

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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PRESSURE PUMPING LLC

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

12133
12010

TICKET NUMBER 55936
LOCATION Oakley, KS
FOREMAN Miles Staw

FIELD TICKET & TREATMENT REPORT
CEMENT

Invoice #814688

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
12-5-18	3613	Lillie 5	32	16 S	25 W	Wess
CUSTOMER			TRUCK #	DRIVER	TRUCK #	DRIVER
Hartman Oil			753	Corey W		
MAILING ADDRESS			5301T-129	Kevin Browning		
10500 E. Burkley Square Pkwy, Ste. 100			70	Kevin Browning		
CITY	STATE	ZIP CODE				
Wichita	KS	67206				

JOB TYPE 2 Stage HOLE SIZE 7 7/8" HOLE DEPTH 4622' CASING SIZE & WEIGHT 5.5" 15.5 lb
 CASING DEPTH 4621 DRILL PIPE _____ TUBING _____ OTHER DJ @ 1950'
 SLURRY WEIGHT 14.2/16.4 SLURRY VOL 1.4/1.9 WATER gal/sk _____ CEMENT LEFT in CASING _____
 DISPLACEMENT 109' DISPLACEMENT PSI/SEC _____ MIX PSI _____ RATE _____

REMARKS: Safety meetings and Rig up on Hdr drilling #4 Run in casing 112 Sats Centralizer on Sats 1, 3, 5, 8, 63, 66. Detect tool sat 65 basket on bottom of sat 65. Circulate casing thr Pump Mud flush and water slurr mix 100% Thix blend III w/ 5" 600 seal Shut down clear Pump & lines Release plug displace 60 bl water and 49 bl mud with 850 psi lift Plus dis land & hold @ 1500 psi. Prompt opening dart open tool with 600 psi circulate casing thr. Pump water Spurge mix 400sv Lite-Weight blend III w/ 1" Dusan down casing Shut down clear Pump & lines Release plug displace 46.5 bl water with 850 psi lift Plus land & hold @ 1500 psi. Cement did Circulate

305x RH 205x MH Thank U Miles Staw

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
CE0453	1	PUMP CHARGE	2800.00	2800.00
CE0007	30	MILEAGE	7.15	214.50
CE0710	24.05 Tons	Ton Mileage delivery	1.75	420.88
CE5831	450 SX	Lite-Weight Blend III	17.50	7875.00
CE5862	100 SX	Thix blend III	26.00	2600.00
CE6075	113 #	Collo Flare / 1000 seal	3.00	339.00
CE6077	500 #	Kol seal	.50	250.00
CE6125	500 gal	Mud Flush	.65	325.00
CP8254	1	5/8" Latchdown Plug assembly	400.00	400.00
CP8485	1	5/8" Float Shoe AFU	585.00	585.00
CP8554	7	5/8" Centralizer	81	567.00
CP8629	1	5/8" Basket	385.00	385.00
CP8801	1	5/8" DU tool	5970.00	5970.00
			Subtotal	23573.12
			less 2580 discount	5893.28
			Subtotal	17679.84
			SALES TAX	940.108
			ESTIMATED TOTAL	18620.53

AUTHORIZATION [Signature] TITLE _____ DATE 12-5-18

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.



**Company: Hartman Oil
Company, Inc.
Lease: Lillie #5**

SEC: 32 TWN: 16S RNG: 25W
County: NESS
State: Kansas
Drilling Contractor: H2 Drilling, LLC -
Rig 4
Elevation: 2583 EGL
Field Name: Arnold SW
Pool: Infield
Job Number: 289

