

Confidentiality Requested:

Yes  No

KANSAS CORPORATION COMMISSION 1364948  
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
-----------------------------------	-----------------	---

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: \_\_\_\_\_

1364948

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
--	---

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
----------------	-------	---------	------------	---

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

<b>DISPOSITION OF GAS:</b> <input type="checkbox"/> Vented <input type="checkbox"/> Sold <input type="checkbox"/> Used on Lease <i>(If vented, Submit ACO-18.)</i>	<b>METHOD OF COMPLETION:</b> <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> _____	<b>PRODUCTION INTERVAL:</b> _____ _____
--	---	---





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

TICKET NUMBER 53801

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 #16	SW 4	28	22	CR	
CUSTOMER Richard T Falkin				TRUCK #	DRIVER	TRUCK #	DRIVER
MAILING ADDRESS P.O. Box 91				712	Fred Mader		
CITY Hepler		STATE KS	ZIP CODE 66746	495	Har Bec		
				675	Art Mader		
				804	Kip Car		

JOB TYPE Longstring HOLE SIZE 5 7/8 HOLE DEPTH 622' CASING SIZE & WEIGHT 2 7/8 EUE  
 CASING DEPTH 619' DRILL PIPE \_\_\_\_\_ TUBING \_\_\_\_\_ OTHER \_\_\_\_\_  
 SLURRY WEIGHT \_\_\_\_\_ SLURRY VOL \_\_\_\_\_ WATER gal/sk \_\_\_\_\_ CEMENT LEFT in CASING \_\_\_\_\_  
 DISPLACEMENT 3.6 BBL DISPLACEMENT PSI \_\_\_\_\_ MIX PSI \_\_\_\_\_ RATE 4 BPM

REMARKS: Hold Safety meeting. Establish circulation. Mix Pump 100#  
Gel Flush. Mix Pump 5% Poz Blend IA Cement 2% Gel.  
Cement to surface. Flush pump & lines clean. Displace 2 1/2"  
rubber plug to casing TD. Pressure to 700# PSI. Release  
pressure to set float valve. Show in casing

Evans Energy Dev. Inc. Fred Mader

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
CE0450	1	PUMP CHARGE	495	1500 <sup>00</sup>
CE0002	60 mi.	MILEAGE	495	1179 <sup>00</sup>
CE0711	1/2 Minimum	Ten Miles Delivery	804	330 <sup>00</sup>
WE0853	2 hrs	80 BBL Vac Truck	675	200 <sup>00</sup>
		Sub Total		2759 <sup>00</sup>
		less 50%		1229 <sup>50</sup>
CC5840	755 KS	Poz Blend IA Cement	1012 <sup>50</sup>	
CC5965	226#	Bentonite Gel	67 <sup>80</sup>	
CP8176	1	2 7/8" Rubber Plug	45 <sup>00</sup>	
		Sub Total		1125 <sup>30</sup>
				562 <sup>85</sup>
			7.5%	SALES TAX 42 <sup>30</sup>
				ESTIMATED TOTAL 1834 <sup>35</sup>

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

3<sup>RD</sup> well

TICKET NUMBER 63246  
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 16	4	28S	22E	CR

CUSTOMER <u>Falkin Oil</u>		
MAILING ADDRESS		
CITY	STATE	ZIP CODE

TRUCK #	DRIVER	TRUCK #	DRIVER
754	Josh		
482	Ryan		
582	Gary		
735T221	George		

#### WELL DATA

CASING SIZE	TOTAL DEPTH
CASING WEIGHT	PLUG DEPTH
TUBING SIZE <u>2 7/8 DEUX</u>	PACKER DEPTH
TUBING WEIGHT	OPEN HOLE
PERFS & FORMATION	
<u>581-599 (53)</u>	<u>Tucker</u>

#### TYPE OF TREATMENT

Acidspot + frac

#### CHEMICALS

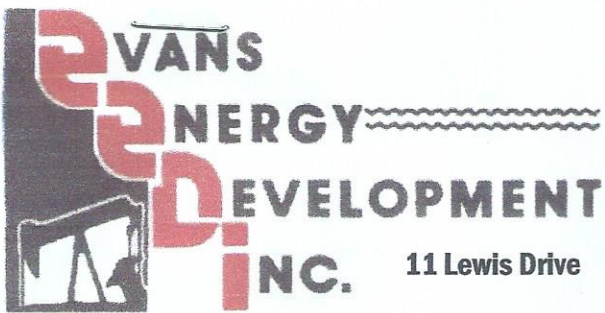
KALSUB - Biocide - Breaker  
Acid - Inhibitor - 53ME

STAGE	BBL'S PUMPED	INJ RATE	PROPPANT PPG	SAND / STAGE	PSI
PAD	20	20			BREAKDOWN 1000
16-30		20	1.5-1.0	300#	START PRESSURE
12-20 <u>Ballbeaters</u>		20	2.0		END PRESSURE
12-20		20	2.0	1200#	BALL OFF PRESS
12-20 <u>(5) + (10)</u>		↓	1.5	1500#	ROCK SALT PRESS
12-20 <u>(10)</u>			2.0		ISIP 500
12-20 <u>(5) = (30)</u>			2.0	1,000#	5 MIN
12-20			2.0		10 MIN
12-20			2.0	1,000#	15 MIN
FLUSH CASING	5	20			MIN RATE
Release balls to T.D.			TOTAL	5,000#	MAX RATE
OVERFLUSH	10	20	SAND		DISPLACEMENT 3.5
TOTAL BBL'S	140				

