

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

10219  
10108

TICKET NUMBER 55062  
LOCATION Oakley Ks  
FOREMAN Walt Dunkel

FIELD TICKET & TREATMENT REPORT  
CEMENT

Invoice #812650

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
3-10-18	3613	Damme #37	21	22S	33W	Finney
CUSTOMER <u>Hartman Oil</u>			TRUCK #			
MAILING ADDRESS <u>10500 E. Berkley Square Parkway Ste 100</u>			DRIVER		TRUCK #	
CITY <u>Wichita</u>			DRIVER		TRUCK #	
STATE <u>Ks</u>			DRIVER		TRUCK #	
ZIP CODE <u>67206</u>			DRIVER		TRUCK #	

JOB TYPE Prod HOLE SIZE 7 7/8 HOLE DEPTH 4900 CASING SIZE & WEIGHT 5 1/2 15.5#  
 CASING DEPTH 4872' DRILL PIPE \_\_\_\_\_ TUBING \_\_\_\_\_ OTHER PC-2611'  
 SLURRY WEIGHT 14.2 SLURRY VOL \_\_\_\_\_ WATER gal/sk \_\_\_\_\_ CEMENT LEFT in CASING 42.46  
 DISPLACEMENT 115 BPC DISPLACEMENT PSI \_\_\_\_\_ MIX PSI \_\_\_\_\_ RATE 6 BPM

REMARKS: Safety Meeting, rig up on WW #12, run Float Equipment on casing  
Centralizers @ 1-2-5-8-11-14-17-20-23-26-29+55, Basket on 56, Port Collar on  
Top of 56, circ casing on Bottom 1 Hr, Pump 500 gal Mud Flush,  
Mixed 30 sks in R.H, mixed 140 sks Thixobland III, 5# Kolsol, clear Pump  
& Lines, released Plug + displaced 113 1/2 BPC H2O @ 850#, banded Plug  
@ 1400#, released pressure, Float held

Thank You  
Walt & crew

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
Co0453	1	PUMP CHARGE	2800.00	2800.00
Co0002	6.5	MILEAGE	7.15	464.75
Co0710	7.99	Tow Mileage Delivery	175	908.70
CC5862	170 sks	Thixobland III	26.00	4,420.00
CC6077	850#	Kolsol	1.50	425.00
CC6125	500 gal	Mud Flush	1.65	325.00
CP8485	1	5 1/2 - AEU Float Shoe	585.00	585.00
CP8254	1	5 1/2 - Latchdown Plug	400.00	400.00
CP8629	1	5 1/2 - Basket	385.00	385.00
CP8554	12	5 1/2 - Centralizers	81.00	972.00
CP8778	1	5 1/2 - Port Collar	2,850.00	2,850.00
				14,535.45
		Loss 30%	-	4,360.64
				10,174.81
			SALES TAX	554.88
			ESTIMATED	
			TOTAL	10,729.7

Revin 3737

AUTHORIZATION Rodney Lopez TITLE Consultant DATE 3-10-18

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.



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

FIELD TICKET & TREATMENT REPORT  
CEMENT

TICKET NUMBER 55086  
LOCATION Oakley, KS  
FOREMAN Miles Shaw

Invoice # 812739

10303  
10195

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY	
3-26-18	3613	Damire #37 0440	21	22S	33W	Finney	
CUSTOMER Hartman Oil Co MAILING ADDRESS 10500 E. Burkley Square Parkway, Ste. 100 Wichita, KS 67206			Scotchy's Sto Barlow 100 St. Inb				
CITY Wichita			STATE KS		ZIP CODE 67206		
TRUCK #		DRIVER		TRUCK #		DRIVER	
753		Keith C					
530/T-129		Tavis W					

JOB TYPE Port Collar HOLE SIZE \_\_\_\_\_ HOLE DEPTH \_\_\_\_\_ CASING SIZE & WEIGHT 5.5"  
CASING DEPTH \_\_\_\_\_ DRILL PIPE \_\_\_\_\_ TUBING 2 7/8" OTHER PC @ 2611'  
SLURRY WEIGHT 12.4 SLURRY VOL 1.9 WATER gal/sk \_\_\_\_\_ CEMENT LEFT in CASING \_\_\_\_\_  
DISPLACEMENT 14 DISPLACEMENT PSI \_\_\_\_\_ MIX PSI \_\_\_\_\_ RATE \_\_\_\_\_

REMARKS: Safety meeting and Rig up on Well test to 1000 psi after losses hole with 8 bbls water open and pumped 20 bbls water with no blow mixed 225 sylvite with blend VII 60/90 port 88 gal 1/4" flow seal with 850 # hulls Shut down waited 1 hrs mixed 50 with 100 # hulls Shut down displaced 6 bbls water could not displace down to Port collar Shut tool reversed out with 8 bbls water shutdown ran in two stands Reversed Clean with 30 bbls

Thanks Miles & Crew

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
CE0451	1	PUMP CHARGE	1900.00	1900.00
CE0002	6.5	MILEAGE	71.5	464.75
CE0710	11.96 Tons	Ton Mileage delivery	1.75	1360.45
CC5831	275 SR	Lite weight blend VII	17.50	4812.50
CC6075	69 #	Cellofloc / flo seal	3.00	207.00
CC6080	450 #	Cotton seed hulls	1.50	225.00
			Subtotal	8769.70
			less 30% discount	2690.81
			Subtotal	6278.89
			SALES TAX	280.84
			ESTIMATED TOTAL	6559.64

