



KANSAS CORPORATION COMMISSION 1105931
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 # 5663
Name: Hess Oil Company
Address 1: PO BOX 1009
Address 2: _____
City: MCPHERSON State: KS Zip: 67460 + 1009
Contact Person: Bryan Hess
Phone: (620) 241-4640
CONTRACTOR: License # 32701
Name: C & G Drilling, Inc.
Wellsite Geologist: William M. Stout
Purchaser: _____

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 #: _____
10/8/2012 10/15/2012 10/15/2012
Spud Date or Date Reached TD Completion Date or
Recompletion Date Recompletion Date

API No. 15 - 15-115-21434-00-00
Spot Description: _____
SE SE NW NW Sec. 26 Twp. 18 S. R. 1 East West
1265 Feet from North / South Line of Section
1086 Feet from East / West Line of Section
Footages Calculated from Nearest Outside Section Corner:
 NE NW SE SW
County: Marion
Lease Name: Scully Well #: 1-26
Field Name: _____
Producing Formation: na
Elevation: Ground: 1464 Kelly Bushing: 1473
Total Depth: 3305 Plug Back Total Depth: _____
Amount of Surface Pipe Set and Cemented at: 225 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: 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: 01/04/2013



1105931

Operator Name: Hess Oil Company Lease Name: Scully Well #: 1-26
 Sec. 26 Twp. 18 S. R. 1 East West County: Marion

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 checked="" type="checkbox"/> Yes <input 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 type="checkbox"/> Yes <input checked="" type="checkbox"/> No Electric Log Submitted Electronically <input type="checkbox"/> Yes <input type="checkbox"/> No <i>(If no, Submit Copy)</i> List All E. Logs Run:	<input type="checkbox"/> Log Formation (Top), Depth and Datum <input checked="" type="checkbox"/> Sample Name Top Datum Attached Attached Attached
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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	12.25	8.625	20	225	class A	125	3%cc,2%gel

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

TUBING RECORD: Size: _____ Set At: _____ Packer At: _____		Liner Run: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Date of First, Resumed Production, SWD or ENHR. _____		Producing Method: <input type="checkbox"/> Flowing <input type="checkbox"/> Pumping <input type="checkbox"/> Gas Lift <input type="checkbox"/> Other (Explain) _____	
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> <input type="checkbox"/> Other (Specify) _____	PRODUCTION INTERVAL: _____ _____
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Form	ACO1 - Well Completion
Operator	Hess Oil Company
Well Name	Scully 1-26
Doc ID	1105931

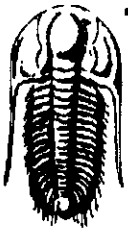
Tops

Heebner	1918	-445
Brown Lime	2108	-635
Lansing	2155	-682
Stark	2433	-960
Hushpuckney	2473	-1000
Cherokee	2662	-1189
Mississippi	2728	-1255
Mississippi Porosity	2736	-1263
Kinderhook	2929	-1456
Hunton	3100	-1627
Viola	3182	-1709
Simpson Sand	3286	-1813

GEOLOGICAL REPORT
No. 100
U.S. GEOLOGICAL SURVEY
WASHINGTON, D. C.

1. **Introduction**
This report describes the geology of the area shown on the map. The geology is based on field observations and on the study of the geological maps of the area. The geology is described in terms of the different geological units and their relationships. The geology is described in terms of the different geological units and their relationships. The geology is described in terms of the different geological units and their relationships.

UNIT	SYMBOL	DESCRIPTION
1		Quaternary
2		Pleistocene
3		Recent
4		Recent
5		Recent
6		Recent
7		Recent
8		Recent
9		Recent
10		Recent
11		Recent
12		Recent
13		Recent
14		Recent
15		Recent
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17		Recent
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98		Recent
99		Recent
100		Recent



