



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1367240
OIL & GAS CONSERVATION DIVISION

Form ACO-1

November 2016

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

Gas DH EOR

OG GSW

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 EOR Conv. to SWD
 Plug Back Liner Conv. to GSW Conv. to Producer

Commingled Permit #: _____

Dual Completion Permit #: _____

SWD Permit #: _____

EOR Permit #: _____

GSW Permit #: _____

Spud Date or
Recompletion Date

Date Reached TD

Completion Date or
Recompletion Date

API No.: _____

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 Drill Stem Tests Received

Geologist Report / Mud Logs Received

UIC Distribution

ALT I II III Approved by: _____ Date: _____

1367240



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			
Geologist Report / Mud Logs	<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)*

Date of first Production/Injection or Resumed Production/Injection:	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

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>			PRODUCTION INTERVAL: Top	Bottom

Shots Per Foot	Perforation Top	Perforation Bottom	Bridge Plug Type	Bridge Plug Set At	Acid, Fracture, Shot, Cementing Squeeze Record <i>(Amount and Kind of Material Used)</i>

TUBING RECORD:	Size:	Set At:	Packer At:
----------------	-------	---------	------------

3613A Y Road
Madison, KS 66860
Ph: 620-437-2661
Fax: 620-437-2881



HURRICANE SERVICES INC

104 Prairie Plaza Parkway
Garnett, KS 66032
Ph: 785-448-3100
Fax: 785-448-3102

FED ID# 48-1214033
MC ID# 165290

Remit to: Hurricane Services, Inc.
250 N. Water, Suite 200
Wichita, KS 67202

Customer:
COEN ENERGY CORPORATION
11217 W 140th PLACE
OVERLAND PARK, KS 66221

Invoice Date: 5/10/2017
Invoice #: 0030993
Lease Name: MECKE
Well #: 9
County: LINN

Date/Description	HRS/QTY	Rate	Total
Ticket 50975 Longstring	0.000	0.000	0.00
Heavy Eq mileage one way	30.000	1.950	58.50
Light Eq mileage one way	30.000	0.900	27.00
Ton Mileage-one way	304.000	0.780	237.12
Cement pump	1.000	405.000	405.00
Cement Pozmix 60/40	120.000	7.710	925.20
Vac truck #104	2.000	50.400	100.80
Bentonite Gel	206.000	0.300	61.80
Pheno Seal	42.000	1.700	71.40
Top rubber plug 2 7/8"	1.000	30.000	30.00
Fresh water	3,360.000	0.008	26.88
Bentonite Gel	300.000	0.180	54.00

Net Invoice 1,997.70
Sales Tax: (6.50%) 62.09
Total 2,059.79

All invoices are due upon receipt. Interest at the rate of 1 1/2% per month may be charged on all invoices not paid within 30 days from date of invoice.

WE APPRECIATE YOUR BUSINESS!

Conservation Division
266 N. Main St., Ste. 220
Wichita, KS 67202-1513



Phone: 316-337-6200
Fax: 316-337-6211
<http://kcc.ks.gov/>

Pat Apple, Chairman
Shari Feist Albrecht, Commissioner
Jay Scott Emler, Commissioner

Sam Brownback, Governor

September 18, 2017

David Coen
Coen Energy Corporation
11217 W 140TH PL
OVERLAND PARK, KS 66221-8019

Re: ACO-1
API 15-107-25198-00-00
MECKE 9-2017
SE/4 Sec.17-23S-22E
Linn County, Kansas

Dear David Coen:

K.A.R. 82-3-107 provides for all completion information to be filed within 120 days of the spud date. Subsection(e)(2) of that regulation states "All rights to confidentiality shall be lost if the filings are not timely."

The above referenced well was spudded on 04/25/2017 and the ACO-1 was received on September 15, 2017 (not within the 120 days timely requirement).

Therefore, your request for confidential treatment of data contained within the ACO-1 filing cannot be granted at this time.

If you should have any questions, please do not hesitate to contact me at (316)337-6200.

Sincerely,

Production Department



250 N. Water, Ste 200 - Wichita, Ks 67202

HURRICANE SERVICES INC

104 Prairie Plaza Parkway - Garnett, Ks 66032

Customer	COEN ENERGY CORPORATION	Customer Name		Ticket No.	50975
Address:	11217 W 140TH PLACE	Contractor		Date:	6/10/2017
City, State, Zip:	OVERLAND PARK, KS 66221	Job type	LONGSTRING	Well Type:	OIL
Service District:	MADISON, KANSAS	Well Details:	Seal:	Twipl	M
Well name & No.	MECKE #9	Well Location:	BLUE MOUND	County:	LINN
Equipment #		Driver	TRUCK CALLED	Slater:	KANSAS
201		KEVIN	ARRIVED AT JOB	TIME	
203		BILLY	START OPERATION		8:30
104 ✓		TOMMY	FINISH OPERATION		10:45
30		JAKE	RELEASED		
			MILES FROM STATION TO WELL		30

