

Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1364960
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: _____

1364960

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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PRESSURE PUMPING LLC

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

TICKET NUMBER 53804

LOCATION Ottawa KS

FOREMAN Fred Mader

**FIELD TICKET & TREATMENT REPORT
CEMENT**

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
6-2-17		Hart's Form # 19	SW 4	28	22	CR
CUSTOMER Richard T. Falkin			TRUCK #	DRIVER	TRUCK #	DRIVER
MAILING ADDRESS P.O. Box 91			712	Fred Mad		
CITY Hopton			495	Har Bec		
STATE KS			369	Mix Hga		
ZIP CODE 66746			804	Al McD.		

JOB TYPE Longstring HOLE SIZE 5 7/8 HOLE DEPTH 620 CASING SIZE & WEIGHT 2 7/8 EVE
 CASING DEPTH 612 0 DRILL PIPE _____ TUBING _____ OTHER _____
 SLURRY WEIGHT _____ SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT in CASING 2 1/2" Plug
 DISPLACEMENT 3.6 BBL DISPLACEMENT PSI _____ MIX PSI _____ RATE 4 BPM

REMARKS: Hold Safety meeting. Establish circulation. Mix Pump 100#
Gel Flush. Mix Pump 75 SKS per Blend TA 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. Shut in casing.

Evans Energy Dev Inc. (Travis Sullivan) Fred Mader

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
CE 0450	1	PUMP CHARGE	495	1500 ⁰⁰
CE 0002	-	MILEAGE	N/C	
CE 0716	1/2 Min. man	Ten Miles Delivery	804	330 ⁰⁰
WE 0853	2 hrs	80 BBC Vac Truck	369	200 ⁰⁰
		Sub Total		2030 ⁰⁰
		Less 50%		1015 ⁰⁰
CC 5840	75 SKS	Por Blend TA Cement	1012 ⁵⁰	
CC 5965	226 #	Bentonite Gel	67 ⁸⁰	
CP 8176	1	2 1/2" Rubber Plug	45 ⁰⁰	
		Sub Total		1125 ³⁰
		Less 50%		562 ⁶⁵
		<u>Frank J. [Signature]</u>		
		<u>PAID ck 8814</u>		
		<u>F Mader</u>		
		7.5%	SALES TAX	42 ²⁰
			ESTIMATED TOTAL	1619 ⁸⁵

Ravin 3737

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

4TH well

TICKET NUMBER 63247
 FIELD TICKET REF # _____
 LOCATION Thayer
 FOREMAN Bobett Busby

**TREATMENT REPORT
 FRAC & ACID**

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
6-21-17		Horts Farm 19	4	285	22E	CR
CUSTOMER			TRUCK #			
Falkin Oil			DRIVER			
MAILING ADDRESS			TRUCK #			
CITY			DRIVER			
STATE			TRUCK #			
ZIP CODE			DRIVER			

WELL DATA

CASING SIZE	TOTAL DEPTH
CASING WEIGHT	PLUG DEPTH
TUBING SIZE <u>2 1/8 8EUE</u>	PACKER DEPTH
TUBING WEIGHT	OPEN HOLE
PERFS & FORMATION	
<u>574-79 (16)</u>	<u>Tucker</u>
<u>584-92 (25)</u>	

TYPE OF TREATMENT

Acid spot + frac

CHEMICALS

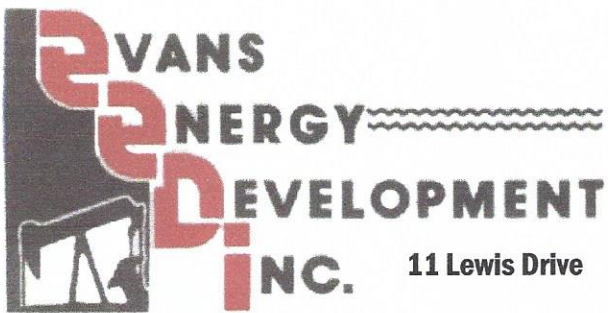
<u>KCL SUB - Biocide</u>	<u>- Breaker</u>
<u>Acid - Inhibitor</u>	<u>- S3ME</u>

STAGE	BBL'S PUMPED	INJ RATE	PROPPANT PPG	SAND / STAGE	PSI
PAD	20	20			BREAKDOWN 1100
16-30		20	1.5-1.0	300#	START PRESSURE
17-20		20	1.5		END PRESSURE
12-20		20	1.5	1200#	BALL OFF PRESS
12-20 (3) + (5)					ROCK SALT PRESS
12-20			2.0		ISIP 500
12-20			2.0	1500#	5 MIN
12-20 (2) + (2)					10 MIN
12-20 (10) + (10) = (14)		20	2.0		15 MIN
12-20		20	2.0	1,000#	MIN RATE
FLUSH CASING	5	20			MAX RATE
release balls to TD.			TOTAL	4,000#	DISPLACEMENT 3.5
OVER FLUSH	10		SAND		
TOTAL BBL'S	135				

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

Location 2:10 PM - 3:30 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 #19