**TRILOBITE
TESTING, INC**

DRILL STEM TEST REPORT

Hess Oil Co
PO Box 1009
Mcpherson, KS 67460
ATTN: Bill Stout

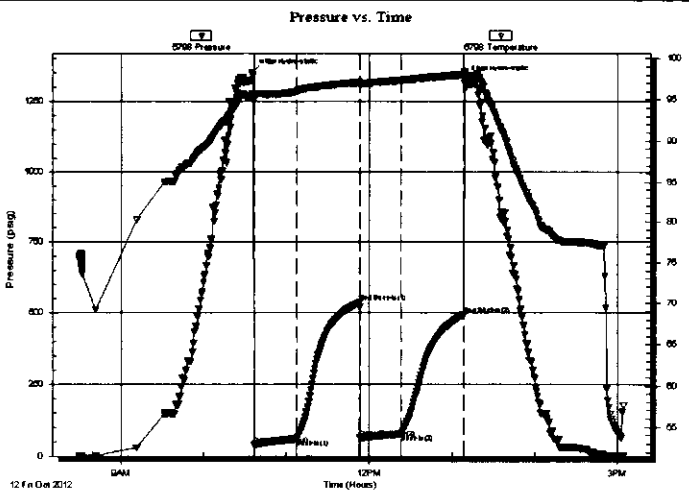
26-18S-1E Marion
Scully 1-26
Job Ticket: 49688 **DST#: 1**
Test Start: 2012.10.12 @ 08:29:15

GENERAL INFORMATION:

Formation: **Mississippi**
Deviated: No Whipstock: ft (KB)
Time Tool Opened: 10:37:00
Time Test Ended: 15:04:45
Interval: **2688.00 ft (KB) To 2750.00 ft (KB) (TVD)**
Total Depth: 2750.00 ft (KB) (TVD)
Hole Diameter: 7.88 inches Hole Condition: Good
Test Type: Conventional Bottom Hole (Initial)
Tester: Leal Cason
Unit No: 45
Reference Elevations: 1473.00 ft (KB)
1464.00 ft (CF)
KB to GR/CF: 9.00 ft

Serial #: 6798 Inside
Press@RunDepth: 76.35 psig @ 2689.00 ft (KB) Capacity: 8000.00 psig
Start Date: 2012.10.12 End Date: 2012.10.12 Last Calib.: 2012.10.12
Start Time: 08:29:16 End Time: 15:04:45 Time On Btm: 2012.10.12 @ 10:35:15
Time Off Btm: 2012.10.12 @ 13:09:15

TEST COMMENT: IF: Weak Surface Blow
IS: No Blow back
FF: Weak Surface Blow
FS: No Blow Back



PRESSURE SUMMARY

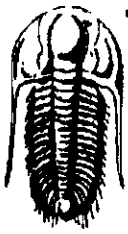
Time (Min.)	Pressure (psig)	Temp (deg F)	Annotation
0	1349.98	95.50	Initial Hydro-static
2	39.13	95.57	Open To Flow (1)
33	58.64	96.03	Shut-In(1)
78	535.85	97.12	End Shut-In(1)
79	62.71	96.94	Open To Flow (2)
108	76.35	97.37	Shut-In(2)
154	493.82	98.07	End Shut-In(2)
154	1325.58	98.26	Final Hydro-static

Recovery

Length (ft)	Description	Volume (bbl)
65.00	VSOSM 1%O 99%M	0.32

Gas Rates

	Choke (inches)	Pressure (psig)	Gas Rate (Mcf/d)



**TRILOBITE
TESTING, INC**

DRILL STEM TEST REPORT

FLUID SUMMARY

Hess Oil Co
PO Box 1009
Mcpherson, KS 67460
ATTN: Bill Stout

26-18S-1E Marion
Scully 1-26
Job Ticket: 49688 **DST#: 1**
Test Start: 2012.10.12 @ 08:29:15

Mud and Cushion Information

Mud Type: Gel Chem	Cushion Type:	Oil API:	deg API
Mud Weight: 9.00 lb/gal	Cushion Length: ft	Water Salinity:	ppm
Viscosity: 35.00 sec/qt	Cushion Volume: bbl		
Water Loss: 10.39 in ³	Gas Cushion Type:		
Resistivity: ohm.m	Gas Cushion Pressure: psig		
Salinity: 1300.00 ppm			
Filter Cake: 0.02 inches			

