

Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION

Form ACO-1

January 2018

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 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: _____

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
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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				

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)</i> <i>(Submit ACO-4)</i>	PRODUCTION INTERVAL: Top Bottom
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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:	
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Form	ACO1 - Well Completion
Operator	Hartman Oil Co., Inc.
Well Name	BECKER 7
Doc ID	1368375

All Electric Logs Run

Porosity
Resistivity
Microlog
Annular hole volume



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

FIELD TICKET & TREATMENT REPORT
CEMENT

TICKET NUMBER 53556
LOCATION Oakley, KS
FOREMAN Walt Dunkel

Invoice # 811219

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
9-2-17	3613	Becker #7	8	22 ^S	33 ^W	Finney
CUSTOMER Hartman Oil						
MAILING ADDRESS 10500 E. Berkley Square Pkwy. Ste. 100						
CITY Wichita						
STATE KS						
ZIP CODE 67206						
			TRUCK #	DRIVER	TRUCK #	DRIVER
			731	Walt Dunkel		
			772-7127	Seth Odell		
				Jimmy Bray		

JOB TYPE Surface HOLE SIZE 12 1/4 HOLE DEPTH 347' CASING SIZE & WEIGHT 8 5/8 - 24#
 CASING DEPTH 347 DRILL PIPE _____ TUBING _____ OTHER _____
 SLURRY WEIGHT 15.2 SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT in CASING 15'-20'
 DISPLACEMENT 20 3/4 DISPLACEMENT PSI _____ MIX PSI _____ RATE 5 BPM

REMARKS: Safety Meeting, rig up on well #12, Circ casing on battery
Mix 275-5Ks cement, Displace 20 3/4 BBL H₂O, Shut in, Cement Die/Circ
Fell back, Pumped 10 sks cement fill to top

Thank You
Walt & Crew

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
Ceo 471	1	PUMP CHARGE	1,150.00	1,150.00
Ceo 002	40	MILEAGE	7.15	286.00
Ceo 710	13,400	Ton Mileage Delivery	1.95	9,380.00
3894 CC5891	285 SKs	Surface Blend II	23.00	6,555.00
				8,929.00
		Less 30% Disc		2,678.70
				6,250.30
				351.02
				6,601.32

AUTHORIZATION TITLE Ted Fisher DATE _____
 SALES TAX ESTIMATED TOTAL 6,601.32

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.

February 05, 2018

Chris Peters
Hartman Oil Co., Inc.
10500 E BERKELEY SQ PKWY STE 100
WICHITA, KS 67206

Re: ACO-1
API 15-055-22458-00-00
BECKER 7
SE/4 Sec.08-22S-33W
Finney County, Kansas

Dear Chris Peters:

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 9/2/2017 and the ACO-1 was received on February 02, 2018 (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



PRESSURE PUMPING

9048
8940

TICKET NUMBER 53609

LOCATION Oakley Ks

FOREMAN Jerry

PO BOX 604, CHILLICOTE, KS 66720
620-431-9210 or 800-467-8676

WELL TICKET & TREATMENT REPORT
CEMENT

Walt D
Invoice #811270

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
9-1-17	3613	Becker #7	8	22s	33w	Finney
CUSTOMER <u>Hartman Oil</u>			TERMS <u>40/15/40</u>			
MAILING ADDRESS <u>10500 E. Burkley Square Parkway, Ste. 100</u>			TRUCK #	DRIVER	TRUCK #	DRIVER
CITY <u>Wichita</u>			<u>753</u>	<u>Travis W.</u>		
STATE <u>Ks</u>			<u>772-1127</u>	<u>South O.</u>		
ZIP CODE <u>67206</u>			<u>460</u>	<u>Walt D</u>		

JOB TYPE log string HOLE SIZE 7 7/8 HOLE DEPTH 4860 CASING SIZE & WEIGHT 5 1/2 155
 CASING DEPTH 4899 DRILL PIPE _____ TUBING _____ OTHER _____
 SLURRY WEIGHT 11/14.2 SLURRY VOL 3/1.42 WATER gal/sk _____ CEMENT LEFT in CASING 37
 DISPLACEMENT 114 DISPLACEMENT PSI 1200 MAX PSI 1700 RATE _____

REMARKS: Safety meeting & rig up on an WW12 centralizer on 5, 7, 9, 10, 11, 13, 15, 17, 19, 21 baskets on 4, 6, 5, 8, 5 casing to bottom pump ball then a nice vis V42 mix 500 gal med flush with 566l H₂O spacers mix 370 sks CMD lead & tail in with 200 sks Thixoblend III 5# Kol Seal shut down release plug clean pump lines & displace with 114 66l fresh water final lift 1200# plug landed @ 1700 released back & float held

Cement did circulate

Thank you
Jerry & crew

30 sks not back

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
CE 0453	1	PUMP CHARGE	2800.00	2800.00
CE 0002	40	MILEAGE	7.15	286.00
CE 0710	28.2	ten mileage delivery	1.75	1974.00
CC 5862	200 sks	Thixoblend III	26.00	5200.00
CC 6077	1000 #	Kol Seal	.50	500.00
CC 5855	400 sks	multi dense IA	27.00	10,800.00
CC 6075	100 #	Flt Seal	3.00	300.00
CC 6125	500 gal	med flush	.65	325.00
CP 8485	10	5 1/2 AFU float shoe	585.00	585.00
CP 8254	1	5 1/2 lat choker 955	400.00	400.00
CP 8554	10	5 1/2 centralizers	81.00	810.00
CP 8629	3	5 1/2 baskets	385.00	1155.00
		Subtotal		25,135.00
		-30%		7,540.50
		Subtotal		17,594.50
		SALES TAX		1075.02
		ESTIMATED TOTAL		18669.52

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.