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

Location 1:15 PM - 2:00 PM 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 #16

API #15-037-2233

May 26 - May 30, 2017

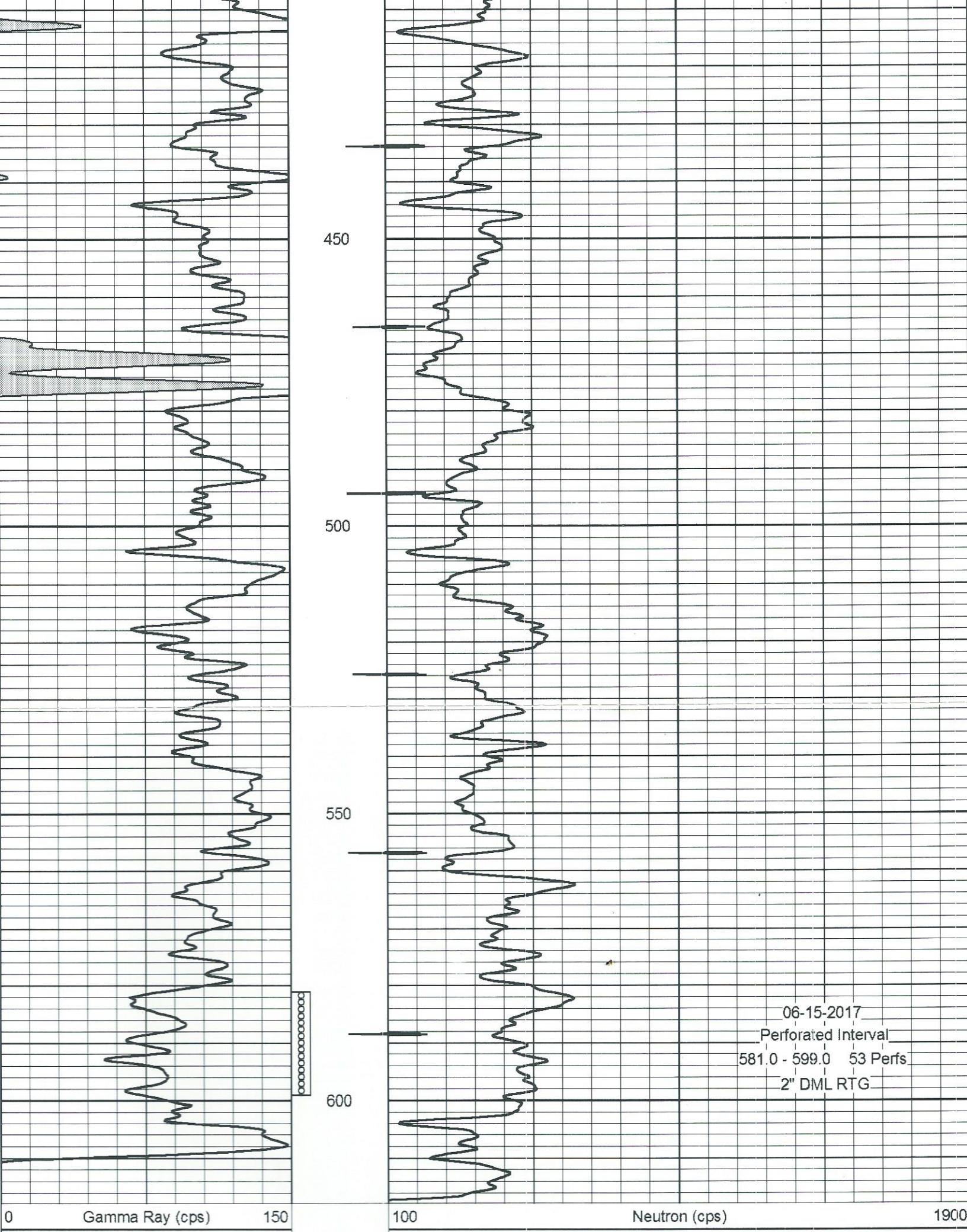
<u>Thickness of Strata</u>	<u>Formation</u>	<u>Total</u>
8	soil & clay	8
45	shale	53
10	lime	63
4	shale	67
6	lime	73
6	shale	79
14	lime	93
50	shale	143
5	lime	148
15	shale	163
27	lime	190 oil show
50	shale	240
18	lime	258
8	shale	266
3	lime	269
5	shale	274
2	lime	276
4	shale	280
7	sand	287 light oil show
76	shale	363
4	lime	367
21	shale	388
1	coal	389
71	shale	460
2	lime	462
60	shale	522
2	lime	524
56	shale	580
1	sand	581 grey, no oil
3	oil sand	584 brown, 100% bleeding
4	broken sand	588 brown & grey, light bleeding
2	broken oil sand	590 brown & black, 70% bleeding sand
2	broken sand	592 brown & grey, light bleeding
3	broken oil sand	595 brown & black, 70% bleeding sand
4	broken sand	599 brown & grey, light bleeding
4	broken sand	603 grey & white, no oil
1	coal	604
25	shale	629 TD

Drilled a 9 7/8" hole to 23.5'

Drilled a 5 5/8" hole to 629'

Set 23.5' of 7" surface casing cemented with 5 sacks of cement.

Set 619' of 2 7/8" 8 round upset 3 centralizers, 1 float shoe, 1 clamp.



06-15-2017  
Perforated Interval  
581.0 - 599.0 53 Perfs  
2" DML RTG

0 Gamma Ray (cps) 150

100 Neutron (cps) 1900