

Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1363316
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: _____

1363316

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

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

TICKET NUMBER 53802

LOCATION Ottawa KS

FOREMAN Fred Mader

**FIELD TICKET & TREATMENT REPORT
 CEMENT**

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
5-31-17		Harts Farm #14	SW 4	28	22	CR
CUSTOMER Richard T Falkin			TRUCK #	DRIVER	TRUCK #	DRIVER
MAILING ADDRESS P.O. Box 91			712	Fred Mad		
CITY Hepler			495	Har Bec		
STATE KS			675	Harl McD		
ZIP CODE 66746			804	Kel. Car		

JOB TYPE Longstring HOLE SIZE 5 5/8 HOLE DEPTH _____ CASING SIZE & WEIGHT 2 7/8" Euf
 CASING DEPTH _____ DRILL PIPE _____ TUBING _____ OTHER _____
 SLURRY WEIGHT _____ SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT in CASING 2 1/2" Plug
 DISPLACEMENT _____ DISPLACEMENT PSI _____ MIX PSI _____ RATE 4 BPM

REMARKS: Hold Safety meeting Establish Circulation. Mix Pump 100# Gel Flush. Mix Pump 25 sks Por Blend Cement. 2 7/8" Gel Cement to Surface. Flush pump & lines clean. Displace 2 1/2" rubber plug to casing TB. Pressure to 700# PSI. Release pressure to set float valve shot in casing.

Evans Energy Data Inc.

Fred Mader

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
CE0450	1	PUMP CHARGE	495	1500 ⁰⁰
CE0002	-	MILEAGE		N/C
CE0711	1/2 Minimum	Ten Miles Delivery	804	330 ⁰⁰
WE0853	2 hrs	80 BBL Vac Truck	675	300 ⁰⁰
		Sub Total		2030 ⁰⁰
		less 50%		1015 ⁰⁰
CC5840	75.5KS	Por Blend IA Cement		1012 ⁵⁰
CC5965	226 [#]	Bentonite Gel		67 ⁸⁰
CP8176	1	2 1/2" Rubber Plug		45 ⁰⁰
		Sub Total		1125 ³⁰
		less 50%		562 ⁶⁵
		Paid ck # 8805		
		<u>Fred Mader</u>		
		7.5%	SALES TAX	42 ³⁰
			ESTIMATED TOTAL	1625 ⁶⁵

AUTHORIZATION _____ TITLE _____ DATE _____

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.



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

2nd well

TICKET NUMBER 63245
 FIELD TICKET REF # _____
 LOCATION Thayer
 FOREMAN Brett Busby

**TREATMENT REPORT
 FRAC & ACID**

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
6-21-17		Harts Farm 14	4	28	22	CR

CUSTOMER
Falkin Oil

MAILING ADDRESS

CITY STATE ZIP CODE

TRUCK #	DRIVER	TRUCK #	DRIVER
754	Josh		
482	Ryan		
582	Gary		
679T102	Trompis		

WELL DATA

CASING SIZE	TOTAL DEPTH
CASING WEIGHT	PLUG DEPTH
TUBING SIZE <u>2 7/8 BEUE</u>	PACKER DEPTH
TUBING WEIGHT	OPEN HOLE
PERFS & FORMATION	
<u>586-600 (44)</u>	<u>Tucker</u>

TYPE OF TREATMENT
Acids pot + frac

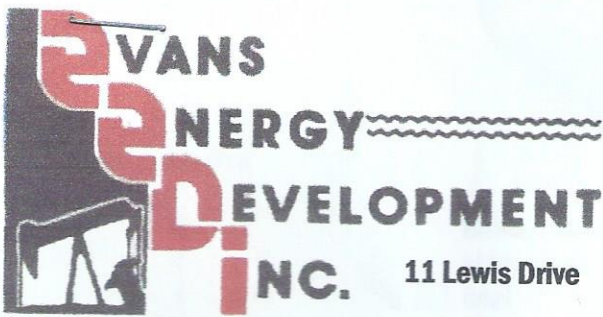
CHEMICALS
KALSUB - Biocide - Breaker
Acid - Inhibitor - S3MIF

STAGE	BBL'S PUMPED	INJ RATE	PROPPANT PPG	SAND / STAGE	PSI
PAD	20	20			BREAKDOWN 1200
16-30		20	1.5-1.0	300#	START PRESSURE
12-20 <u>Ballsealers</u>		20	2.0		END PRESSURE
12-20			2.0	1200#	BALL OFF PRESS
17-20 <u>(8) + (7)</u>			2.0		ROCK SALT PRESS
12-20			2.0	1500#	ISIP <u>475</u>
12-20			2.0		5 MIN
12-20 <u>(5) = (20)</u>			2.0		10 MIN
12-20			2.0		15 MIN
12-20		20	2.0	1,000#	MIN RATE
FLUSH CASING	5	20			MAX RATE
Release balls			TOTAL	4,000#	DISPLACEMENT <u>3.5</u>
OVERFLUSH	10	20	SAND		
TOTAL BPLS	121				

