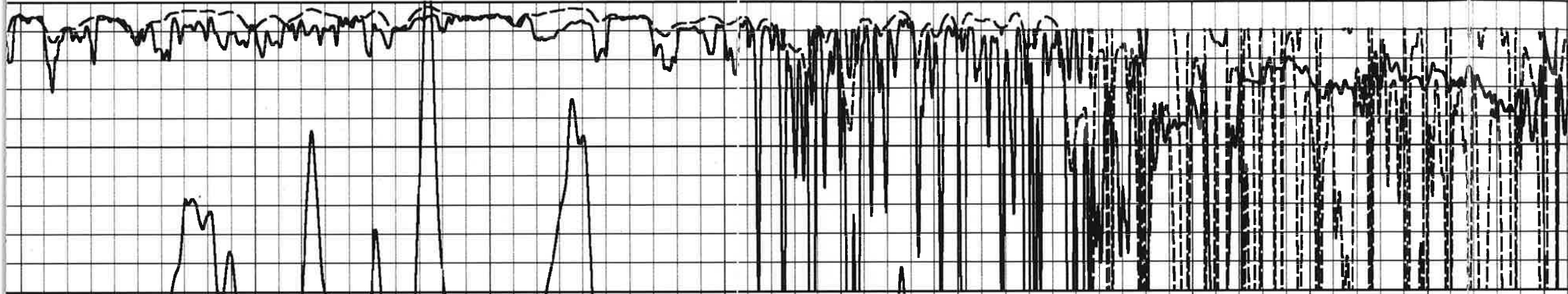
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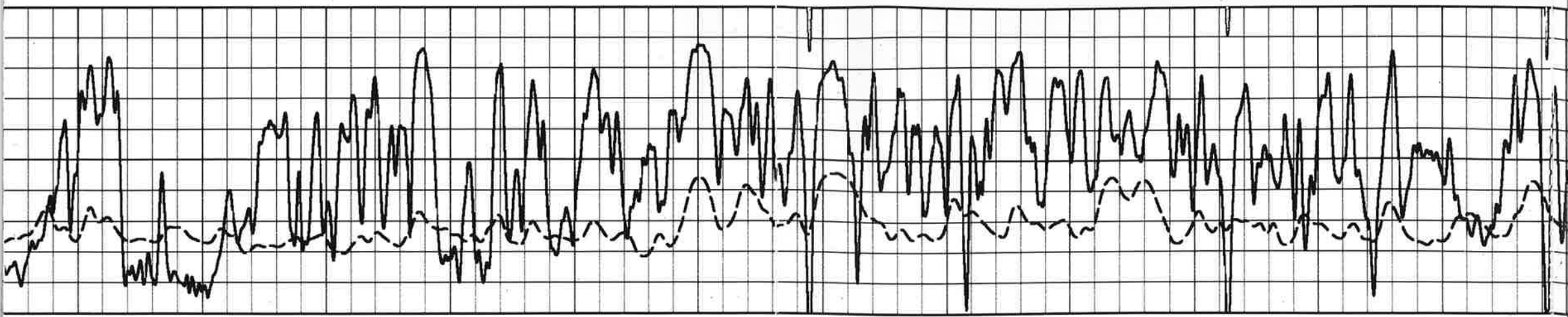
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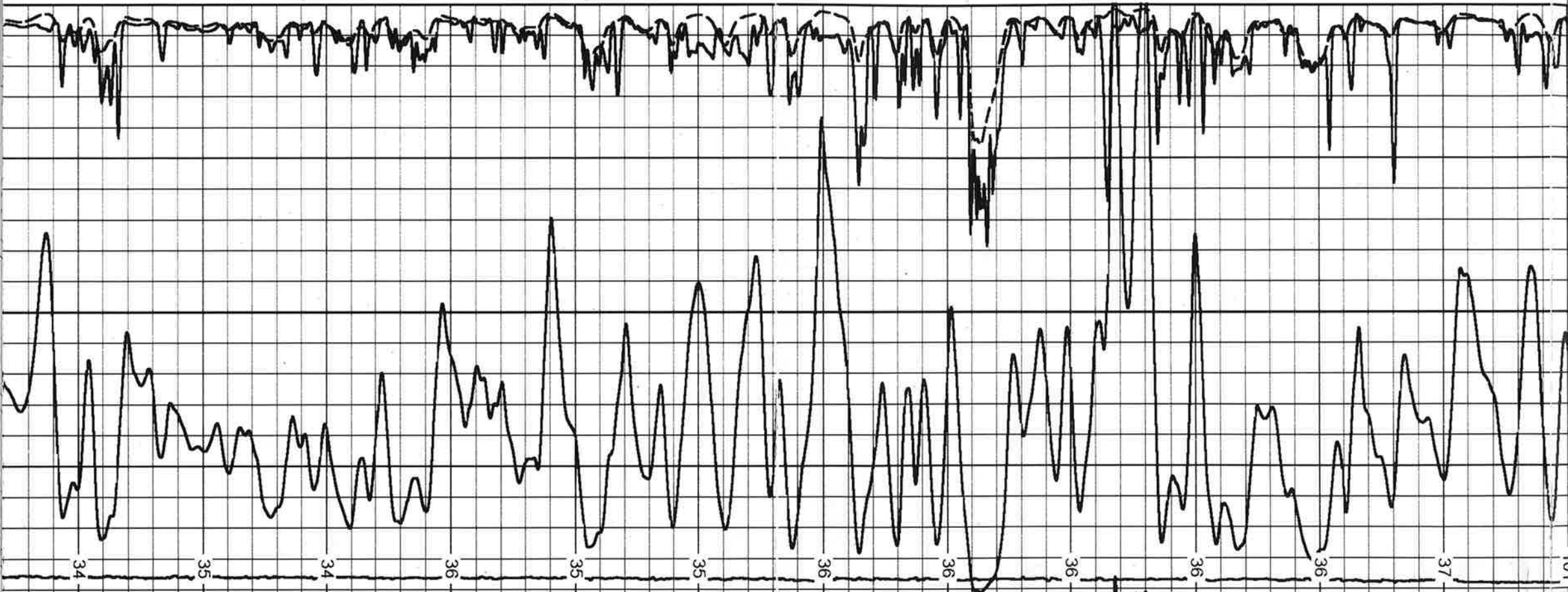
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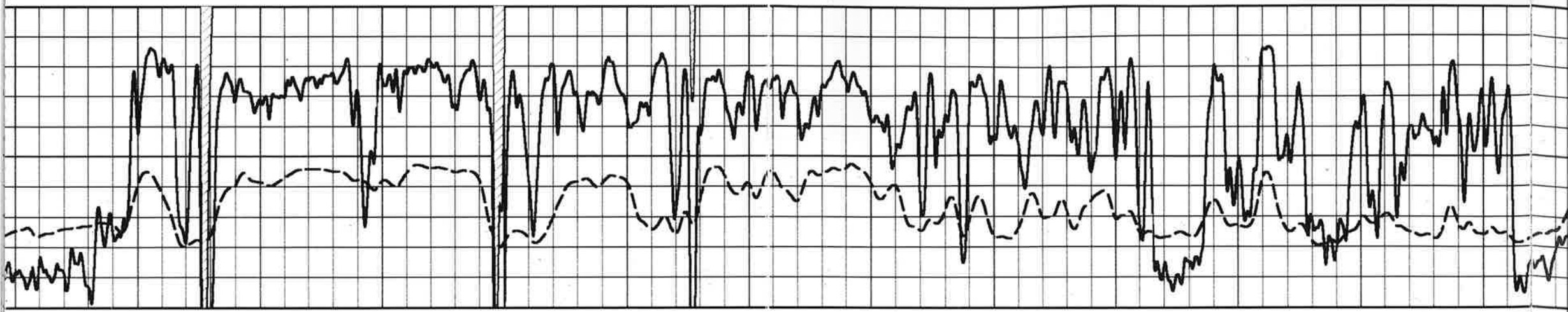