Recovery Information

Recovery Table

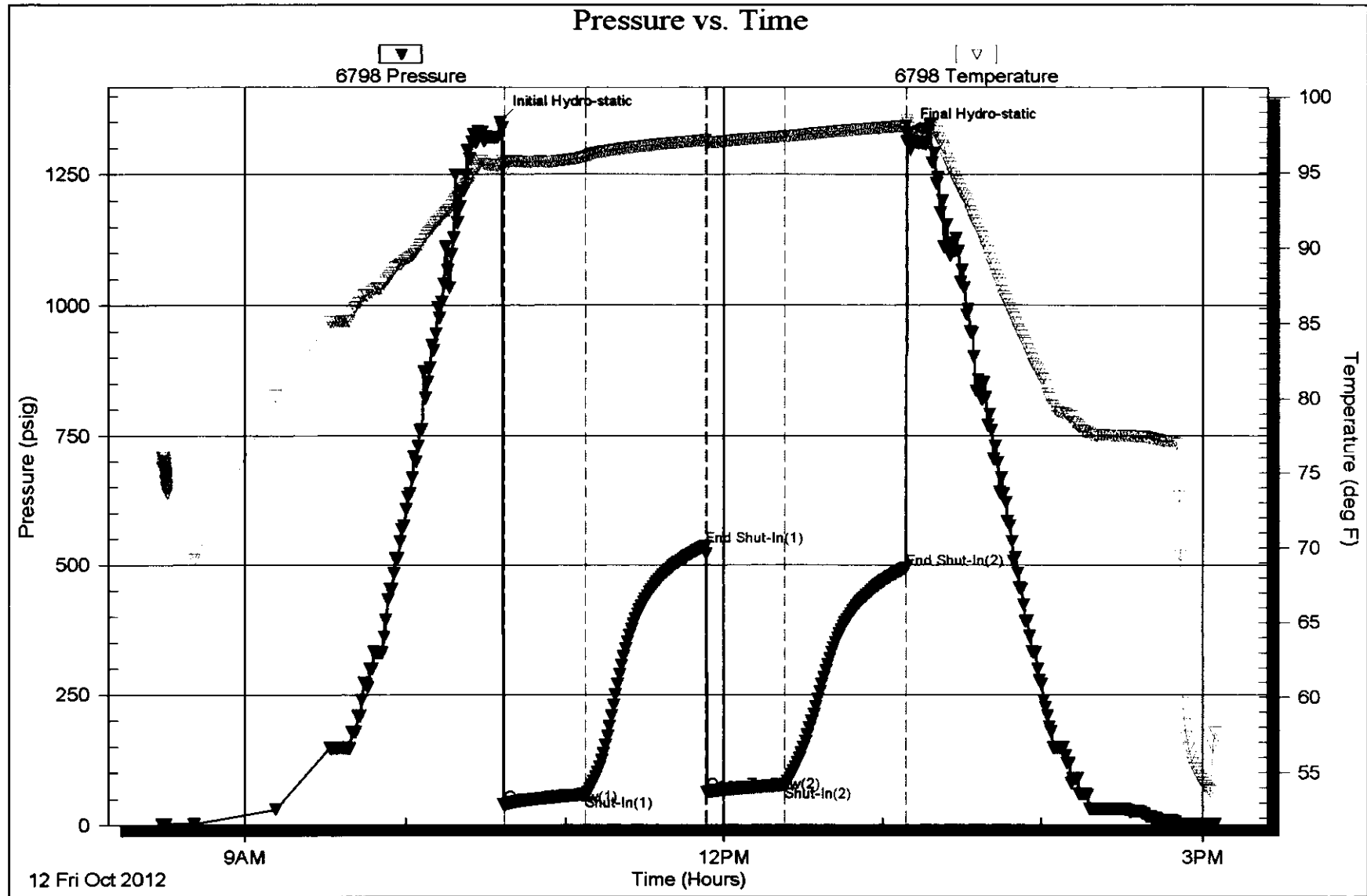
Length ft	Description	Volume bbl
65.00	VSOSM 1%O 99%M	0.320

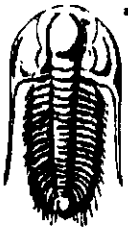
Total Length: 65.00 ft Total Volume: 0.320 bbl

Num Fluid Samples: 0 Num Gas Bombs: 0 Serial #:

Laboratory Name: Laboratory Location:

Recovery Comments:





TRILOBITE TESTING, INC.