Treatment Summary

Product/Service Code	Description	Unit of Measure	Quantity	List Price/Unit	Gross Amount	Net Amount
C001	Heavy Equip. One Way	ml	30.00	\$3.25	\$97.50	\$58.50
C002	Light Equip. One Way	ml	30.00	\$1.50	\$45.00	\$27.00
C003	Ton Mileage - One way	ml	304.00	\$1.30	\$395.20	\$237.12
C020	Cement Pump	ml EA	1.00	\$675.00	\$675.00	\$405.00
T002	Vacuum Truck 80 bbl	gal HW	2.00	\$84.00	\$168.00	\$100.80
CP009	60/40 Pozmix Cement	sack	120.00	\$12.85	\$1,542.00	\$925.20
CP013	Bentonite Gel	lb	206.00	\$0.30	\$61.80	\$61.80
CP024	Pheno Seal	lb	42.00	\$1.70	\$71.40	\$71.40
CP037	Rubber Plug 2 7/8	ea	1.00	\$30.00	\$30.00	\$30.00
AF077	H2O - Surface	gal	3,360.00	\$0.01	\$26.88	\$26.88
CP013	Bentonite Gel	lb	300.00	\$0.30	\$90.00	\$54.00

Total Taxable		Gross:	\$ 3,202.78	Net:	\$ 1,997.70
Fric and Acid service treatments designed with intent to increase production on newly drilled or existing wells are not taxable.		Tax Rate:	7.150%	Sale Tax:	\$ -
Date of Service:		Customer Comments:			
HSI Representative:		Total: \$ 1,997.70			

TERMS: Cash in advance unless Hurricane Services Inc. (HSI) has approved credit prior to sale. Credit terms of sale for approved accounts are total invoice due on or before the 30th day from the date of invoice. Past due accounts may pay interest on the balance past due at the rate of 1 1/2% per month or the maximum allowable by applicable state or federal laws if such laws are not in effect. HSI has the right to revoke any and all discounts previously applied in arriving at net invoice price. Upon revocation, the full invoice price without discount will become immediately due and subject to collection. Prices quoted are estimates only and are good for 30 days from date of issue. Pricing does not include federal, state, or local taxes, or royalties and stated discounts. Actual charges may vary depending upon time, equipment, and material primarily required to perform these services. Discount rate is based on 30 days net payment terms or cash.

DISCLAIMER NOTICE:

As technical data is presented in good faith, but no warranty is given by and H.S.I. assumes no liability for advice or recommendations made concerning results to be obtained from the use of any product or service. The information presented is HSI best estimate of the actual results that may be achieved and should be used for comparison purposes and make no guarantee of any production performance. Customer warrants that well and all associated equipment in use are in good condition to receive services by H.S.I. Likewise, the customer will guarantee proper installation, operation, and maintenance of all customer owned production and associated equipment, while H.S.I. is on location performing services which could adversely affect the performance of such services. H.S.I. is not responsible for any damage to equipment or property caused by H.S.I. services. Authorization before acknowledges receipt and acceptance of all terms and conditions stated.

CUSTOMER AUTHORIZED AGENT



HURRICANE SERVICES INC

Customer:	COEN ENERGY CORPORATION	Date:	5/10/2017	Ticket No.:	50975
Field Rep:					
Address:					
City, State:					
County, Zip:					

Field Order No.:	MECKE #9
Well Name:	BLUE MOUND, KS
Location:	
Formations:	LONSTRING
Type of Service:	OIL
Well Type:	NEW
Age of Well:	
Packer Type:	
Packer Depth:	
Treatment Via:	TUBING

Open Hole:	960' 5 7/8"
Casing Depth:	
Casing Size:	
Tubing Depth:	956.5
Tubing Size:	2 7/8"
Liner Depth:	
Liner Size:	
Liner Top:	
Liner Bottom:	
Total Depth:	

Perf Depths (ft)	Perfs
Total Perfs	0

TIME	INJECTION RATE		PRESSURE		REMARKS	PROP (lbs)	HCL (gls)	FLUID (bbls)
	FLUID	N2/CO2	STP	ANNULUS				
8:30 AM					ON LOCATION SAFETY MEETING			
					SPOT IN AND RIG UP			
					HOOK UP TO TUBING			
					BREAK CIRCULATION			
	3.0		200.0		MIX AND PUMP GEL SPACER			11.00
	3.0		200.0		PUMP FRESH WATER			12.00
	3.0		200.0		PUMP DYED WATER			5.00
	3.0		190.0		MIX AND PUMP 120 SACKS CEMENT			27.00
					STOP			
					WASH PUMP AND LINES			
					DISPLACE			5.50
	2.0		500.0		BUMP PLUG			
					BLEED PRESSURE DOWN			
					SHUT IN WELL			
					RIG DOWN OFF LOCATION			
10:45 AM					THANKS FOR YOUR BUSINESS			
					JAKE KEVIN BILLY TOMMY PLEASE CALL AGAIN			
					TOTAL:			72.50

SUMMARY

Max Fl. Rate	3.0	Avg Fl. Rate	2.8	Max PSI	1,400.0	Avg PSI	427.8
--------------	-----	--------------	-----	---------	---------	---------	-------

PRODUCTS USED

300 LBS GEL SWEEP 120 SACKS 60:40 2%GEL + .35LB PHENO

Treater: JAKE HEARD

Customer: _____