API #15-037-22337

June 1 - June 2, 2017

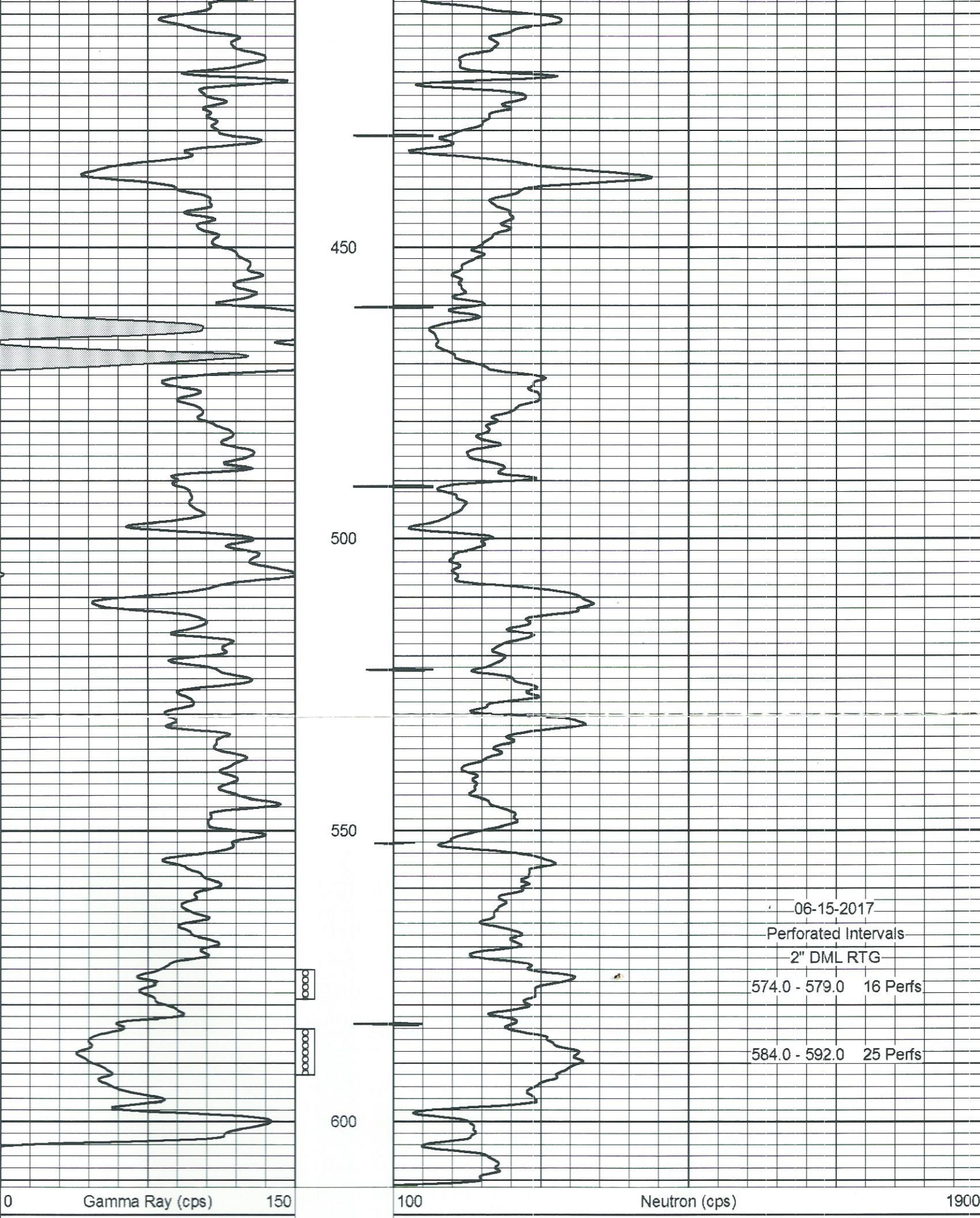
<u>Thickness of Strata</u>	<u>Formation</u>	<u>Total</u>
9	soil & clay	9
40	shale	49
10	lime	59
4	shale	63
6	lime	69
73	shale	142
42	lime	184 oil show
49	shale	233
17	lime	250
9	shale	259
3	lime	262
10	shale	272
9	lime	281 oil show
94	shale	375
5	lime	380
6	shale	386
3	lime	389
12	shale	401
4	lime	405
32	shale	437
2	lime	439
76	shale	515
2	lime	517
58	shale	575
4	broken sand	579 brown & black, 80% bleeding
1	broken sand	580 black & white
2	silty shale	582
2	broken sand	584 brown & grey
8	oil sand	592 brown 100% bleeding
3	broken sand	595 black & white light oil show
2	silty shale	597
1	coal	598
24	shale	622 TD

Drilled a 9 7/8" hole to 22.1'

Drilled a 5 5/8" hole to 622'

Set 22.1' of 7" surface casing cemented with 5 sacks of cement.

Set 612.1' of 2 7/8" 8 round upset 3 centralizers, 1 float shoe, 1 clamp.



06-15-2017
Perforated Intervals
2" DML RTG
574.0 - 579.0 16 Perfs
584.0 - 592.0 25 Perfs