DRILL STEM TEST REPORT

Hess Oil Co
 PO Box 1009
 Mcpherson, KS 67460
 ATTN: Bill Stout

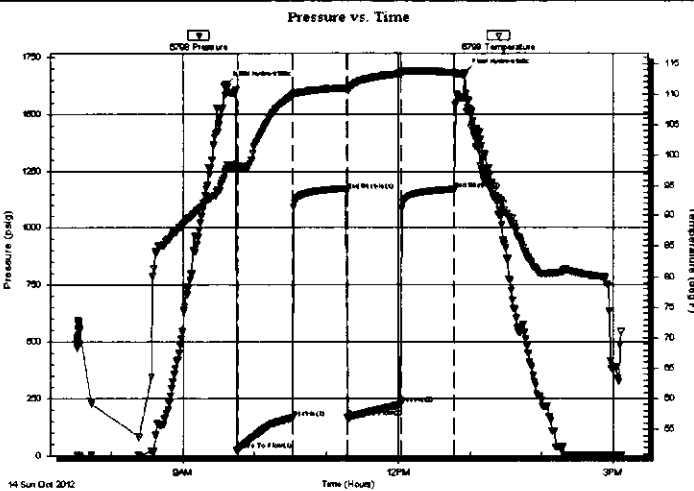
26-18S-1E Marion
Scully 1-26
 Job Ticket: 49689 **DST#: 2**
 Test Start: 2012.10.14 @ 07:30:56

GENERAL INFORMATION:

Formation: **Viola**
 Deviated: No Whipstock: ft (KB)
 Time Tool Opened: 09:45:56
 Time Test Ended: 15:07:11
 Interval: **3177.00 ft (KB) To 3187.00 ft (KB) (TVD)**
 Total Depth: **3187.00 ft (KB) (TVD)**
 Hole Diameter: **7.88 inches** Hole Condition: **Good**
 Test Type: **Conventional Bottom Hole (Reset)**
 Tester: **Leal Cason**
 Unit No: **45**
 Reference Elevations: **1473.00 ft (KB)**
 1464.00 ft (CF)
 KB to GR/CF: **9.00 ft**

Serial #: 6798 Inside
 Press@RunDepth: **223.20 psig @ 3178.00 ft (KB)** Capacity: **8000.00 psig**
 Start Date: **2012.10.14** End Date: **2012.10.14** Last Calib.: **2012.10.14**
 Start Time: **07:30:57** End Time: **15:07:11** Time On Btm: **2012.10.14 @ 09:36:41**
 15:07:11 Time Off Btm: **2012.10.14 @ 12:55:41**

TEST COMMENT: IF: Fair Blow , Built to 10 inches
 IS: No Blow Back
 FF: Weak Blow , Built to 5 inches
 FSI: No Blow Back



PRESSURE SUMMARY

Time (Min.)	Pressure (psig)	Temp (deg F)	Annotation
0	1631.48	97.86	Initial Hydro-static
10	25.34	98.21	Open To Flow (1)
55	163.38	109.73	Shut-In(1)
100	1165.42	110.90	End Shut-In(1)
101	164.66	110.63	Open To Flow (2)
146	223.20	113.34	Shut-In(2)
190	1172.75	113.50	End Shut-In(2)
199	1684.89	113.15	Final Hydro-static

Recovery

Length (ft)	Description	Volume (bbl)
370.00	Water	2.73
90.00	WCM 50%W 50%M	1.26

* Recovery from multiple tests

Gas Rates

Choke (inches)	Pressure (psig)	Gas Rate (Mcf/d)



**TRILOBITE
TESTING, INC.**

DRILL STEM TEST REPORT

FLUID SUMMARY

Hess Oil Co
PO Box 1009
Mcpherson, KS 67460
ATTN: Bill Stout

26-18S-1E Marion
Scully 1-26
Job Ticket: 49689 **DST#: 2**
Test Start: 2012.10.14 @ 07:30:56