Operation:
Uploading recovery &
pressures

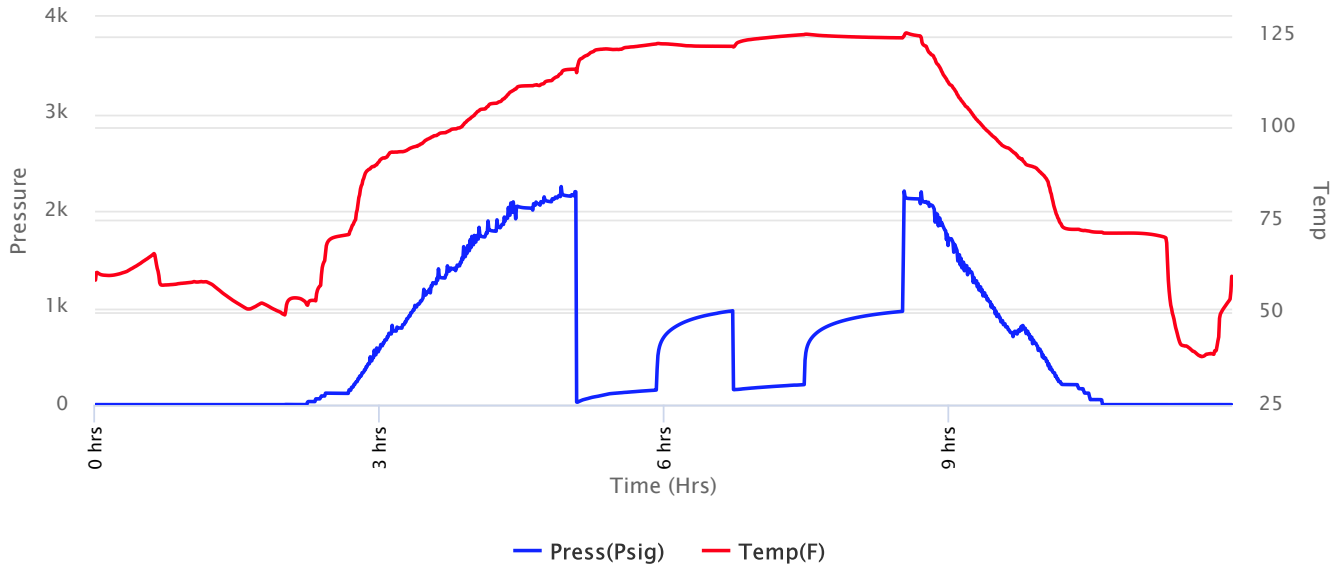
DATE
December
04
2018

DST #1 **Formation:** **Test Interval: 4492 -** **Total Depth: 4527'**
Mississippian **4527'**
Time On: 00:16 12/04 Time Off: 11:55 12/04
Time On Bottom: 05:11 12/04 Time Off Bottom: 08:31 12/04

Electronic Volume
Estimate:
550'

<u>1st Open</u>	<u>1st Close</u>	<u>2nd Open</u>	<u>2nd Close</u>
Minutes: 50	Minutes: 45	Minutes: 40	Minutes: 60
Current Reading: 19.2" at 50 min	Current Reading: .7" at 45 min	Current Reading: 13.5" at 40 min	Current Reading: 1.0" at 60 min
Max Reading: 19.2"	Max Reading: .7"	Max Reading: 13.5"	Max Reading: 1.0"

Inside Recorder



— Press(Psig) — Temp(F)



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DST #1 **Formation: Mississippian** **Test Interval: 4492 - 4527'** **Total Depth: 4527'**
Time On: 00:16 12/04 Time Off: 11:55 12/04
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Recovered

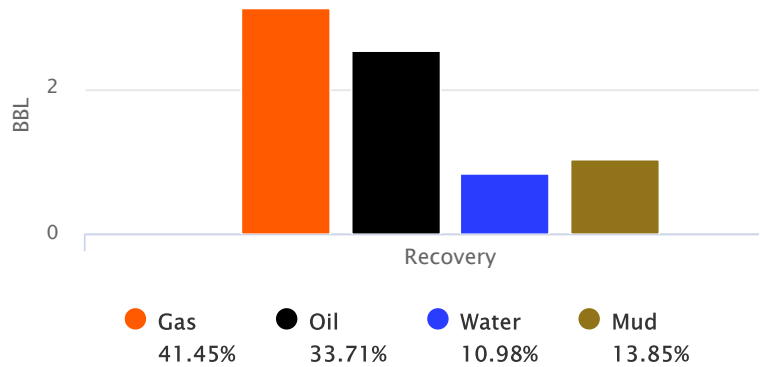
Foot	BBLs	Description of Fluid	Gas %	Oil %	Water %	Mud %
205	2.91715	G	100	0	0	0
125	1.77875	SLGCO	4	96	0	0
175	1.9234572	SLGCSLWCHOCM	5	40	12	43
180	0.8856	SLGCSLOCMCW	3	6	67	24

Total Recovered: 685 ft
Total Barrels Recovered: 7.5049572

Reversed Out
NO

Initial Hydrostatic Pressure	2154	PSI
Initial Flow	27 to 151	PSI
Initial Closed in Pressure	969	PSI
Final Flow Pressure	156 to 207	PSI
Final Closed in Pressure	963	PSI
Final Hydrostatic Pressure	2148	PSI
Temperature	126	°F
Pressure Change Initial Close / Final Close	0.6	%

Recovery at a glance





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BUCKET MEASUREMENT:

1st Open: 14" blow building to BOB 26 min.
1st Close: 1/4" BB
2nd Open: Surface blow building to BOB 37 1/2 min.
2nd Close: 1/2" BB

