

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) (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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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

Fleming #11

API #15-059-27,184

May 11 - May 14, 2018

<u>Thickness of Strata</u>	<u>Formation</u>	<u>Total</u>
6	soil & clay	6
11	limestone	17
5	shale	22
11	lime	33
4	shale	37
22	lime	59
27	shale	86
18	lime	104
19	sandstone	123
69	shale	192
22	lime	214
6	shale	220
2	lime	222
16	shale	238
7	lime	245
24	shale	269
4	oil sand	273 light bleeding
2	shale	275
8	lime	283
22	shale	305
26	lime	331
8	shale	339
21	lime	360
3	shale	363
12	lime	375 base of the Kansas City
145	shale	520
3	lime	523
3	shale	526
2	lime	528
42	shale	570
1	coal	571
5	shale	576
5	lime	581
17	shale	598
2	lime	600
10	shale	610 dark, slight oi show & odor
10	shale	620 grey
3	lime	623
4	shale	627 dark

4	brown lime	631 oil show, bleeding
3	lime	634 no show
6	shale	640
2.5	silty shale	642.5
0.5	sand	643 drilled, light brown
9	sand & broken sand	652 80% brown sand & 20% silty shale
5	broken sand	657 20% light brown sand & 80% silty shale
3	broken sand	660 10% light brown sand, 90% silty shale
31	shale	691 TD

Drilled a 9 7/8" hole to 22.5'

Drilled a 5 5/8" hole to 691'

Set 22.5' of new 7" threaded and coupled surface casing with 5 sacks of cement.

Set 681' of 2 7/8" 8 round upset tubing including 3 centralizers, 1 float shoe, 1 clamp.

28-32
646-697

Upper Squirrel Core Times

	<u>Minutes</u>	<u>Seconds</u>
644		37
645		39
646		30
647		27
648		29
649		29
650		32
651		35
652		36
653		30
654		31
655		33
656		30
657		37
658		38
659		43
660		37
661		40
662		43
643		40



PRESSURE PUMPING LLC
PO Box 884, Chanute, KS 66720
820-431-8210 or 800-457-8876

SM - 10719
PO - 16678
FT-10021

TICKET NUMBER 54027

LOCATION Ottawa

FOREMAN Alan Maden

FIELD TICKET & TREATMENT REPORT
CEMENT

Invoice #813215

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
5-14-18	3602	Flemming 11	SE 20	16	21	FK.
CUSTOMER <u>Hoehn Oil</u>			TRUCK # DRIVER TRUCK # DRIVER			
MAILING ADDRESS <u>40971 W 247th</u>			<u>729 / Cas Ken Safety Meat</u>			
CITY STATE ZIP CODE <u>Wellsville KS 66092</u>			<u>368 / Lan Wes</u>			
			<u>548 / Geo Tay</u>			
			<u>730 / Ala Mad</u>			

JOB TYPE long string HOLE SIZE 5 7/8 HOLE DEPTH 691 CASING SIZE & WEIGHT 2 7/8
 CASING DEPTH 681 DRILL PIPE _____ TUBING _____ OTHER _____
 SLURRY WEIGHT _____ SLURRY VOL _____ WATER gal/sh _____ CEMENT LEFT IN CASING yes
 DISPLACEMENT 3.96 DISPLACEMENT PSI 800 MIX PSI 200 RATE 3 bpm

REMARKS: Held meeting. Established rate. Mixed & pumped 100# gel followed by 92 gk Poz Blend FA plus 2nd gel. Circulated cement. Flushed pump. Pumped plus to casing TD. Well held 800 PSI. Set float.

Big water, Evans Energy

Alan Maden

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
CE0430	1	PUMP CHARGE	368	1500.00
CE0002	15	MILEAGE	368	10725.00
CE0711	min	ten miles	548	6600.00
		sub		2267.25
		less 10% -		906.92
				1360.95
CL5840	92	Poz Blend FA		1242.00
CL5965	255	gel		7620.00
CP 8 ml	1	2 1/2 plug		45.00
		sub		1363.00
		less 10% -		545.70
				818.30
			6%	SALES TAX
				ESTIMATED
				TOTAL

Rev 11 3737

AUTHORIZATION _____

TITLE _____

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.

65.45
2243.90
3739.83