Mud and Cushion Information

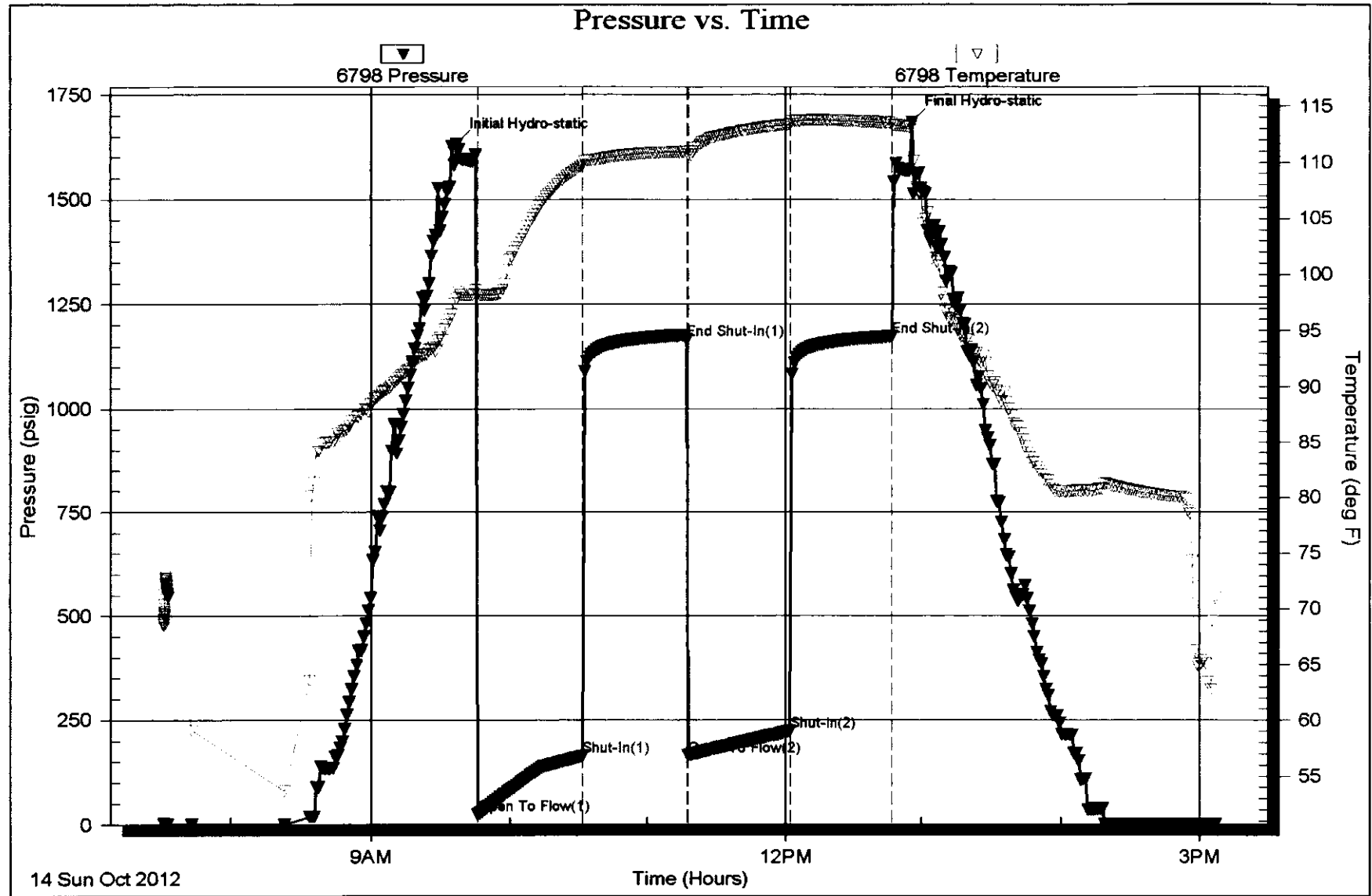
Mud Type: Gel Chem	Cushion Type:	Oil API:	deg API
Mud Weight: 9.00 lb/gal	Cushion Length: ft	Water Salinity: 14000 ppm	
Viscosity: 48.00 sec/qt	Cushion Volume: bbl		
Water Loss: 9.79 in ³	Gas Cushion Type:		
Resistivity: ohm.m	Gas Cushion Pressure: psig		
Salinity: 1200.00 ppm			
Filter Cake: 0.02 inches			