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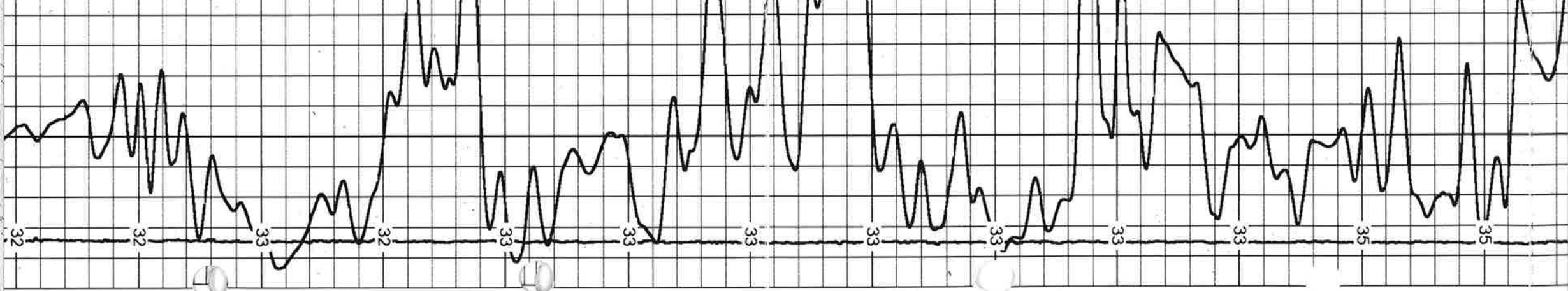
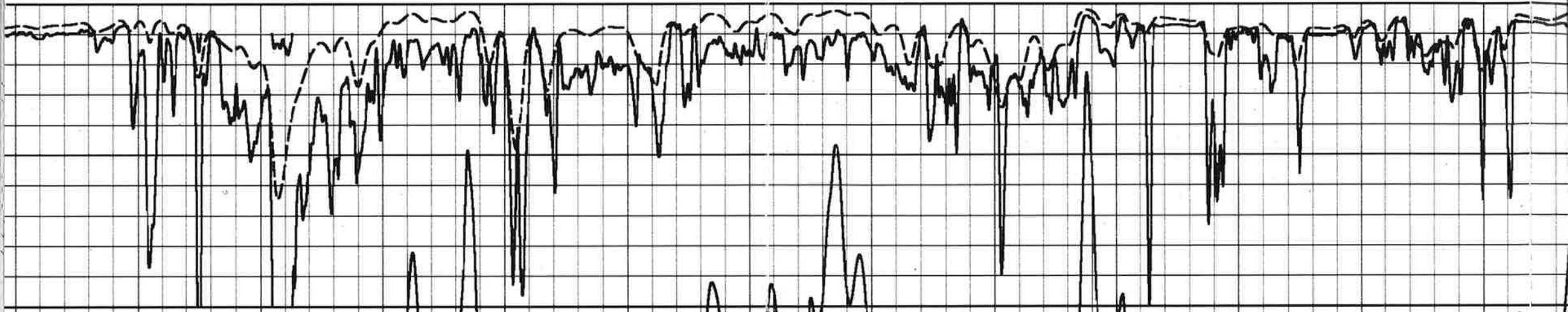
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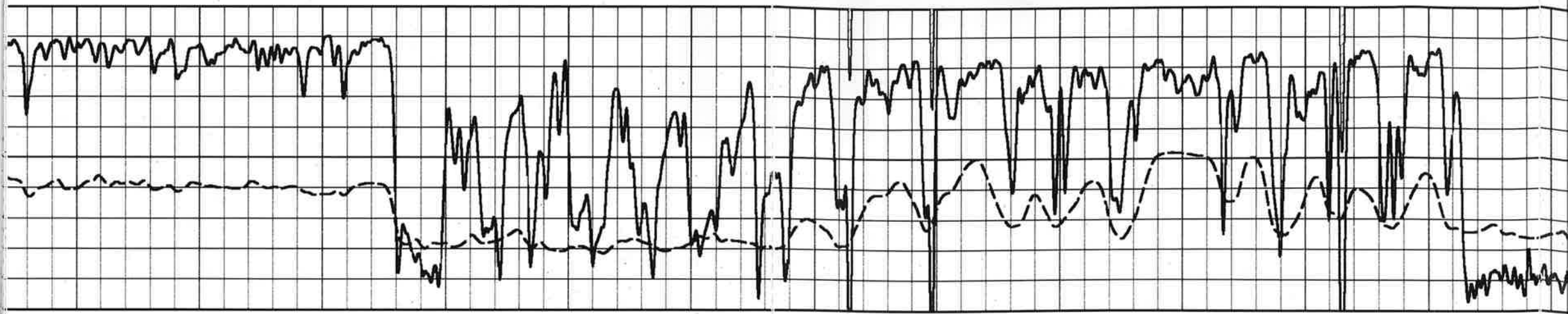
