



KANSAS CORPORATION COMMISSION 1065873  
OIL & GAS CONSERVATION DIVISION

Form ACO-1  
June 2009

Form Must Be Typed  
Form must be Signed  
All blanks must be Filled

WELL COMPLETION FORM  
WELL HISTORY - DESCRIPTION OF WELL & LEASE

OPERATOR: License # 8501  
Name: Hardin, James L. dba Hardin Oil Co.  
Address 1: 124 OAK LN  
Address 2: \_\_\_\_\_  
City: CANEY State: KS Zip: 67333 + \_\_\_\_\_  
Contact Person: James Hardin  
Phone: ( 620 ) 879-5634  
CONTRACTOR: License # 5831  
Name: M.O.K.A.T.  
Wellsite Geologist: Jim Hardin  
Purchaser: CEP

Designate Type of Completion:

- New Well     Re-Entry     Workover
- Oil     WSW     SWD     SIOW  
 Gas     D&A     ENHR     SIGW  
 OG     GSW     Temp. Abd.  
 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 ENHR     Conv. to SWD  
 Conv. to GSW
- Plug Back: \_\_\_\_\_ Plug Back Total Depth \_\_\_\_\_  
 Commingled    Permit #: \_\_\_\_\_  
 Dual Completion    Permit #: \_\_\_\_\_  
 SWD    Permit #: \_\_\_\_\_  
 ENHR    Permit #: \_\_\_\_\_  
 GSW    Permit #: \_\_\_\_\_

<u>01/06/2011</u>	<u>01/08/2011</u>	<u>01/15/2011</u>
Spud Date or Recompletion Date	Date Reached TD	Completion Date or Recompletion Date

API No. 15 - 15-125-32029-00-00

Spot Description: \_\_\_\_\_

SW NE SW SE Sec. 36 Twp. 33 S. R. 14  East  West  
922 Feet from  North /  South Line of Section  
1898 Feet from  East /  West Line of Section

Footages Calculated from Nearest Outside Section Corner:

- NE     NW     SE     SW

County: Montgomery

Lease Name: KURTIS Well #: 3

Field Name: Wayside-Havana

Producing Formation: Mississippian

Elevation: Ground: 899 Kelly Bushing: 3

Total Depth: 1565 Plug Back Total Depth: \_\_\_\_\_

Amount of Surface Pipe Set and Cemented at: 22 Feet

Multiple Stage Cementing Collar Used?  Yes  No

If yes, show depth set: \_\_\_\_\_ Feet

If Alternate II completion, cement circulated from: 1465  
feet depth to: 0 w/ 160 sx cmt.

Drilling Fluid Management Plan

(Data must be collected from the Reserve Pit)

Chloride content: 0 ppm Fluid volume: 0 bbls

Dewatering method used: Evaporated

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

- Letter of Confidentiality Received  
Date: \_\_\_\_\_  
 Confidential Release Date: \_\_\_\_\_  
 Wireline Log Received  
 Geologist Report Received  
 UIC Distribution  
ALT  I  II  III Approved by: Deanna Garrison Date: 10/25/2011



1065873

Operator Name: Hardin, James L. dba Hardin Oil Co. Lease Name: KURTIS Well #: 3  
 Sec. 36 Twp. 33 S. R. 14  East  West County: Montgomery

**INSTRUCTIONS:** Show important tops and base 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. Attach complete copy of all Electric Wire-line Logs surveyed. Attach final geological well site report.

Drill Stem Tests Taken <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>(Attach Additional Sheets)</i>  Samples Sent to Geological Survey <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No  Cores Taken <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Electric Log Run <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Electric Log Submitted Electronically <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <i>(If no, Submit Copy)</i>  List All E. Logs Run:  gamma ray cement bond	<input checked="" type="checkbox"/> Log Formation (Top), Depth and Datum <input type="checkbox"/> Sample  <table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:60%;">Name</td> <td style="width:20%;">Top</td> <td style="width:20%;">Datum</td> </tr> <tr> <td>shale</td> <td>1040</td> <td></td> </tr> <tr> <td>Mississippian</td> <td>1460</td> <td></td> </tr> </table>	Name	Top	Datum	shale	1040		Mississippian	1460	
Name	Top	Datum								
shale	1040									
Mississippian	1460									

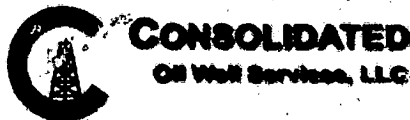
CASING RECORD <input type="checkbox"/> New <input checked="" type="checkbox"/> Used							
Report all strings set-conductor, surface, intermediate, production, etc.							
Purpose of String	Size Hole Drilled	Size Casing Set (In O.D.)	Weight Lbs. / Ft.	Setting Depth	Type of Cement	# Sacks Used	Type and Percent Additives
surface	12.25	7	19	22	thick set	4	
production	6.75	4.25	10.5	1565	thick set	160	

