

Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1369559
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: _____

1369559



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 CORPORATION	Customer Name:		Ticket No.:	50976	
Address:	11217 W 140TH PLACE	Contractor:		Date:	5/10/2017	
City, State, Zip:	OVERLAND PARK, KS 66221	Job type	PTA	Well Type:	OIL	
Service District:	MADISON, KANSAS	Well Details:	Sec:	Twp:	R:	
Well name & No.	MECKE #8	Well Location:	BLUE MOUND	County:	LINN	
				State:	KANSAS	
Equipment #	Driver	TRUCK CALLED			AM PM	TIME
201	KEVIN	ARRIVED AT JOB			AM PM	11:15
203	BILLY	START OPERATION			AM PM	
104 ✓	TOMMY	FINISH OPERATION			AM PM	12:15
30	JAKE	RELEASED			AM PM	
		MILES FROM STATION TO WELL				30

Treatment Summary

Product/Service Code	Description	Unit of Measure	Quantity	List Price/Unit	Gross Amount	Net Amount
C003	Ton Mileage - One way	mi	304.00	\$1.30	\$395.20	\$237.12
C020	Cement Pump	HEA	1.00	\$675.00	\$675.00	\$405.00
T002	Vacuum Truck 80 bbl	of HE	1.00	\$84.00	\$84.00	\$50.40
CP009	60/40 Pozmix Cement	sack	58.00	\$12.85	\$745.30	\$447.18
CP013	Bentonite Gel	lb	100.00	\$0.30	\$30.00	\$30.00
CP024	Pheno Seal	lb	20.00	\$1.70	\$34.00	\$34.00

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 5/8% 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

Gross: \$ 1,963.50		Net: \$ 1,203.70
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: \$ -
Total: \$ 1,203.70		
Date of Service:	5/10/2017	
HSI Representative:	JAKE HEARD	
Customer Comments:		

X _____
CUSTOMER AUTHORIZED AGENT



HURRICANE SERVICES INC

Customer:	COEN ENERGY CORPORATION	Date:	5/10/2017	Ticket No.:	50975
Field Rep:					
Address:					
City, State:					
County, Zip:					

Field Order No.:	
Well Name:	MECKE #8
Location:	BLUE MOUND, KS
Formation:	
Type of Service:	PTA
Well Type:	OIL
Age of Well:	NEW
Packer Type:	
Packer Depth:	
Treatment Via:	TUBING

Open Hole:	600' 5 7/8"
Casing Depth:	
Casing Size:	
Tubing Depth:	600,300,200
Tubing Size:	1"
Liner Depth:	
Liner Size:	
Liner Top:	
Liner Bottom:	
Total Depth:	

Perf Depths (ft)	Perfs
Total Perfs	0

TIME	INJECTION RATE		PRESSURE		REMARKS	PROP (lbs)	HCL (gls)	FLUID (bbls)
	FLUID	N2/CO2	STP	ANNULUS				
11:15AM					ON LOCATION SAFETY MEETING			
					SPOT IN AND RIG UP			
					HOOK UP TO TUBING			
	1.0		500.0		BREAK CIRCULATION			2.00
	1.0		500.0		MIX AND PUMP 10 SX CEMENT			2.22
	1.0		500.0		DISPLACE			0.50
	1.0		500.0		BREAK CIRCULATION			1.00
	1.0		500.0		MIX AND PUMP 10 SX CEMENT			2.22
	1.0		500.0		DISPLACE			0.25
	1.0		200.0		BREAK CIRCULATION			0.25
	1.0		200.0		MIX AND PUMP 38 SX CEMENT			8.45
12:15 PM					WASH UP TUBING AND RIG DOWN OFF LOACTION			
					THANKS FOR YOUR BUSINESS			
					JAKE KEVIN BILLY TOMMY PLEASE CALL AGAIN			
					TOTAL:	-	-	16.89

SUMMARY

Max Fl. Rate	Avg Fl. Rate	Max PSI	Avg PSI
1.0	1.0	500.0	425.0

PRODUCTS USED

58 SACKS 60:40:2% GEL + .35 LB SX PHENOSEAL

Treater: JAKE HEARD

Customer: _____



Coen Energy Corporation
Overland Park, KS

Mecke #8-2016

Linn County, KS
17-23S-22E
API: 107-25186

Spud Date:	5/8/2017	Surface Bit:	11.0"
Surface Casing:	7.0"	Drill Bit:	5.875"
Surface Length:	22.4'	Longstring:	Dry - P&A
Surface Cement:	4 sx	Seat Nipple:	
Longstring:		Longstring Date:	5/10/2017

Driller's Log

Top	Bottom	Formation	Comments
0	1	Soil	
1	5	Lime	
5	9	Shale	
9	27	Lime	
27	30	Shale	
30	37	Lime	
37	45	Shale	
45	53	Lime	
53	171	Shale	
171	181	Lime	
181	211	Shale	
211	221	Shale	Limey
221	239	Lime	
239	252	Shale	
252	258	Sandy Shale	
258	302	Shale	
302	304	Coal	
304	307	Shale	
307	336	Lime	
336	376	Shale	
376	396	Lime	Slight oil odor
396	403	Bl. Shale	
403	409	Lime	

409	488	Shale	
488	489	Coal	
489	509	Shale	
509	511	Lime	
511	580	Shale	
580	604	Sandy Shale	White, muddy
604	609	Sand	Black, porous, very soft, faint odor,
609	662	Shale	no oil show
662		TD	

	Coring	
Run	Footage	Rec.
1		
2		

5/10/17 - Bob's Well Service ran 1" to TD, HSI plug through 1" with plug on bottom and fill well from 250' to surface.

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 15-107-25186-00-00
MECKE 8-2016
SE/4 Sec.17-23S-22E
Linn 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 5/8/2017 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