REMARKS:
Spotted 75 gal -15% HCL acid on perfs

Location 12:40PM - 1:10PM 45 miles

AUTHORIZATION [Signature] TITLE _____ DATE 6-21-17



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

Richard Falkin

Harts Farm #14

API #15-037-22335

May 30 - May 31, 2017

<u>Thickness of Strata</u>	<u>Formation</u>	<u>Total</u>
9	soil & clay	9
51	shale	60
11	lime	71
4	shale	75
6	lime	81
6	shale	87
12	lime	99
53	shale	152
4	lime	156
5	shale	161
35	lime	196 oil show
49	shale	245
17	lime	262
7	shale	269
4	lime	273
10	shale	283
13	sand	296 oil show
71	shale	367
2	lime	369
20	shale	389
5	lime	394
1	shale	395
1	coal	396
71	shale	467
10	lime	477
47	shale	524
2	lime	526
44	shale	570
5	silty shale	575
10	shale	585
3	broken sand	588 brown & white 60% bleeding sand
1	oil sand	589 brown 100% bleeding
4	broken sand	593 black & brown, thin bleeding sand
4	broken sand	597 brown & black 70% bleeding
1	broken sand	598 black & brown 90% bleeding
2	oil sand	600 brown 100% bleeding
2	broken sand	602 brown & grey, light bleeding

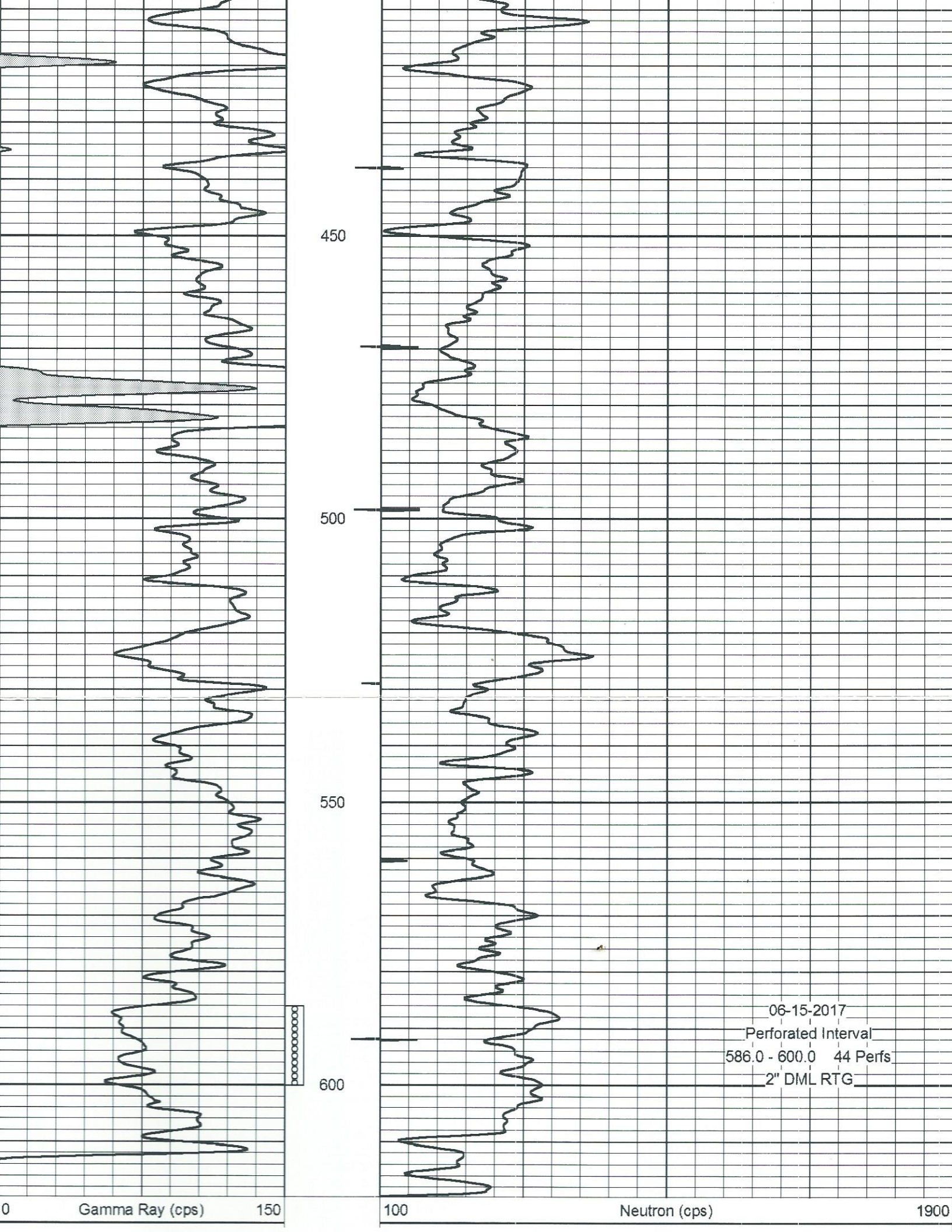
3	broken sand	605 brown & white, no bleeding
4	shilty shale	609
1	coal	610
22	shale	632 TD

Drilled a 9 7/8" hole to 23.6'

Drilled a 5 5/8" hole to 632'

Set 23.6' of 7" surface casing cemented with 5 sacks of cement.

Set 622' of 2 7/8" 8 round upset 3 centralizers, 1 float shoe, 1 clamp.



450

500

550

600

06-15-2017
Perforated Interval
586.0 - 600.0 44 Perfs
2" DML RTG

0 Gamma Ray (cps) 150

100 Neutron (cps) 1900