

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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REMIT TO
 QES Pressure Pumping LLC
 Dept:970
 P.O.Box 4346
 Houston,TX 77210-4346

MAIN OFFICE
 P.O.Box884
 Chanute,KS 66720
 620/431-9210,1-800/467-8676
 Fax 620/431-0012

Invoice

Invoice# 811687

Invoice Date: 11/09/17

Terms: Net 30

Page 1

HARTMAN OIL CO, INC

10500 E. Berkley Square Parkway, Ste. 100
 Wichita KS 67206
 USA
 316-636-2090

j7 land #11-1

Part No	Description	Quantity	Unit Price	Discount(%)	Total
CE0471	Cement Pump Charge 301' - 500' (Coalbed/Methane)	1.000	1,150.0000	30.000	805.00
CE0002	Equipment Mileage Charge - Heavy Equipment	40.000	7.1500	30.000	200.20
CE0710	Cement Delivery Charge	432.400	1.7500	30.000	529.69
CC5871	Surface Blend II, 2% Gel/3% CaCl	230.000	24.0000	30.000	3,864.00

Subtotal 7,712.70

Discounted Amount 2,313.81

SubTotal After Discount 5,398.89

Amount Due 8,071.50 If paid after 12/09/17

Tax: 251.16

Total: 5,650.05



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

94de
9294

TICKET NUMBER 54914
LOCATION Oakley Ks
FOREMAN Jerry Y

FIELD TICKET & TREATMENT REPORT
CEMENT

Invoice #811687
Ks

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
11-1-17	3613	J7 Land # 11-1	11	21s	36w	Kearney
CUSTOMER			TRUCK #	DRIVER	TRUCK #	DRIVER
MAILING ADDRESS			731	Con D		
CITY			566	56th O		
STATE						
ZIP CODE						

Job Type Surface HOLE SIZE 12 1/4 HOLE DEPTH 342 CASING SIZE & WEIGHT 8 5/8 23.7
 CASING DEPTH 341 DRILL PIPE _____ TUBING _____ OTHER _____
 SLURRY WEIGHT 15.2 SLURRY VOL 1.24 WATER gal/sk _____ CEMENT LEFT In CASING 20'
 DISPLACEMENT 20 bbl DISPLACEMENT PSI _____ MIX PSI _____ RATE _____

REMARKS: Safety meeting on rig upon W/L/R circulate casing mix 230 sks
con 3% CC 2% gel wash up & displace with 20 bbl & then circulate
approx 5 bbl to pit

Cement did
circulate

Thank you
Jerry & crew

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
CE0471	1	PUMP CHARGE	1150.00	1150.00
CE0002	40	MILEAGE	7.15	286.00
CE0710	10.81	ton mileage delivery	1.75	756.70
4550 CC5871	230 sks	Surface blend II	24.00	5520.00
			Subtotal	7712.70
			-30%	2313.81
			Subtotal	5398.89
			SALES TAX	251.16
			ESTIMATED TOTAL	5650.05

SCANNED

Revin 3737 AUTHORIZATION [Signature] TITLE [Signature] 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.

Chris Peters

PETROLEUM GEOLOGIST
 Wichita, Kansas

GEOLOGISTS' REPORT

DRILLING TIME AND SAMPLE LOG

OPERATOR **Hartman Oil Co.**

LEASE **J7 Land #11-1**

LOCATION **2427' FN1 & 1717' FEL**

SEC. **1** TWP. **21S** R. **36W**

COUNTY **Wichita** STATE **Kansas**

FIELD **Kuhman**

API **15-093-21961**

CONTRACTOR **W.W. MUD** RIG NO. **11/1/2017** RIG # **COMPLETED 11/8/2017**

MUD UP **3400** MUD TYPE **Chemical**

DRILLING TIME KEPT FROM **3800** TO **RTD**

SAMPLES SAVED FROM **3900** TO **RTD**

SAMPLES EXAMINED FROM **3900** TO **RTD**

GEOLOGICAL SUPERVISION FROM **4200** TO **RTD**

ELEVATIONS
 KB **3221**

GL **3213**

MEASUREMENTS FROM K.F.I.

CASING RECORD

Conductor

Surface **8.51/8" @ 342'**

Production

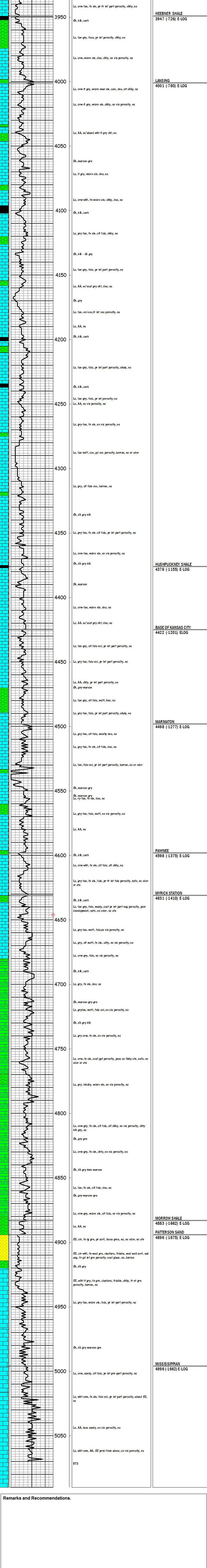
ELECTRICAL SURVEYS:
 Halliburton
 Neutron/Density
 Resistivity

Micro log

FORMATION NAME	TOP DATUM	LOG TOP	SAMPLE DATUM
Anthracite Base	2260 (-961)	2252 (-969)	
Heebner	3956 (-735)	3949 (-728)	
Lansing	4001 (-780)	4008 (-1113)	
Stark Shale	4320 (-1099)	4319 (-1098)	
BKC	4422 (-1201)	4430 (-1202)	
Almorton	4500 (-1279)	4498 (-1277)	
Upf Pownee	4599 (-1378)	4598 (-1377)	
Fort Scott	absent	n/a	
Mississippian	4996 (-1775)	4991 (-1770)	
	5070 (-1849)	5070 (-1849)	

DATE	7:00 AM DEPTH	REMARKS
Date 1		

LITH.	0	DRILL TIME (MIN/FT)	10	DEPTH	30 in	SAMPLE DESCRIPTIONS	REMARKS
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Remarks and Recommendations.