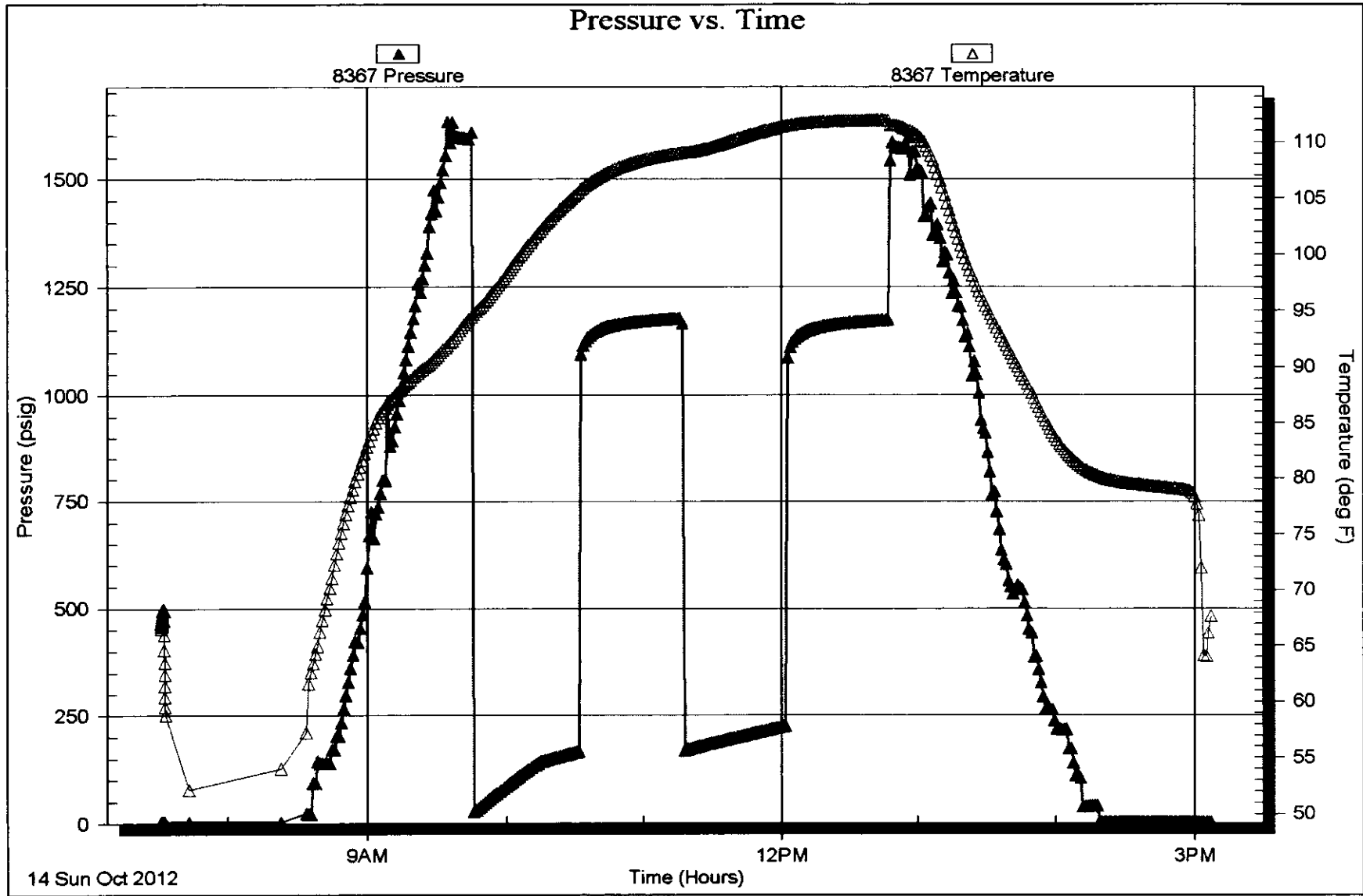
Recovery Information

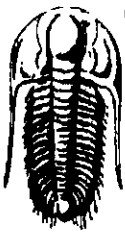
Recovery Table

Length ft	Description	Volume bbl
370.00	Water	2.731
90.00	WCM 50%W 50%M	1.262

Total Length: 460.00 ft Total Volume: 3.993 bbl
 Num Fluid Samples: 0 Num Gas Bombs: 0 Serial #:
 Laboratory Name: Laboratory Location:
 Recovery Comments: RW was .47 @ 70 degrees







**TRILOBITE
TESTING, INC**

DRILL STEM TEST REPORT

FLUID SUMMARY

Hess Oil Co
PO Box 1009
Mcpherson, KS 67460
