



WELL COMPLETION FORM  
WELL HISTORY - DESCRIPTION OF WELL & LEASE

Confidentiality Requested:  
 Yes  No

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       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
- Plug Back       Conv. to GSW     Conv. to Producer
- Commingled      Permit #: \_\_\_\_\_
- Dual Completion    Permit #: \_\_\_\_\_
- SWD                  Permit #: \_\_\_\_\_
- ENHR                Permit #: \_\_\_\_\_
- GSW                 Permit #: \_\_\_\_\_

Spud Date or Recompletion Date	Date Reached TD	Completion Date or Recompletion Date
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API No. 15 - \_\_\_\_\_

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
- Geologist Report 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  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				

Did you perform a hydraulic fracturing treatment on this well?  Yes  No *(If No, skip questions 2 and 3)*  
 Does the volume of the total base fluid of the hydraulic fracturing treatment exceed 350,000 gallons?  Yes  No *(If No, skip question 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)*

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:  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

<b>DISPOSITION OF GAS:</b> <input type="checkbox"/> Vented <input type="checkbox"/> Sold <input type="checkbox"/> Used on Lease <i>(If vented, Submit ACO-18.)</i>	<b>METHOD OF COMPLETION:</b> <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 <i>(Specify)</i> _____	<b>PRODUCTION INTERVAL:</b> _____ _____
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## Summary of Changes

Lease Name and Number: Hart IW-5

API/Permit #: 15-121-31030-00-00

Doc ID: 1309347

Correction Number: 1

Approved By: Karen Ritter

Field Name	Previous Value	New Value
Approved By	NAOMI JAMES	Karen Ritter
Approved Date	08/07/2015	06/15/2016
Perf_Depth_1		12
Perf_Material_1		2" DML RTG
Perf_Record_1		669-681
Perf_Shots_1		4
Save Link	<a href="http://.../kcc/detail/operatorEditDetail.cfm?docID=1260048">../..kcc/detail/operatorEditDetail.cfm?docID=1260048</a>	<a href="http://.../kcc/detail/operatorEditDetail.cfm?docID=1309347">../..kcc/detail/operatorEditDetail.cfm?docID=1309347</a>



Confidentiality Requested:

Yes  No

KANSAS CORPORATION COMMISSION 1260048  
OIL & GAS CONSERVATION DIVISION

Form ACO-1

August 2013

Form must be Typed

Form must be Signed

All blanks must be Filled

# CONFIDENTIAL WELL COMPLETION FORM

## WELL HISTORY - DESCRIPTION OF WELL & LEASE

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Contact Person: \_\_\_\_\_

Phone: ( \_\_\_\_\_ ) \_\_\_\_\_

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Name: \_\_\_\_\_

Wellsite Geologist: \_\_\_\_\_

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- OG       GSW       Temp. Abd.
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- Plug Back       Conv. to GSW       Conv. to Producer
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Spud Date or Recompletion Date	Date Reached TD	Completion Date or Recompletion Date
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API No. 15 - \_\_\_\_\_

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

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Field Name: \_\_\_\_\_

Producing Formation: \_\_\_\_\_

Elevation: Ground: \_\_\_\_\_ Kelly Bushing: \_\_\_\_\_

Total Vertical Depth: \_\_\_\_\_ Plug Back Total Depth: \_\_\_\_\_

Amount of Surface Pipe Set and Cemented at: \_\_\_\_\_ Feet

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feet depth to: \_\_\_\_\_ w/ \_\_\_\_\_ sx cmt.

### Drilling Fluid Management Plan

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Dewatering method used: \_\_\_\_\_

Location of fluid disposal if hauled offsite: \_\_\_\_\_

Operator Name: \_\_\_\_\_

Lease Name: \_\_\_\_\_ License #: \_\_\_\_\_

Quarter \_\_\_\_\_ Sec. \_\_\_\_\_ Twp. \_\_\_\_\_ S. R. \_\_\_\_\_  East  West

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### AFFIDAVIT

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Operator Name: \_\_\_\_\_ Lease Name: \_\_\_\_\_ Well #: \_\_\_\_\_

Sec. \_\_\_\_\_ Twp. \_\_\_\_\_ S. R. \_\_\_\_\_  East  West County: \_\_\_\_\_

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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)*

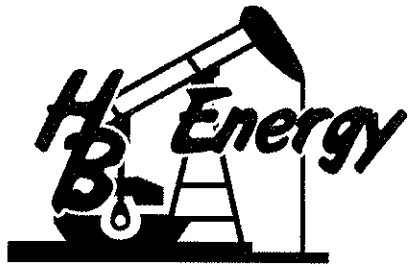
Date of first Production/Injection or Resumed Production/Injection:	Producing Method: <input type="checkbox"/> Flowing <input type="checkbox"/> Pumping <input type="checkbox"/> Gas Lift <input type="checkbox"/> Other <i>(Explain)</i> _____				
Estimated Production Per 24 Hours	Oil Bbls.	Gas Mcf	Water 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) (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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*Fueling American Prosperity™*

## Oil and Gas Well Drilling

3137 Virginia Rd, Wellsville KS 66092

Owners: Clay Hughes  
Isaac Burbank

### Well Log

Nick & Connie Hart  
Hart Well #: IW-5  
Sec. 5 Twp. 17 Rng. 22  
Miami County  
FSL: 4420 FEL: 2145  
API: 15-121-31030  
Start: 07/01/15  
End: 07/02/15