REMARKS:

Tool Sample: 1% Gas 42% Oil 49% Water 8% Mud
Gravity: 38.1 @ 60 °F
Ph: 7.0
Measured RW: .68 @ 59 degrees °F
RW at Formation Temp: 0.337 @ 126 °F
Chlorides: 11,000 ppm



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Down Hole Makeup

Heads Up: 31.91 FT	Packer 1: 4486.5 FT
Drill Pipe: 4249.96 FT <i>ID-3 1/2</i>	Packer 2: 4492 FT
Weight Pipe: 0 FT <i>ID-2 7/8</i>	Top Recorder: 4475.92 FT
Collars: 240.88 FT <i>ID-2 1/4</i>	Bottom Recorder: 4494 FT
Test Tool: 34.07 FT <i>ID-3 1/2-FH</i> <i>Jars</i> <i>Safety Joint</i>	Well Bore Size: 7 7/8
Total Anchor: 35	Surface Choke: 1"
Anchor Makeup	Bottom Choke: 5/8"
Packer Sub: 1 FT	
Perforations: (top): 0 FT <i>4 1/2-FH</i>	
Change Over: 0 FT	
Drill Pipe: (in anchor): 0 FT <i>ID-3 1/2</i>	
Change Over: 0 FT	
Perforations: (below): 34 FT <i>4 1/2-FH</i>	



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Mississippian **4527'**
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Mud Properties

Mud Type: Chemical **Weight:** 8.9 **Viscosity:** 49 **Filtrate:** 6.0 **Chlorides:** 1,100 ppm



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2018

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Time On: 00:16 12/04 Time Off: 11:55 12/04
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Gas Volume Report

1st Open

2nd Open

Time	Orifice	PSI	MCF/D
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Time	Orifice	PSI	MCF/D
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PRESSURE PUMPING LLC
PO Box 884, Chanute, KS 66720
620-431-9210 or 800-467-8676

12105
11992

NO. 0731 1.2
TICKET NUMBER 55963

LOCATION Oakley, KS
FOREMAN Walt Dunkel

FIELD TICKET & TREATMENT REPORT
CEMENT

Invoice #814664

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY	
11-29-18	3613	Lillie #5	32	16 ^s	25 ^w	Ness	
CUSTOMER		Office East to Pol H		TRUCK #	DRIVER	TRUCK #	DRIVER
MAILING ADDRESS		11/45		753	Cory Davis		
CITY		1/4w		70	Neil Whitel		
STATE		1/4w		697	Walt Dunkel		
ZIP CODE							

JOB TYPE Surface HOLE SIZE 12 1/4 HOLE DEPTH 270' CASING SIZE & WEIGHT 8 5/8 - 23#
 CASING DEPTH 280' DRILL PIPE _____ TUBING _____ OTHER _____
 SLURRY WEIGHT 15.2 SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT in CASING 15-20'
 DISPLACEMENT 15 3/4 DISPLACEMENT PSI _____ MIX PSI _____ RATE 4 BPM

REMARKS: Safety meeting, rig up on H₂ #4, Circ casing on battery mix 180 SKS Cement, Displace 15 3/4 BBL H₂O, shut in.
Cement Did Cure

Thank You
Walt & crew

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
Ce0471		PUMP CHARGE	1,150.00	1,150.00
Ce0002	40	MILEAGE	7.5	286.00
Ce0711	8.46	Ten Mileage Delivery	125	660.00
CC5871	180 SKS	Surface Blend II	24.00	4,320.00
CC5326	100#	Salt	.25	25.00
				6,416.00
			Disc. 25%	1,604.00
				4,812.00
			SALES TAX	210.60
			ESTIMATED TOTAL	5022.60

SCANNED

AUTHORIZATION [Signature] TITLE _____ DATE _____



Conservation Division
266 N. Main St., Ste. 220
Wichita, KS 67202-1513

Phone: 316-337-6200
Fax: 346-337-6211
<http://kcc.ks.gov/>

Dwight D. Keen, Chair
Shari Feist Albrecht, Commissioner
Jay Scott Emler, Commissioner

Laura Kelly, Governor

April 15, 2019

Catherine Stucky
Hartman Oil Co., Inc.
10500 E BERKELEY SQ PKWY STE 100
WICHITA, KS 67206-6816

Re: ACO-1
API 15-135-26026-00-00
LILLIE 5
NE/4 Sec.32-16S-25W
Ness County, Kansas

Dear Catherine Stucky:

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 11/28/2018 and the ACO-1 was received on April 12, 2019 (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