

Kansas Corporation Commission Oil & Gas Conservation Division

1059687

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 #	API No. 15
Name:	Spot Description:
Address 1:	SecTwpS. R
Address 2:	Feet from North / South Line of Section
City:	Feet from East / West Line of Section
Contact Person:	Footages Calculated from Nearest Outside Section Corner:
Phone: ()	□NE □NW □SE □SW
CONTRACTOR: License #	County:
Name:	Lease Name: Well #:
Wellsite Geologist:	Field Name:
Purchaser:	Producing Formation:
Designate Type of Completion:	Elevation: Ground: Kelly Bushing:
☐ New Well ☐ Re-Entry ☐ Workover	Total Depth: Plug Back Total Depth:
□ Oil □ WSW □ SWD □ SIOW	Amount of Surface Pipe Set and Cemented at: Feet
☐ Gas ☐ D&A ☐ ENHR ☐ SIGW	Multiple Stage Cementing Collar Used? Yes No
☐ OG ☐ GSW ☐ Temp. Abd.	If yes, show depth set: Feet
CM (Coal Bed Methane)	If Alternate II completion, cement circulated from:
Cathodic Other (Core, Expl., etc.):	feet depth to:w/sx cmt
If Workover/Re-entry: Old Well Info as follows:	
Operator:	Drilling Christ Management Dlan
Well Name:	Drilling Fluid Management Plan (Data must be collected from the Reserve Pit)
Original Comp. Date: Original Total Depth:	Chloride content:ppm Fluid volume:bbls
☐ Deepening ☐ Re-perf. ☐ Conv. to ENHR ☐ Conv. to SWD	Dewatering method used:
Conv. to GSW	Dewatering metriod used.
Plug Back: Plug Back Total Depth	Location of fluid disposal if hauled offsite:
Commingled Permit #:	Operator Name:
Dual Completion Permit #:	Lease Name: License #:
SWD Permit #:	
☐ ENHR Permit #:	Quarter Sec TwpS. R
GSW Permit #:	County: Permit #:
Spud Date or Date Reached TD Completion Date or Recompletion Date Recompletion Date	

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: Date:



Side Two			
Lease Name:	Well #:		
County:			

Sec Twp	S. R	East West	Coun	ty:					
INSTRUCTIONS: Sho time tool open and clos recovery, and flow rates line Logs surveyed. At	sed, flowing and shut- s if gas to surface tes	in pressures, whether t, along with final char	shut-in pre	ssure read	ched static level,	hydrostatic press	sures, bottom h	ole temp	erature, fluid
Drill Stem Tests Taken (Attach Additional Si	hoote	Yes No			og Formation	n (Top), Depth ar	nd Datum		Sample
Samples Sent to Geolo	,	☐ Yes ☐ No		Nam	е		Тор	ı	Datum
Cores Taken Electric Log Run Electric Log Submitted (If no, Submit Copy)	Electronically	Yes No Yes No Yes No							
List All E. Logs Run:									
			G RECORD			on oto			
Purpose of String	Size Hole Drilled	Report all strings se Size Casing Set (In O.D.)	We	surrace, inte eight s. / Ft.	Setting Depth	Type of Cement	# Sacks Used		and Percent
		ADDITION	AL CEMENT	TING / SQL	JEEZE RECORD				
Purpose: Perforate Protect Casing Plug Back TD Plug Off Zone	Depth Top Bottom	Type of Cement	# Sacl	ks Used	Type and Percent Additives				
Shots Per Foot		N RECORD - Bridge Plootage of Each Interval P		Э		cture, Shot, Cemen count and Kind of Ma		d	Depth
TUBING RECORD:	Size:	Set At:	Packer	At:	Liner Run:	Yes No			
Date of First, Resumed F	Production, SWD or ENF	Producing M	ethod:	ing	Gas Lift O	ther (Explain)			_
Estimated Production Per 24 Hours	Oil B	bbls. Gas	Mcf	Wat	er Bb	ols.	Gas-Oil Ratio		Gravity
DISPOSITIO	N OF GAS:		METHOD C	OF COMPLE	ETION:		PRODUCTIO	ON INTER	VAL:
Vented Sold	Used on Lease	Open Hole	Perf.	Dually (Submit)		nmingled nit ACO-4)			
(If vented, Subr	тіт АСО-18.)	Other (Specify)				—			

