

Confidentiality Requested:

Yes  No

KANSAS CORPORATION COMMISSION 1369488  
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: \_\_\_\_\_

1369488

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

**HURRICANE SERVICES INC**

104 Prairie Plaza Parkway - Garnett, Ks 66032

Customer	COEN ENERGY	Customer Name:	DAVID COEN	Ticket No.:	50984		
Address:		Contractor:	MCGOWN	Date:	5/18/2017		
City, State, Zip:		Job type:	LONSTRING	Well Type:	WATER SUPPLY		
Service District:	MADISON, KANSAS	Well Details:	Sec: 36	Twp: 23	R: 21		
Well name & No.	BRADLEY 36 WSW # 3	Well Location:	XENIA	County:	BOURBON	State:	KANSAS
Equipment #	Driver	TRUCK CALLED				AM	TIME
201	KEVIN	ARRIVED AT JOB				AM	
203	JP	START OPERATION				AM	
111	JOE	FINISH OPERATION				AM	
30	JAKE	RELEASED				AM	
		MILES FROM STATION TO WELL					30

Treatment Summary

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Product/Service Code	Description	Unit of Measure	Quantity	List Price/Unit	Gross Amount	Net Amount
C001	Heavy Equip. One Way	mi	30.00	\$3.25	\$97.50	\$97.50
C002	Light Equip. One Way	mi	30.00	\$1.50	\$45.00	\$45.00
C004	Minimum Ton Mile Charge	ea	1.00	\$300.00	\$300.00	\$300.00
T002	Vacuum Truck 80 bbl	ea	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	207.00	\$0.30	\$62.10	\$37.26
CP013	Bentonite Gel	lb	300.00	\$0.30	\$90.00	\$90.00
C020	Cement Pump	ea	1.00	\$675.00	\$675.00	\$405.00

**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 limit interest to a lesser amount. In the event it is necessary to employ an agency and/or attorney to affect the collection of said account, Customer hereby agrees to pay all fees directly or indirectly incurred for such collection. In the event that Customer's account with HSI becomes delinquent, 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 the date of issue. Pricing does not include federal, state, or local taxes, or royalties and stated price adjustments. Actual charges may vary depending upon time, equipment, and material ultimately required to perform these services. Discount rate is based on 30 days net payment terms or cash.

**DISCLAIMER NOTICE:**  
This 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 future production performance. Customer warrants that well and all associated equipment in acceptable condition to receive services by H.S.I. Likewise, the customer will guarantee proper operational care 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. Authorization below acknowledges receipt and acceptance of all terms and conditions stated

X \_\_\_\_\_  
CUSTOMER AUTHORIZED AGENT

Gross: \$ 2,979.60		Net: \$ 2,000.76
Total Taxable	\$ -	Tax Rate: 7.150%
Frac and Acid service treatments designed with intent to increase production on newly drilled or existing wells are not taxable.		Sale Tax: \$ -
Date of Service:		5/18/2017
HSI Representative:		JAKE HEARD
Customer Comments:		



**TREATMENT REPORT**



**HURRICANE SERVICES INC**

Customer: COEN ENERGY	Date: 5/18/2017	Ticket No.: 50984
Field Rep: CHRIS MCGOWN		
Address:		
City, State:		
County, Zip:		

Field Order No.:		Open Hole: 830' 7 7/8	Perf Depths (ft)	Perfs
Well Name: BRADLEY 36 WSW #3		Casing Depth: 829'		
Location: XENIA, KS		Casing Size: 5.5 15.5 #		
Formation:		Tubing Depth:		
Type of Service: LONGSTRING		Tubing Size:		
Well Type: WATER SUPPLY		Liner Depth:		
Age of Well: NEW		Liner Size:		
Packer Type:		Liner Top:		
Packer Depth:		Liner Bottom:		
Treatment Via:		Total Depth:		
			Total Perfs	0

TIME	INJECTION RATE		PRESSURE		REMARKS	PROP (lbs)	HCL (gls)	FLUID (bbls)
	FLUID	N2/CO2	STP	ANNULUS				
					ON LOCATION SAFETY MEETING			
					SPOT IN AND RIG UP			
					HOOK UP TO CASING			
					BREAK CIRCULATION			
					MIX AND PUMP GEL			
					PUMP FRESHWATER			
					PUMP DYED WATER			
					MIX AND PUMP CEMENT			
					STOP			
					WASH PUMP AND LINES			
					STOP WITH 30 FT CEMENT LEFT IN PIPE			
					SHUT IN WELL			
					WASH UP TRUCK			
					ORIG DOWN OFF LOCATION			
					THANKS FOR YOUR BUSINESS			
					JAKE KEVIN JP AND JOE PLEASE CALL AGAIN			
TOTAL:						-	-	-

**SUMMARY**

Max Fl. Rate	Avg Fl. Rate	Max PSI	Avg PSI
-	#DIV/0!	-	#DIV/0!

**PRODUCTS USED**

Treater: \_\_\_\_\_

Customer: \_\_\_\_\_

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

October 06, 2017

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

Re: ACO-1  
API 15-011-24559-00-00  
BRADLEY 36 WSW-3  
SW/4 Sec.36-23S-21E  
Bourbon 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 5/16/2017 and the ACO-1 was received on October 06, 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