ATTN: Bill Stout

26-18S-1E Marion
Scully 1-26
Job Ticket: 49690 **DST#: 3**
Test Start: 2012.10.15 @ 11:59:40

Mud and Cushion Information

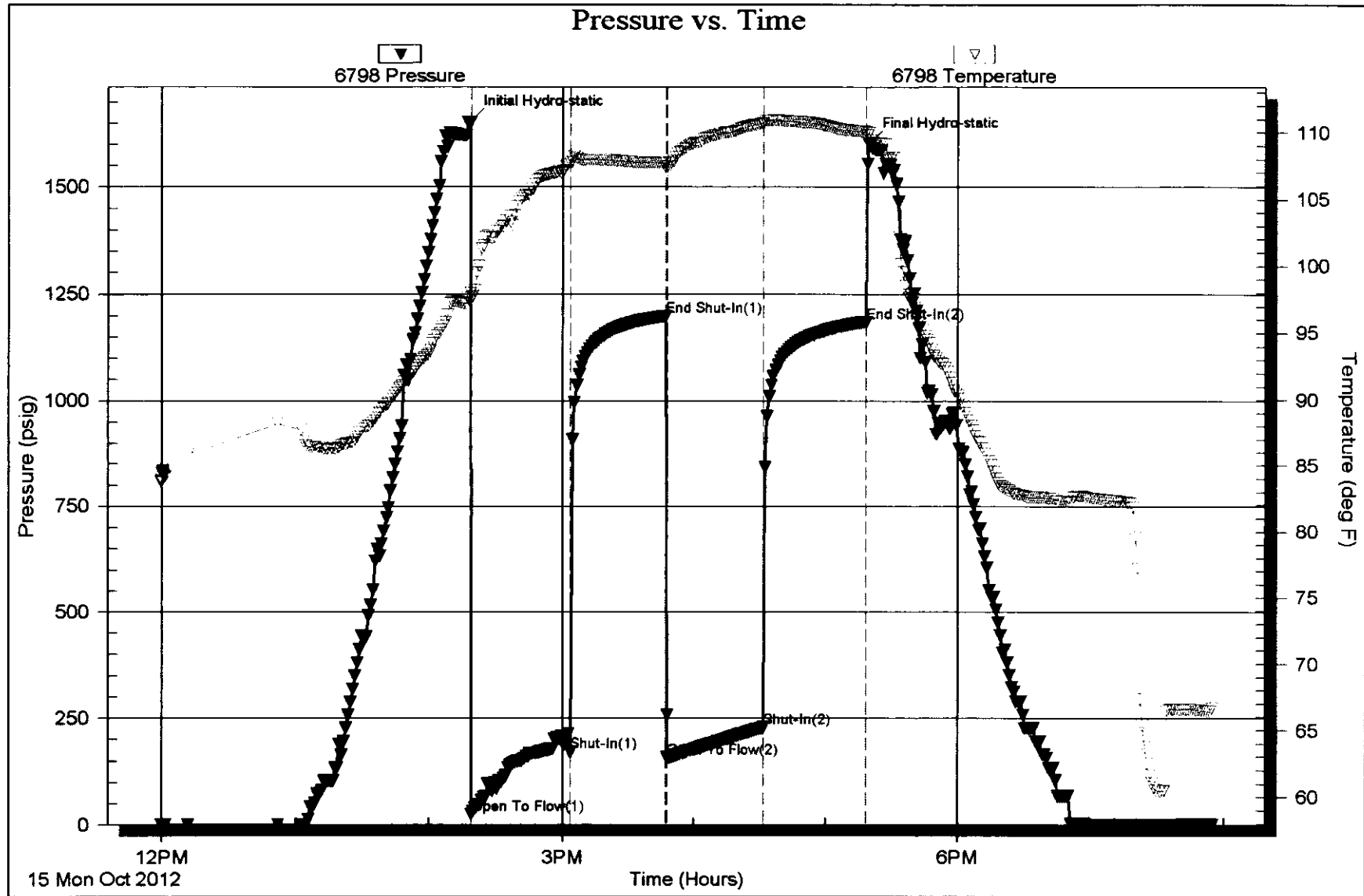
Mud Type: Gel Chem	Cushion Type:	Oil API:	deg API
Mud Weight: 9.00 lb/gal	Cushion Length: ft	Water Salinity:	18000 ppm
Viscosity: 49.00 sec/qt	Cushion Volume: bbl		
Water Loss: 8.79 in ³	Gas Cushion Type:		
Resistivity: ohm.m	Gas Cushion Pressure: psig		
Salinity: 1300.00 ppm			
Filter Cake: 0.02 inches			

