

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 Recompletion Date _____ 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				

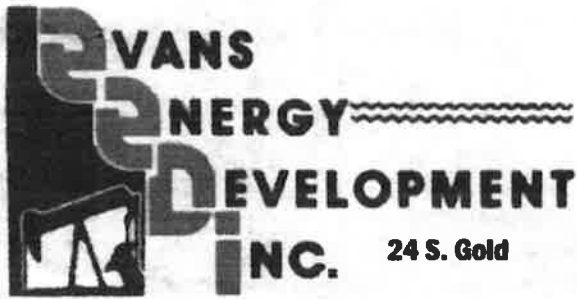
1. Did you perform a hydraulic fracturing treatment on this well? Yes No *(If No, skip questions 2 and 3)*
2. Does the volume of the total base fluid of the hydraulic fracturing treatment exceed 350,000 gallons? Yes No *(If No, skip question 3)*
3. Was the hydraulic fracturing treatment information submitted 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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24 S. Gold

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

Anderson #33

API # 15-059-27,196

November 2 - November 6, 2018

<u>Thickness of Strata</u>	<u>Formation</u>	<u>Total</u>
2	soil & clay	2
8	lime	10 broken limestone
8	shale	18
18	lime	36
14	shale	50
3	lime	53
11	shale	64
19	lime	83
90	shale	173
21	lime	194
6	shale	200
5	lime	205
16	shale	221 red bed
9	lime	230
26	shale	256
9	lime	265
1	shale	266
2	lime	268
19	shale	287
27	lime	314
5	shale	319
4	lime	323
3	shale	326
25	lime	351
2	shale	353
7	lime	360
3	shale	363
4	lime	367 Base of the Kansas City
20	shale	387
6	sand	393 grey, hard, light gas odor
77	shale	470
7	sand	477 grey, hard, no bleeding, no odor
38	shale	515
8	lime	523
5	shale	528
4	lime	532
32	shale	564
10	lime	574
11	shale	585

3	lime	588 brown, no oil
10	shale	598 black
7	lime	605 laminated with shale streaks
6	shale	611
3	lime	614
2	shale	616 black
3	lime	619 soft porous lime brown ok bleeding
2	lime	621 hard, light brown lime
2	shale	623
1	lime	624
3	silty shale	627
0.5	oil sand	627.5 black & dark brown sand heavy oil, ok bleeding
1	broken sand	628.5 90% brown sand 10% laminated shale good bleeding, gassy
1.5	oil sand	630 brown sand, light bleeding
3	broken sand	633 40% brown sand 60% laminated shale ok bleeding
1	broken sand	634 brown sand, laminated with shale lime streaks
4	broken sand	638 40% brown sand 60% shale lamination
1	silty shale	639
31	shale	670
1	lime & shells	671
7	shale	678
1	lime & shells	679
1	silty shale	680
1	broken sand	681 70% brown sand 30% shale, light bleeding
1	silty shale	682
2	broken sand	684 50% brown sand 50% shale, light bleeding
5	silty shale	689 TD

Drilled a 9 7/8" hole to 21.1'

Drilled a 5 5/8" hole to 669'

Set 21.1' of 7" surface casing cemented with 6 sacks of cement.

Set 667' of used 2 7/8" 8 round upset tubing including 3 centralizers, 1 float shoe, 1 clamp

Core Times	
<u>Minutes</u>	<u>Seconds</u>
627	49
628	43
629	42
630	30
631	39
632	5
633	42
634	40
635	45
636	46
637	54
638	50
639	54
640	49
641	43
642	44
643	49
644	41
645	31
646	42



PRESSURE PUMPING LLC
PO Box 884, Chanute, KS 66720
620-431-8210 or 800-467-8676

11981

11864

TICKET NUMBER 55523

LOCATION Atchawaks

FOREMAN Casa, Kennedy

FIELD TICKET & TREATMENT REPORT
CEMENT

Invoice #819524

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
11/6/18	3602	Anderson - 33	S631	16	21	FR
CUSTOMER: <u>Hoehn Oil LLC</u>			TRUCK #			
MAILING ADDRESS: <u>40971 West 247th</u>			DRIVER			
CITY: <u>Wellsville</u> STATE: <u>KS</u> ZIP CODE: <u>66609</u>			TRUCK #			
			DRIVER			

JOB TYPE log string HOLE SIZE 5 1/8" HOLE DEPTH 689' CASING SIZE & WEIGHT 2 1/2" EUE
 CASING DEPTH 664' DRILL PIPE _____ TUBING _____ OTHER _____
 SLURRY WEIGHT _____ SLURRY VOL _____ WATER gal/ek _____ CEMENT LEFT in CASING _____
 DISPLACEMENT 3.86 bbls DISPLACEMENT PSI _____ MIX PSI _____ RATE 4 bpm

REMARKS: held safety meeting, established circulation, mixed & pumped 200 # gel followed by 5 bbls fresh water, mixed & pumped 96 lbs Portland A cement w/ 2% gel per sk, cement to surface, flushed pump clean, pumped 2 1/2" rubber plug to casing TD w/ 3.86 bbls fresh water, pressured to 800 PSI, released pressure to set float valve.

[Handwritten signature]

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
CE0450	1	PUMP CHARGE	1500.00	
CE0002	10 mi	MILEAGE	71.50	
CE0711	min	ton mileage	160.00	
WE0853	2 hrs	80 Vac	200.00	
		trucks	2431.50	
		-40%	972.60	
		Subtotal		1458.90
CC5840	96 sts	Portland A cement	1296.00	
CC5925	361 #	Gel	108.30	
CP8176	1	2 1/2" rubber plug	45.00	
		materials	1449.30	
		-40%	579.72	
		Subtotal		869.58
SCANNED				
		8%	SALES TAX	69.50
			ESTIMATED TOTAL	2398.08
				(3996.74)

Revin 3737

AUTHORIZATION [Signature]

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.