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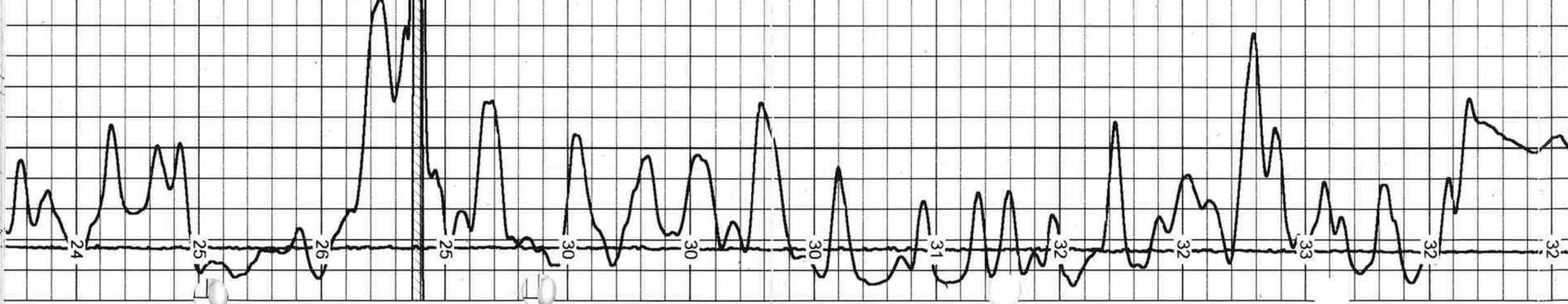
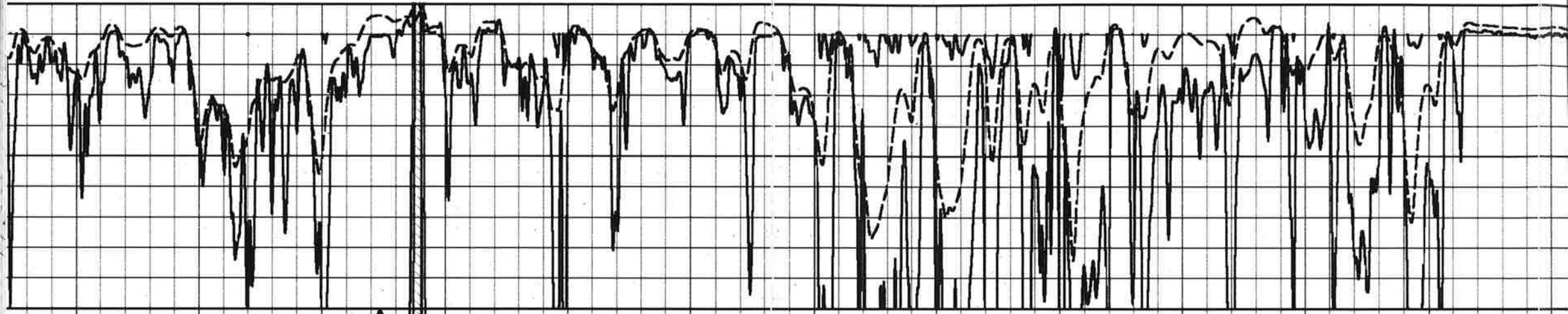
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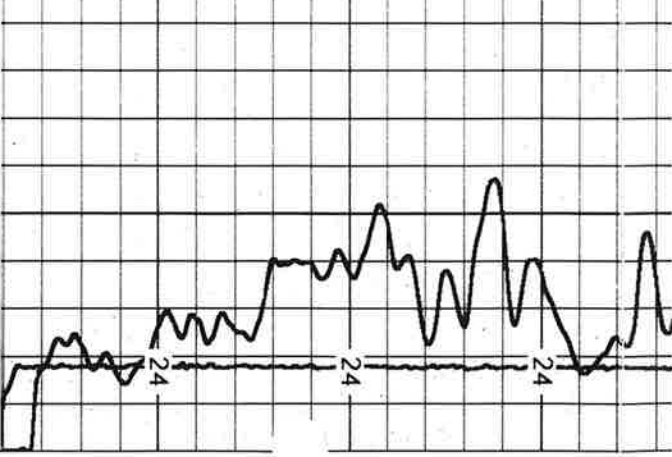
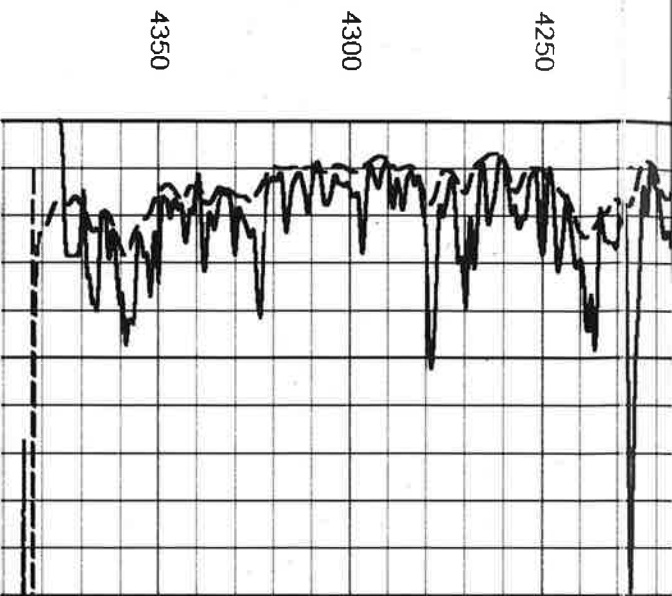
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 -200 SP (mV) 0