Recovery Information

Recovery Table

Length ft	Description	Volume bbl
210.00	Water	1.033
124.00	MCW 10%m 90%w	1.193
94.00	w cm 30%w 70%m	1.319

Total Length: 428.00 ft Total Volume: 3.545 bbl
Num Fluid Samples: 0 Num Gas Bombs: 0 Serial #:
Laboratory Name: Laboratory Location:
Recovery Comments: rw WAS .33 @ 80 degrees





CONSOLIDATED
Oil Well Services, LLC



ENTERED

TICKET NUMBER 35549 ✓
LOCATION Eureka
FOREMAN Steve Head

PO Box 884, Chanute, KS 66720
620-431-9210 or 800-457-8876

FIELD TICKET & TREATMENT REPORT

CEMENT APT 15-1B-21434

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
10-3-18	7008	Scully # 1-26	26	18S	1E	Marion
CUSTOMER			TRUCK #		DRIVER	
Hess Oil Company			485		Alan m	
MAILING ADDRESS			515		Collin	
P.O. Box 1009						
CITY	STATE	ZIP CODE				
Marion	Ks	67460				

JOB TYPE surface HOLE SIZE 17 1/2 HOLE DEPTH 235' CASING SIZE & WEIGHT 8 3/4 20#
 CASING DEPTH 226' DRILL PIPE _____ TUBING _____ OTHER _____
 SLURRY WEIGHT _____ SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT in CASING 15'
 DISPLACEMENT 14 1/2 DISPLACEMENT PSI _____ MIX PSI _____ RATE _____

REMARKS: Safety Meeting Rig up to 8 3/4 casing. Break circulation w/ Fresh water
Pumps 10 hrs ahead. Mix 125 SKS Class A Cement w/ 3% CaCl2, 2% Gal & 1/2#
Flo-Sala pack. Displace with 14 1/2 bbls Fresh water. Shut well in.
Good cement Returns to surface. 14 bbls slurry top of
Job complete Rig down

Thank you

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
54915	1	PUMP CHARGE	825.00	825.00
5406	50	MILEAGE	4.00	200.00
11045	125 SKS	Class A Cement	14.95	1868.75
1102	350#	CaCl2 3%	.74	259.00
111813	235#	Gal 2%	.21	49.35
1107	30#	Flo-Sala 1/2# pack	2.35	70.50
54078	5.87	Tax mileage Bulk Truck	1.34	393.89
			Sub Total	3665.89
			SALES TAX	175.31
			ESTIMATED TOTAL	3841.20

Rev'n 3737

Steve Head

7.8%

AUTHORIZATION Steve Head

TITLE ME

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.

