

Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1368366
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: _____

1368366

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 Geologist Report / Mud Logs <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				

1. Did you perform a hydraulic fracturing treatment on this well? Yes No *(If No, skip questions 2 and 3)*
2. Does the volume of the total base fluid of the hydraulic fracturing treatment exceed 350,000 gallons? Yes No *(If No, skip question 3)*
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) (Submit ACO-4)</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:	
----------------	-------	---------	------------	--



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

Hoehn Oil, LLC

Gillespie #1-10

API #15-091-24,465

August 29 - August 30, 2017

<u>Thickness of Strata</u>	<u>Formation</u>	<u>Total</u>
13	soil & clay	13
26	shale	39
7	lime	46
5	shale	51
15	lime	66
6	shale	72
10	lime	82
6	shale	88
22	lime	110
22	shale	132
25	lime	157
26	shale	183
7	lime	190
21	shale	211
15	lime	226
10	shale	236
12	lime	248
18	shale	266
7	lime	273
4	shale	277
8	lime	285
41	shale	326
7	lime	333
3	shale	336
15	lime	351
7	shale	358
30	lime	388 oil show
5	shale	393
7	lime	400 base of the Kansas City
170	shale	570 (433) oil show
4	lime	574
11	shale	585
1	coal	586
3	shale	589
5	lime	594
2	shale	596
5	broken sand	601 brown & grey, light oil show
8	shale	609
4	lime	613
13	shale	626

3	lime	629
44	shale	673
7	lime	680
50	shale	730
7	broken sand	737 brown & grey, light bleeding
61	shale	798
2	lime	800
47	shale	847
1	lime	848
1	limey sand	849 black & white, light bleeding
7	oil sand	856 brown 100% bleeding
41	shale	897 TD

Drilled a 9 7/8" hole to 22.8'

Drilled a 5 5/8" hole to 897'

Set 22.8' of 7" threaded and coupled surface casing with 5 sacks of cement.

Set 887' of 2 7/8" 8 round upset tubing including 3 centralizers, 1 float shoe, 1 clamp.

Set baffel at 881'



PRESSURE PUMPING LLC
PO Box 884, Chanute, KS 66720
820-431-9210 or 800-467-8676

8945 / 8804

TICKET NUMBER 53836

LOCATION Ottawa, KS

FOREMAN Carey Kennedy

FIELD TICKET & TREATMENT REPORT
CEMENT

INVOICE #811164

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
8/31/17	3602	Gilaspie # I-10	NW 31	14	22	JO
CUSTOMER Hoehn Oil LLC			TRUCK # DRIVER TRUCK # DRIVER			
MAILING ADDRESS 40971 West 247th			729 / CasKen ✓ Safety Meeting			
CITY STATE ZIP CODE Wellsville KS 66092			445 / Har Bar ✓			
			503 / Mike Hog ✓			
			675 / Kei Det ✓			

JOB TYPE long string HOLE SIZE 5 5/8" HOLE DEPTH 897' CASING SIZE & WEIGHT 2 3/4" EUE
 CASING DEPTH 887' DRILL PIPE _____ TUBING baffle - P81' OTHER _____
 SLURRY WEIGHT _____ SLURRY VOL _____ WATER gal/ek _____ CEMENT LEFT in CASING 6'
 DISPLACEMENT 5.10 bbls DISPLACEMENT PSI _____ MIX PSI _____ RATE 4/bpm

REMARKS: held safety meeting, established circulation, mixed & pumped 200 skt gel followed by 5 bbls fresh water, mixed & pumped 120 sks Portland IA cement w/ 290 gal of 1/2# Phenoseal per sk, cements to surface, flushed pump clean, pumped 2 1/2" rubber plug to baffle w/ 5.10 bbls fresh water, pressured to 800 PSI, well held pressure for 30 min MIT, released pressure, shut in casing.

Handwritten signature

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
CE0450	1	PUMP CHARGE	1500.00	
CE0002	30 mi	MILEAGE	214.50	
CE0711	min	1000 mileage	660.00	
WE0853	2 hrs	80 Use	200.00	
		trucks	2574.50	
		- 55%	1415.98	
		subtotal		1158.52
CE540	120 sks	Portland IA cement	11620.00	
CC5945	402 #	Gel	120.60	
CC6079	60 #	Phenoseal	81.00	
CP81760	1	2 1/2" rubber plug	45.00	
		materials	1866.60	
		- 55%	1026.63	
		subtotal		839.97
		7.975% SALES TAX		66.99
		ESTIMATED TOTAL		2065.49
				(4589.96)

Ravin 3737

AUTHORIZATION

Handwritten signature

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.