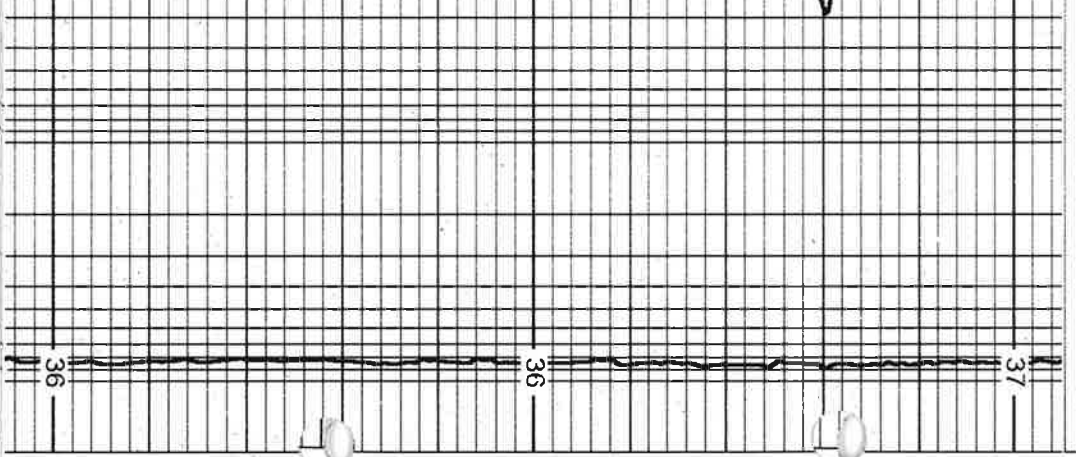
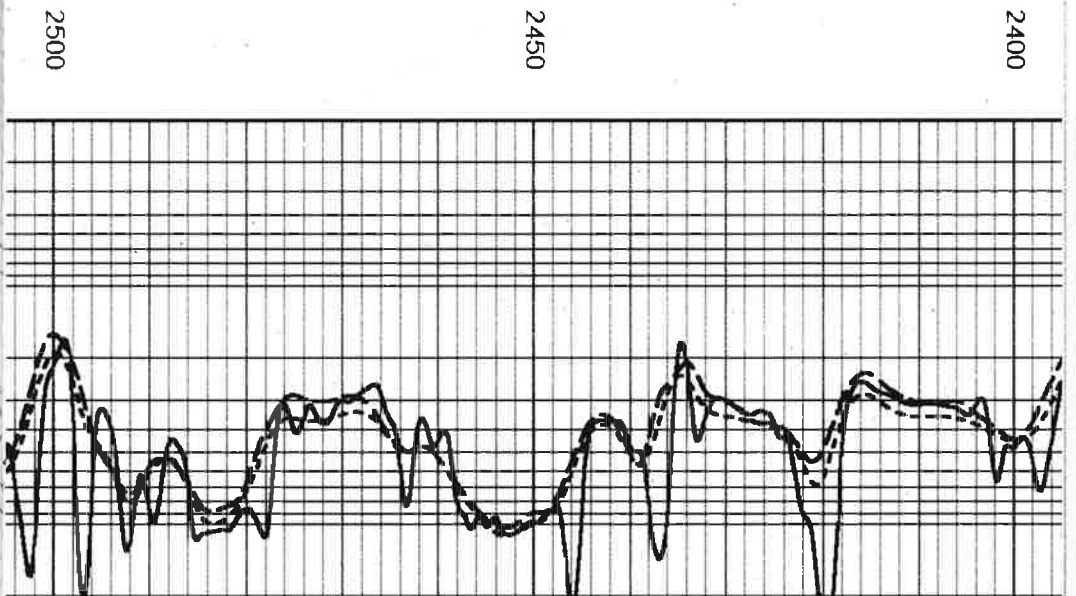
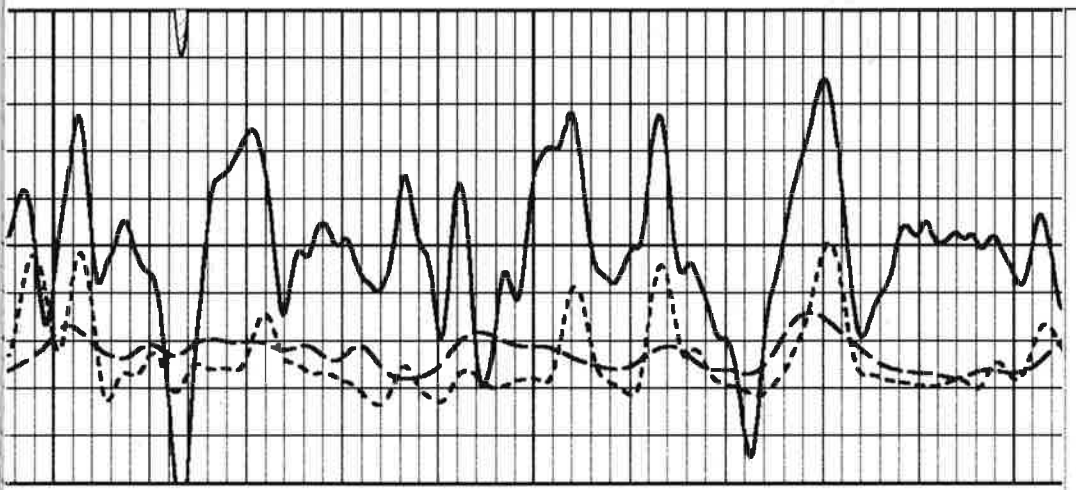
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 0 Deep Resistivity (Ohm-m) 50
 1000 Conductivity (mmho-m)
 15000 Line Tension (lb)
 50 Shallow Resistivity (Ohm-m) 100
 50 Deep Resistivity (Ohm-m) 500

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 Charted by: Depth in Feet scaled 1:240

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 -200 sp (mV) 0
 -160 RXO/RT 40

0.2 Deep Resistivity (Ohm-m)
 0.2 Medium Resistivity (Ohm-m)
 0.2 Shallow Resistivity (Ohm-m)
 10000 Line Tension (lb)

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 2000
 2000
 0



2400
 2450
 2500

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 36

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