Phone: (785) 979-9493

(913) 963-9127

Fax: (785) 883-2305

<u>Thickness of Strata</u>	<u>Formation</u>	<u>Total</u>	
6	Soil & Clay	6	
12	Broken Lime	18	
13	Shale	31	
21	Lime	52	
17	Shale	69	
24	Lime	93	
15	Shale	108	
4	Sand	112	Grey, oil show
18	Shale	130	Laminated thin grey sand seems
57	Shale	187	
17	Lime	204	
7	Shale	211	
1	Lime	212	
11	Shale	223	
1	Lime	224	
9	Shale	233	
5	Lime	238	
37	Shale	275	
10	Lime	285	
1	Shale	286	
2	Lime	288	
6	Shale	294	
36	Lime	330	
11	Shale	341	
19	Lime	360	Light oil show
5	Shale	365	
8	Lime	373	
1	Shale	374	
7	Lime	381	Base of the Kansas City / Hertha
23	Shale	404	
9	Broken Sand	413	70% grey sand, 30% shale, occasional light bleed, some gas



## Hart #IW-5

9	Broken Sand	422	90% shale, 10% laminated grey sand, minimal oil show, no gas
90	Shale	512	
1	Sand	513	Grey, no show, no odor
2	Shale	515	
7	Broken Sand	522	15% grey sand, 85% shale, gassy
3	Broken Sand	525	40% brown sand, 60% shale, good bleed
26	Shale	551	
8	Lime	559	
8	Shale	567	
2	Lime	569	
15	Shale	584	
1	Coal	585	
8	Shale	593	
4	Lime	597	
16	Shale	613	
3	Lime	616	Brown, no show
30	Shale	646	
4	Lime	650	
16	Shale	666	
2	Silty Shale	668	
2	Broken Sand	670	75% brown sand, 25% shale, good bleed, gassy
1	Broken Sand	671	90% brown sand, 10% shale, good bleed
1	Limey Sand	672	50% lime, 50% brown sand, ok bleed
1	Broken Sand	673	50% shale, 50% brown sand, ok bleed
7	Oil Sand	680	Brown, good bleed, few very thin shale laminations
1	Broken Sand	681	75% brown sand, 25% shale, good bleed
1	Broken Sand	682	25% brown sand, 75% shale, light bleed
8	Silty Shale	690	
32	Shale	722	
1	Lime & Shells	723	
26	Shale	749	TD

Drilled an 11" hole to 22.4'  
Drilled a 5 5/8" hole to 749'

07/01/15 set 22.4' of 7" surface casing, cemented with 9 sacks of cement.

07/02/15 chip sampled upper Squirrel zone.

07/02/15 set 734' of 2 7/8" 8 round upset tubing including 3 centralizers, 1 clamp,  
1 float-shoe, and baffle.

Baffle set at 707'.

Best perforation zone: 669'-681' (CCH).



3480  
3/11/14

TICKET NUMBER 49707  
 LOCATION Ottawa KS  
 FOREMAN Fred Mader

PO Box 884, Chanute, KS 66720  
 820-431-9210 or 800-467-8676

FIELD TICKET & TREATMENT REPORT  
 CEMENT

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
7-2-15	3635	Nart # IW-5	5	17	22	MI
CUSTOMER Nart Oil Co.			TRUCK #	DRIVER	TRUCK #	DRIVER
MAILING ADDRESS P.O. Box 250			712	Fred Mader		
CITY Paola			495	Har Ber		
STATE KS			675	Ki Day		
ZIP CODE 66071			558	Bru Bir		

JOB TYPE Logging HOLE SIZE \_\_\_\_\_ HOLE DEPTH 749' CASING SIZE & WEIGHT 2 7/8 EUE  
 CASING DEPTH 734' DRILL PIPE Baffle in TUBING @ 707' OTHER \_\_\_\_\_  
 SLURRY WEIGHT \_\_\_\_\_ SLURRY VOL \_\_\_\_\_ WATER gal/sk \_\_\_\_\_ CEMENT LEFT in CASING 27' + Plug  
 DISPLACEMENT 4.11 BBL DISPLACEMENT PSI \_\_\_\_\_ MIX PSI \_\_\_\_\_ RATE 4 BPM

REMARKS: Hold safety meeting. Establish pump rate. Mix + Pump 100% Gal  
Flush. Mix + Pump 900 sks Per Blend IA Cement 2% Gel 1/2"  
Plug Seal/sk. Cement to surface. Flush pump + lines clean.  
Displace 2 1/2" Rubber plug to Baffle in casing. Pressure to 800 PSI.  
Release pressure to set flood valve. Shut in casing.

14 B Energy

Fred Mader

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
CE0450	1	PUMP CHARGE	495 1500 <sup>00</sup>	
CE0002	20 mi	MILEAGE	495 143 <sup>00</sup>	
CE0711	Minimum	Ten Miles Delivery	558 660 <sup>00</sup>	
WE0853	1 1/2 hr	80 BBL Vac Truck	675 150 <sup>00</sup>	
		Sub Total	2453 <sup>00</sup>	
		Less 49%	-1201 <sup>97</sup>	1251 <sup>03</sup>
CC5840	90 sks	Per Blend IA Cement	1215 <sup>00</sup>	
CC5965	251 <sup>00</sup>	Bentonite Gel	75 <sup>00</sup>	
CC6079	45 <sup>00</sup>	Pheno Gel	60 <sup>75</sup>	
CP8176	1	2 1/2" Rubber Plug	45 <sup>00</sup>	
		Sub Total	1396 <sup>00</sup>	
		Less 49%	-684 <sup>00</sup>	712 <sup>00</sup>
		8%		
		SALES TAX		56.96
		ESTIMATED TOTAL		2019.98

Rev'n 3737

AUTHORIZATION

TITLE

DATE

3960 73

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.