Operator Name: _____

County, KS Town Oil Company, Inc.
Well: Holtz #15 (913) 294-2125 Commenced Spudding: 6/22/2011
Lease Owner: Keith Crawford

WELL LOG

Thickness of Strata	Formation	Total Depth
12	soil clay	12
10	lime	22 Drawn
12	shale	34
33	lime	67 Winterset
6	shale/slate	73
21	lime	94 Bethany Falls
4	shale/slate	98
2	lime	100 K.C.
4	shale/slate	104
6	lime	110 hertha
23	shale	133
10	sandy shale	143 Slight odor, broken
123	shale	266 grey,sandy
9	sandy shale	275 Green with fossil, no show
5	lime	280 with fossils
41	shale	321 with lime
5	lime	326
6	shale and slate	332
4	lime	336
4	shale	340
2	coal	342
3	shale	345 Grey
9	lime	354
15	shale	369
3	lime	372
16	shale	388
21	lime	409
32	shale	441 with lime streaks
5	lime	446
35	shale	481
10	sand	491 Solid good bleed
1	sand	492 Laminated, but good blee
48	shale	540 T. D.

Core				
Time Elapsed	Feet	Depth		Time
		1	482	40
		2	483	1:59
		3	484	3:15
		4	485	4:40
		5	486	5:24
		6	487	6:06
		7	488	6:48
		8	489	7:37
		9	490	9:00
		10	491	10:37
		11	492	12:30
		12	493	14:28
		13	494	16:48
		14	495	18:28
		15	496	
		16	497	
		17	498	
		18	499	
		19	500	
		20	501	



TICKET NUMBER 32582

LOCATION Offer G

FOREMAN Alan Mader

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

FIELD TICKET & TREATMENT REPORT
CEMENT

DATE	CUSTOMER#	WELL	NAME & NUM	BER	SECTION	TOWNSHIP	RANGE	COUNTY
6-241	2571		# 15		5W 110	18	24	MI
CUSTOMER		110112		11		and the state of	13646-412	
	and Wil	15esi	th Cro	wind	TRUCK#	DRIVER	TRUCK#	DRIVER
MAILING ADDRI	a T	0.			316	Han NI	Salery	Meet
3084	Ltno		ZID CODE		795	(tarold)	200	
CITY		STATE	ZIP CODE		303	CPCH F	CHP	
1 90 14		45	66041		24.5	L	VEIGHT 2 %	70
OB TYPE 0	nsotrt-	HOLE SIZE	03/8	HOLE DEPT	H 540	CASING SIZE & V		2 526
CASING DEPTH	_301_	DRILL PIPE		_TUBING			OTHER DA	new Jac
SLURRY WEIGH	-IT	SLURRY VOL_	900	WATER galls		T 1	CASING	3
DISPLACEMEN		DISPLACEMENT	PSI 800	MIX PSI	200	RATE 5 6	1 M	1 100 1
REMARKS:	teld co	rew M	1007	15. E	57901151	neo la	re III	ixed of
pymp	ed 100	or gel	+01	lowed	- by	1351	50/30	202
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CODE	QUANITY	or UNITS	0	ESCRIPTION (of SERVICES or PR	RODUCT	UNIT PRICE	TOTAL
ENDI	1		PUMP CHAR	GE				975.0
5406	И	D	MILEAGE	_				110.00
5402	5.3	1'	Casin	c foot	rase			-
5WAT	401		ton	niles	3			33000
1 10	1	4	1					
	 				3	CANN		
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							SALES TAX	63.08
Ravin 3737	9	0/1					ESTIMATED	23635
	DA AL	Nilola.	1				DATE	4 200.0

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.