

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 834, Chanute, KS 66720
620-431-9210 or 800-467-8676

11401
11290

TICKET NUMBER 55253
LOCATION Oakley, Ks
FOREMAN Walt Dunkel

FIELD TICKET & TREATMENT REPORT
CEMENT

Invoice # 83927

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
8-17-18	3413	Hadley #1	3	115	21 W	Trego
CUSTOMER Hartman Oil			TRUCK # DRIVER TRUCK # DRIVER			
MAILING ADDRESS 10500 E. Berkley Square Plwy Ste. 100			731	Cory Davis		
CITY STATE ZIP CODE Wichita KS 67206			693	Steve Chuesmith		
			697	Walt Dunkel, Eric Williams		

JOB TYPE Surface HOLE SIZE 12 1/4 HOLE DEPTH 270' CASING SIZE & WEIGHT 8 5/8 - 23#
 CASING DEPTH 270' DRILL PIPE _____ TUBING _____ OTHER _____
 SLURRY WEIGHT 15.2 SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT in CASING 15-20'
 DISPLACEMENT 16 DISPLACEMENT PSI _____ MIX PSI _____ RATE 4 BPM

REMARKS: Safety meeting, rig up on H₂ #4, Circ. casing on bottom,
Mix 175 SKS conc, 3% cc - 2% gel, Displace 16 BBL H₂O. Shut in
Cement did cure

Thank You
Walt + crew

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
CC0471	1	PUMP CHARGE	1,150.00	1,150.00
CC0002	30	MILEAGE	7.15	214.50
CC0711	8.23	Ten Mileage Delivery	1.75	660.00
CC5871	175 SKS	Surface Blend II	24.00	4,200.00
				6,224.50
		Loss 30% Disc		1,867.35
				4,357.15
			SALES TAX	235.20
			ESTIMATED TOTAL	4592.35

AUTHORIZATION [Signature] TITLE _____ DATE _____
 Ravin 3737

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

KITT NOAH

PETROLEUM GEOLOGIST
Kansas License #229



GEOLOGIST'S REPORT

DRILLING TIME AND SAMPLE LOG

ELEVATION: KB 2091
G.L. 2080
MEASURED FROM: KB

#15-195-23.067

OPERATOR: Hartman Oil Co., Inc.
LEASE: Hadley WELL NO.: #1
LOCATION: N/2 NE SE
SEC.: 3 TWP.: 11S RNG.: 21W
COUNTY: Trego STATE: Kansas

CASING RECORD:
SURFACE: 8 5/8" set at 270' w/200 sx.
PRODUCTION: None
DV/TOOL: _____

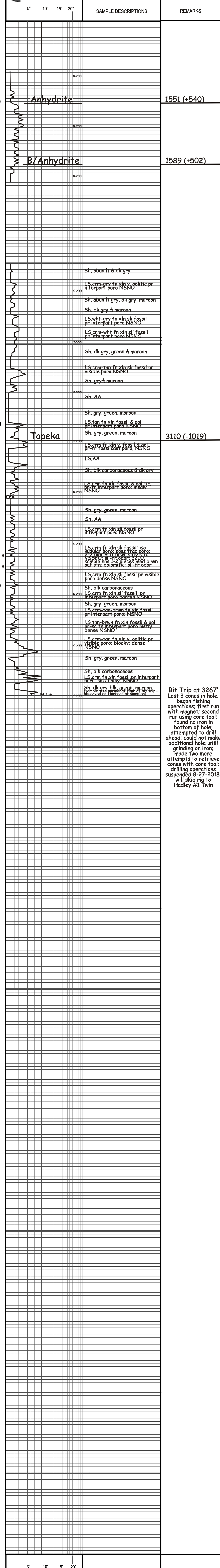
FORMATION LOG
Anhydrite 1551 (+540)
B/Anhydrite 1589 (+502)
Topeka 3110 (-1019)
RTD 3267 (-1176)
*1st Hole at 3267

CONTRACTOR: H2 Drilling, Big #4
COMM.: 8-19-2018 COMPI.: 8-27-2018
RTD: 3267 LTD: None
SAMPLES SAVED FROM: 3000 to TD
DRILLING TIME SAVED FROM: 3000 to TD
SAMPLES EXAMINED FROM: 3000 to TD
GEO. LOGICAL SUPERVISION FROM: 3031 to TD
MUD UP: 3031 MUD TYPE: chemical
Mudco: Gary Schmitzberger
DRILL STEM TESTS TAKEN: None

SURVEYS: None

LEGEND

- Limestone
- Ool Lime
- Dolomite
- Sandstone
- Shale
- Carb Shale
- Chert
- Anhydrite



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LEASE: Hadley WELL NO.: #1 SEC.: 3 TWP.: 11S RNG.: 21W
API: 15-195-23.067 FIELD: Trico COUNTY: Trego STATE: Kansas