

Confidentiality Requested:

Yes  No

KANSAS CORPORATION COMMISSION 1369149  
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 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: \_\_\_\_\_

1369149

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](mailto: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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Fueling American Prosperity™

## Oil and Gas Well Drilling

3137 Virginia Rd, Wellsville KS 66092

Owners: Clay Hughes  
Isaac Burbank

Phone: (785) 979-9493

(913) 963-9127

Fax: (785) 883-2305

### Well Log

Magnum Exploration Kansas, LLC

Thrasher #8

Sec. 25 Twp. 13 Rng. 20

15-045-22252-00-00

01/05/15

<u>Thickness of Strata</u>	<u>Formation</u>	<u>Total</u>	
3	Soil and Clay	3	
80	Shale	83	
14	Sand	97	Grey, makes little water
23	Lime	120	
6	Shale	126	
6	Lime	132	
15	Shale	147	
19	Lime	166	
37	Shale	203	
13	Lime	216	
6	Shale	222	
26	Lime	248	
35	Shale	283	
5	Lime	288	
2	Shale	290	
9	Lime	299	
12	Shale	311	
15	Lime	326	
19	Shale	345	
16	Lime	361	
3	Shale	364	
19	Lime	383	
6	Shale	389	
12	Lime	401	
7	Shale	408	
22	Lime	430	
9	Shale	439	
10	Lime	449	Base of Kansas City
166	Shale	615	
7	Lime	622	
5	Shale	627	

2	Lime	629	
1	Shale	630	
1	Coal	631	
6	Shale	637	
7	Lime	644	
16	Shale	660	
5	Lime	665	
9	Shale	674	
3	Lime	677	
23	Shale	700	
2	Lime	702	
1	Shale	703	
3	Lime	706	
4	Shale	710	
2	Silty Shale	712	
1	Lime	713	
1	Oil Sand	714	Brown, soft sand, good bleed
4.5	Broken Sand	718.5	65% brown sand, 35% laminated shale, ok bleed
4.5	Silty Shale	723	
36	Shale	759	
1	Broken Lime	760	
4	Shale	764	
2	Silty Shale	766	Grey
1	Broken Sand	767	30% brown sand, 70% shale, light show, gassy
4	Silty Shale	771	Grey
8	Shale	779	
11	Sand	790	Light brown, no show
28	Shale	818	TD

Drilled an 11" hole to 44'  
 Drilled a 5 5/8" hole to 818'

Set 44' of 7" surface casing, cemented with 15 sacks of cement.

Set 783' of 2 7/8" 8 round upset tubing including 3 centralizers, 1 clamp, 1 float-shoe, and baffle.

Baffle set at 751'.



**CONSOLIDATED**  
Oil Well Services, LLC

PO Box 884, Chanute, KS 66720  
820-431-0210 or 800-467-8676

**FIELD TICKET & TREATMENT REPORT**  
**CEMENT**

1709  
1644

TICKET NUMBER 50779  
LOCATION D'Haug  
FOREMAN Alan Mader

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
1-5-14	5700	Thrasher 8	SW 25	13	20	06

  

CUSTOMER	TRUCK #	DRIVER	TRUCK #	DRIVER
Magnum Exploration of KS	730	Ala Mader	Safety	Meert
MAILING ADDRESS	368	Art McD		
8768 CR. 262	369	Mik Moo		
CITY	510	Van Web		
Clyde				
STATE				
Ks				
ZIP CODE				
79510				

JOB TYPE log string HOLE SIZE 5 3/8 HOLE DEPTH 818 CASING SIZE & WEIGHT 2 7/8  
 CASING DEPTH 783 DRILL PIPE \_\_\_\_\_ TUBING \_\_\_\_\_ OTHER 67 752  
 SLURRY WEIGHT \_\_\_\_\_ SLURRY VOL \_\_\_\_\_ WATER gal/hr \_\_\_\_\_ CEMENT LEFT in CASING yes  
 DISPLACEMENT 4.4 DISPLACEMENT PSI 800 MIX PSI 200 RATE 4 bpm  
 REMARKS: Held meetings. Established rate. Mixed & pumped 100# gel followed by 87 DWL plus 44# Pheno seal per sack. Circulated cement. Flushed pump. Pumped plug to baffle. Well held 800 PSI. Set float

H&B Energy, Mitchell

*Alan Mader*

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5701	1	PUMP CHARGE	368	1086.00
5706	30	MILEAGE	368	126.00
5702	783	Casings footage	368	
5707	min	log miles	510	368.00
5502L	1 1/2	RD var	369	150.00
1126	87	DWL	1718.25	
1118B	100#	gel	22.00	
1107A	44#	Pheno seal	59.40	
		material sub	1799.65	
		less 30% -	539.90	
		material total		1259.75
4402	1	2 1/2 plug		29.50
			3688.93	
		SALES TAX		92.18
		ESTIMATED TOTAL		3110.49

AUTHORIZATION Jim DK's TITLE \_\_\_\_\_ DATE \_\_\_\_\_

I acknowledge that I pay on terms, unless specifically noted 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

