

Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1368382 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: _____

1368382

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:
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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 #I-11

API #15-091-24,466

August 30 - September 1, 2017

<u>Thickness of Strata</u>	<u>Formation</u>	<u>Total</u>
11	soil & clay	11
36	shale	46
4	lime	51
8	shale	59
20	lime	79
5	shale	84
9	lime	93
5	shale	98
22	lime	120
5	shale	125
37	lime	162
27	shale	189
9	lime	198
27	shale	225
10	lime	235
11	shale	246
11	lime	257
19	shale	276
4	lime	280
8	shale	288
5	lime	293
41	shale	334
29	lime	363
9	shale	372
21	lime	393
4	shale	397
13	lime	410 base of the Kansas City
173	shale	583
4	lime	587
13	shale	600
5	lime	605
2	shale	607
4	broken sand	611 brown & green, light bleeding
10	shale	621
3	lime	624
11	shale	635
5	lime	640
29	shale	669
2	lime	671
73	shale	744

5	broken sand	749 brown & grey, light oil show
106	shale	855
1	lime	856
6	shale	862
1	lime	863 oil show
6	oil sand	869 black, 100% bleeding
59	shale	928 TD

Drilled a 9 7/8" hole to 22.8'

Drilled a 5 5/8" hole to 928'

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

Set 918' of 2 7/8" 8 round upset tubing including 3 centralizers, 1 float shoe, 1 clamp.

Set baffle at 912'



QES PRESSURE PUMPING LLC
 PO Box 884, Chanute, KS 66720
 620-431-8210 or 800-467-9676

8465 / 8559

TICKET NUMBER 53837

LOCATION BHawn, KS

FOREMAN Cassey Kennedy

FIELD TICKET & TREATMENT REPORT
 CEMENT

Invoice #811189

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
9/1/17	3602	Gillespie # I-11	NW 31	B14	22	JO

CUSTOMER	TRUCK #	DRIVER	TRUCK #	DRIVER
Hoehn Oil, LLC	729	Corken	✓ Safety	Meeting
	495	HarBee	✓	
	503	Mike Haa	✓	
	675	Kei Det	✓	

MAILING ADDRESS	CITY	STATE	ZIP CODE
40971 West 247th	Wellside	KS	66092

JOB TYPE long string HOLE SIZE 5 7/8" HOLE DEPTH _____ CASING SIZE & WEIGHT 2 3/8" EUE
 CASING DEPTH _____ DRILL PIPE _____ TUBING baffle OTHER _____
 SLURRY WEIGHT _____ SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT In CASING _____
 DISPLACEMENT _____ DISPLACEMENT PSI _____ MIX PSI _____ RATE 4 bpm

REMARKS: hold safety meeting, established circulation, mixed & pumped 200# Gel followed by 5 bbls fresh water, mixed & pumped 128 stks Pozblend A cement w/ 2% gel + 1/8" Phenoseal per sk, cement to surface. flushed pump clean, pumped 2 1/2" rubber plug to baffle w/ 1 bbls fresh water, pressured to 800 PSI, well hold pressure for 30 min M/T, released pressure, shut in casing.

Handwritten signature/initials

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	mi	ton mileage	660.00	
WF0853	2 hrs	80 var	200.00	
		trucks	2571.50	
		- 55%	1415.98	
		Subtotal		1158.52
CC5840	128 stks	Pozblend A cement	1728.00	
CC5965	415 #	Gel	124.50	
CC1079	64 #	Phenoseal	86.40	
CP8176	1	2 1/2" rubber plug	45.00	
		materials	1983.90	
		- 55%	1091.15	
		Subtotal		892.75
		7.975%	SALES TAX	71.20
			ESTIMATED TOTAL	2122.49

Handwritten signature

AUTHORIZATION _____ TITLE _____ DATE _____
 (4716.62)

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.