Revin 3737

AUTHORIZATION [Signature]

TITLE \_\_\_\_\_

DATE \_\_\_\_\_

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

**FIELD TICKET & TREATMENT REPORT**  
**CEMENT**

TICKET NUMBER 55090

LOCATION Ochls, VB

FOREMAN Miles Shaw

**Invoice #812748 1/5**

10315  
 Tozok

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
3-28-18	3613	Danville #37	21	22 S	33W	Finney
CUSTOMER Hartman Oil Co			TRUCK #			
MAILING ADDRESS 10500 E Burkley Square Pkwy, Ste 100			DRIVER			
CITY Milwaukie			TRUCK #			
STATE KS			DRIVER			
ZIP CODE 67206			TRUCK #			
			DRIVER			

JOB TYPE Port Squeeze HOLE SIZE \_\_\_\_\_ HOLE DEPTH 798' CASING SIZE & WEIGHT 8 1/2"  
 CASING DEPTH \_\_\_\_\_ DRILL PIPE \_\_\_\_\_ TUBING 2 7/8" OTHER \_\_\_\_\_  
 SLURRY WEIGHT 12.4/14.8 SLURRY VOL 1.9/1.36 WATER gal/sk \_\_\_\_\_ CEMENT LEFT in CASING 75'  
 DISPLACEMENT 5/1 DISPLACEMENT PSI 300/400 MIX PSI \_\_\_\_\_ RATE \_\_\_\_\_

REMARKS: Safety Meeting and Ris up on well Run in tubing to 798' load of casing  
kill circulated water no backside shutin mix 145 sx Lite weight blend III 60 lbs per 80  
gal 1/2" flow test in with 50 sx class A cement with 2% calcium chloride 5 bls down  
tubing with fresh water shutin Halted to backside pumped 1bl Fresh water  
shutin

Thanks Miles & crew

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
CF0450	1	PUMP CHARGE	1500. <sup>00</sup>	1500. <sup>00</sup>
CF0002	65	MILEAGE	7.15	464.75
CE0710	8145 tons	Ton Mileage delivered	1.75	903.25
<del>CE0710</del>				
CC5831	145 sx	Lite-weight blend III	17.50	2537.50
CC5830A	50 sx	Class A cement	20. <sup>00</sup>	1000. <sup>00</sup>
CC5325	141 #	Calcium chloride	1.25	176.25
CC6075	37 #	Cellulose / Fibercel	3. <sup>00</sup>	111. <sup>00</sup>
			Subtotal	6773.43
			less 300 lbs cement	2032.02
			Subtotal	4741.41
			SALES TAX	209.82
			ESTIMATED TOTAL	<del>4946.94</del>

MADE 10/10/03

Revin 3737 AUTHORIZATION [Signature] TITLE \_\_\_\_\_ DATE \_\_\_\_\_

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

10407  
10294

TICKET NUMBER 55114  
 LOCATION Oakville, KS  
 FOREMAN Miles Shaw

FIELD TICKET & TREATMENT REPORT  
 CEMENT

Invoice # 812860 KS

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
4-4-18	3613	Dammit #37	21	82 S	33 W	Finney
CUSTOMER			TRUCK #	DRIVER	TRUCK #	DRIVER
Hartman oil			753	Traus W		
Mailing Address			516	Paul W		
10500 E. Berkley Square Pkwy., Ste. 100						
CITY	STATE	ZIP CODE				
Wichita	Ks	67206				

JOB TYPE Squeeze HOLE SIZE \_\_\_\_\_ HOLE DEPTH \_\_\_\_\_ CASING SIZE & WEIGHT 5.5" 15.5#  
 CASING DEPTH \_\_\_\_\_ DRILL PIPE \_\_\_\_\_ TUBING 2 7/8" OTHER \_\_\_\_\_  
 SLURRY WEIGHT 15.3 SLURRY VOL 1.2 WATER gal/sk \_\_\_\_\_ CEMENT LEFT in CASING \_\_\_\_\_  
 DISPLACEMENT \_\_\_\_\_ DISPLACEMENT PSI \_\_\_\_\_ MIX PSI \_\_\_\_\_ RATE \_\_\_\_\_

REMARKS: Safety meeting and Rig up on well put 500 psi on back side looking action  
Rate 1bl/min @ 1000 psi mix 50 sx class A cement @ 15.3# Shut down clear pump  
lines displace 5bls stage on cement

Thanks Miles Shaw

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
CE0450	1	PUMP CHARGE	1500.00	1500.00
CE0002	6.5	MILEAGE	7.15	464.75
CE0711	4.7 Tons	Tamp. miscase delivery	140.00	660.00
CC5800A	100 SX	Class A Cement	20.00	2000.00
CC5325	100 #	Calcium Chloride	1.25	125.00
			Subtotal	4749.75
		less	308 dis	1424.92
			Subtotal	3324.83
			SALES TAX	118.24
			ESTIMATED TOTAL	3443.07

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AUTHORIZATION [Signature]

TITLE \_\_\_\_\_ DATE \_\_\_\_\_

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