ADDITIONAL CEMENTING / SQUEEZE RECORD				
Purpose:	Depth Top Bottom	Type of Cement	# Sacks Used	Type and Percent Additives
___ Perforate				
___ Protect Casing	-			
___ Plug Back TD				
___ Plug Off Zone	-			

Shots Per Foot	PERFORATION RECORD - Bridge Plugs Set/Type Specify Footage of Each Interval Perforated	Acid, Fracture, Shot, Cement Squeeze Record <i>(Amount and Kind of Material Used)</i>	Depth
2	12 shots 1188-1191; 1375-1378; 1413-1416	500 gals acid frac	

TUBING RECORD: Size: <u>2</u> Set At: <u>1465</u> Packer At: _____		Liner Run: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Date of First, Resumed Production, SWD or ENHR. <u>01/18/2011</u>		Producing Method: <input checked="" type="checkbox"/> Flowing <input checked="" type="checkbox"/> Pumping <input type="checkbox"/> Gas Lift <input type="checkbox"/> Other (Explain) _____	
Estimated Production Per 24 Hours	Oil Bbls.	Gas Mcf	Water Bbls.
		30	10
		Gas-Oil Ratio	Gravity

DISPOSITION OF GAS: <input type="checkbox"/> Vented <input checked="" 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 checked="" type="checkbox"/> Perf. <input type="checkbox"/> Dually Comp. <input type="checkbox"/> Commingled <i>(Submit ACO-5)</i> <input type="checkbox"/> Other (Specify) _____	PRODUCTION INTERVAL: _____ _____
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TICKET NUMBER 30123  
 LOCATION Eureka  
 FOREMAN Tray Snicker

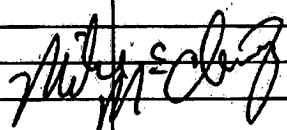
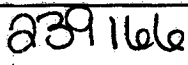
PO Box 884, Chanute, KS 66720  
 620-431-9210 or 800-467-8676

**FIELD TICKET & TREATMENT REPORT  
 CEMENT**

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
1-13-11	3456	Curtis #3				MG
CUSTOMER Hardin Oil Co.			Safety Meeting J.S. of AB T.S.			
MAILING ADDRESS Rt 1 Box 305A						
CITY Caney	STATE Ks	ZIP CODE 67337				
TRUCK # DRIVER TRUCK # DRIVER						
			445	John		
			479	Calin		
			436	Allen B.		

JOB TYPE L/S 0 HOLE SIZE 6 3/4" HOLE DEPTH 1585' CASING SIZE & WEIGHT 4 1/2" 95# used  
 CASING DEPTH 1486' DRILL PIPE \_\_\_\_\_ TUBING \_\_\_\_\_ OTHER \_\_\_\_\_  
 SLURRY WEIGHT 13.2" SLURRY VOL 5086l WATER gal/sk 8" CEMENT LEFT In CASING \_\_\_\_\_  
 DISPLACEMENT 2486l DISPLACEMENT PSI 800 MIX PSI \_\_\_\_\_ RATE \_\_\_\_\_

REMARKS: Safety Meeting: Rig up to 4 1/2" casing. Break circulation w/ 906l water. Pump 800 Gel-Flush, 5086l water spacer, 1486l dye water. Mixed 1605lb Thick Set Cement w/ 1/4" Floccle @ 13.2" gal. Wash out pump + lines. Release plug. Displace w/ 2486l Fresh Water. Final Pumping Pressure 800 PSI. Shut down before bumping plug. Suspected casing had a hole in it. (Dye water came ground in the Gel. It should have been behind the Del.) Pressure Bled off from 800 PSI to 250 PSI in 10 mins. Shut casing in @ 250 PSI. Had Good Cement to Surface = 1086l Slurry to pit. (Note: Well was plugged back to 1470')  
Job Complete.

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
S401	1	PUMP CHARGE	925.00	925.00
S406	40	MILEAGE	3.65	146.00
1126A	1605lb	Thick Set Cement	17.00	2720.00
1107	40"	Floccle 1/4" / lb	2.10	84.00
1118B	400"	Gel-Flush	.20	80.00
S407A	8.8 Ton	Ton-mileage	1.20	422.40
S502C	3hrs	8086l Vac Truck	85.00/hr	255.00
4404	1	4 1/2" Top Rubber Ply	45.00	45.00
				
Thank You! 			Sub Total	4677.40
			6.3% SALES TAX	184.53
			ESTIMATED TOTAL	4861.93

AUTHORIZATION Witnessed by Jim Hardin TITLE owner 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.