



KANSAS CORPORATION COMMISSION 1089454
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 # 33065
Name: Hoehn Oil LLC
Address 1: 40971 W 247TH
Address 2: _____
City: WELLSVILLE State: KS Zip: 66092 + 4047
Contact Person: Jim Hoehn
Phone: (913) 908-5976
CONTRACTOR: License # 8509
Name: Evans Energy Development, Inc.
Wellsite Geologist: NA
Purchaser: _____

Designate Type of Completion:
 New Well Re-Entry Workover
 Oil WSW SWD SLOW
 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>1/6/2012</u>	<u>1/10/2012</u>	<u>5/29/2012</u>
Spud Date or Recompletion Date	Date Reached TD	Completion Date or Recompletion Date

API No. 15 - 15-091-23724-00-00
Spot Description: _____
SE SW NE NW Sec. 19 Twp. 14 S. R. 22 East West
4180 Feet from North / South Line of Section
3410 Feet from East / West Line of Section
Footages Calculated from Nearest Outside Section Corner:
 NE NW SE SW
County: Johnson
Lease Name: SMITH Well #: 9
Field Name: Longanecker
Producing Formation: Bartlesville
Elevation: Ground: 1004 Kelly Bushing: 0
Total Depth: 898 Plug Back Total Depth: _____
Amount of Surface Pipe Set and Cemented at: 20 Feet
Multiple Stage Cementing Collar Used? Yes No
If yes, show depth set: _____ Feet
If Alternate II completion, cement circulated from: _____
feet depth to: 20 w/ 5 sx cmt.

Drilling Fluid Management Plan
(Data must be collected from the Reserve Pit)
Chloride content: 1500 ppm Fluid volume: 80 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: 08/21/2012



1089454

Operator Name: Hoehn Oil LLC Lease Name: SMITH Well #: 9
 Sec. 19 Twp. 14 S. R. 22 East West County: Johnson

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 type="checkbox"/> Yes <input checked="" 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: GammaRay/Neutron/CCL	<input type="checkbox"/> Log Formation (Top), Depth and Datum <input type="checkbox"/> Sample Name Top Datum GammaRay
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CASING RECORD <input checked="" 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
Surface	10	7	10	20	Portland	5	50/50 POZ
Completion	5.6250	2.8750	8	888	Portland	117	50/50 POZ

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
3	842.5-847.5	2" DML RTG	5

TUBING RECORD: Size: _____ Set At: _____ Packer At: _____ Liner Run: Yes No

Date of First, Resumed Production, SWD or ENHR. _____ Producing Method: Flowing Pumping Gas Lift Other (Explain) _____

Estimated Production Per 24 Hours	Oil Bbls.	Gas Mcf	Water Bbls.	Gas-Oil Ratio	Gravity
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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> <input type="checkbox"/> Other (Specify) _____	PRODUCTION INTERVAL: _____ _____
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**VANS
ENERGY
DEVELOPMENT
NC.**

11 Lewis Drive

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

Smith #9

API #15-191-23.724

January 6 - January 10, 2012

<u>Thickness of Strata</u>	<u>Formation</u>	<u>Total</u>
12	soil & clay	12
21	shale	33
24	lime	57
8	shale	65
8	lime	73
10	shale	83
20	lime	103
23	shale	126
35	lime	161
2	shale	163
36	lime	199
23	shale	222
8	lime	230
20	shale	250
5	lime	255
10	shale	265
9	lime	274
3	shale	277
4	lime	281
30	shale	311
26	lime	337
5	shale	342
24	lime	366
3	shale	369
15	lime	385 base of the Kansas City
29	shale	414
7	sand	421
138	shale	559
6	lime	565
13	shale	578
8	lime	586
15	shale	601
2	lime	603
6	shale	609
10	lime	619
26	shale	645
2	lime	647
73	shale	720
10	oil sand	730 brown, good bleeding

RECEIVED

JUL 23 2012

KCC WICHITA

Smith #9

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7	silty shale	737
106	shale	842
0.8	oil sand	842.8
0.2	lime	843
3	oil sand	846
1	broken sand	847
51	shale	898 TD

Drilled a 10" hole to 20.2'
Drilled a 5 5/8" hole to 898'

Set 20.2' of 7" surface casing with 5 sacks of cement

Set 837.8' of 2 7/8" 8 round upset tubing including 3 centralizers, 1 float shoe, and 1 clamp.

RECEIVED
JUL 23 2012
KCC WICHITA



CONSOLIDATED
Oil Well Services, LLC

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

FIELD TICKET & TREATMENT REPORT
CEMENT

TICKET NUMBER 36791
LOCATION Ottawa
FOREMAN Alan Maden

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
1-10-12	3622	Smith 9	W 19	19	22	JD
CUSTOMER			TRUCK #	DRIVER	TRUCK #	DRIVER
Haehn Oil & Ranch			516	Alan M	Safety	Meat
MAILING ADDRESS			368	Gary M	GM	
40971 W 247th			370	Keith L	KL	
CITY	STATE	ZIP CODE	503	Ryan S	RS	
Wellsville	KS	66092				
JOB TYPE	HOLE SIZE	HOLE DEPTH	CASING SIZE & WEIGHT			
long string	5 7/8	898	2 7/8			
CASING DEPTH	DRILL PIPE	TUBING	OTHER			
888						
SLURRY WEIGHT	SLURRY VOL	WATER gal/sk	CEMENT LEFT in CASING			
			yes			
DISPLACEMENT	DISPLACEMENT PSI	MIX PSI	RATE			
	800	200	4.6 pm			

REMARKS: Held crew meet. Established rate. Mixed & pumped 100# gel followed by 117 sk 50/50 cement plus 290 gel. Circulated cement. Flushed pump. Pumped plug to casing TD well held 800 PSI. Set float. Closed valve.

Evans Energy, Travis

Alan Maden

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401	1	PUMP CHARGE		
5406	30	MILEAGE		1030.00
5402	888	casing footage		120.00
5407	mi	ten miles		
5502L	2	80 gal		350.00
				180.00
1124	117	50/50 poz cement		1281.15
1118B	297 #	gel		62.37
4402	1	2 1/2 plug		28.00
SCANNED				
				247102
SALES TAX				103.21
ESTIMATED TOTAL				3154.73

Revin 3737

AUTHORIZATION

Chris Haehn

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