

KANSAS CORPORATION COMMISSION OIL & GAS CONSERVATION DIVISION 1062943

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:		
Address 2:		Feet from North / South Line of Section
City: S	state: Zip:+	Feet from Cast / West Line of Section
Contact Person:		Footages Calculated from Nearest Outside Section Corner:
CONTRACTOR: License #		County:
Name:		Lease Name: Well #:
		Field Name:
Ũ		Producing Formation:
Designate Type of Completion:		Elevation: Ground: Kelly Bushing:
	e-Entry Workover	Total Depth: Plug Back Total Depth:
<ul> <li>Oil</li> <li>WSW</li> <li>Gas</li> <li>D&amp;A</li> <li>OG</li> <li>CM (Coal Bed Methane)</li> </ul>	SWD     SIOW       ENHR     SIGW       GSW     Temp. Abd.	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:
Cathodic Other (Cor	re, Expl., etc.):	feet depth to:w/sx cmt.
If Workover/Re-entry: Old Well In	nfo as follows:	
Operator:		
Well Name:		Drilling Fluid Management Plan (Data must be collected from the Reserve Pit)
Original Comp. Date:	f. Conv. to ENHR Conv. to SWD	Chloride content: ppm Fluid volume: bbls Dewatering method used:
Plug Back:	Plug Back Total Depth	Location of fluid disposal if hauled offsite:
Commingled	Permit #:	Operator Name:
Dual Completion	Permit #:	License #:
	Permit #:	Quarter Sec TwpS. R East West
ENHR □ GSW	Permit #:	County: Permit #:
	Permit #:	
Spud Date or Date Re Recompletion Date	ached TD Completion Date or 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 Approved by: Date:

	Side Two	
Operator Name:	Lease Name:	Well #:
Sec TwpS. R East West	County:	

**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 (Attach Additional She		Yes	No		og Formatio	n (Top), Depth an	d Datum	Sample					
Samples Sent to Geolog		Yes	No	Nam	e		Тор	Datum					
Cores Taken Electric Log Run Electric Log Submitted E (If no, Submit Copy)	Electronically	☐ Yes ☐ Yes ☐ Yes	No No No										
List All E. Logs Run:													
CASING RECORD New Used Report all strings set-conductor, surface, intermediate, production, etc.													
Purpose of String	Size Hole Drilled	Size Cas Set (In C		Weight Lbs. / Ft.	Setting Depth	Type of Cement	# Sacks Used	Type and Percent Additives					

#### ADDITIONAL CEMENTING / SQUEEZE RECORD

Purpose: Perforate	Depth Top Bottom	Type of Cement	# Sacks Used	Type and Percent Additives
Protect Casing Plug Back TD				
Plug Off Zone				

Shots Per Foot		PERFORATION Specify Fo		RD - Bridge F Each Interval		e			ement Squeeze Record I of Material Used)	Depth
TUBING RECORD:	Set At:		Packer	At:	Liner R	un:	No			
Date of First, Resumed P	roduct	on, SWD or ENH	<i>₹</i> .	Producing N		oing	Gas Lift	Other (Explain)		
Estimated Production Per 24 Hours		Oil Bb	ls.	Gas	Mcf	Wate	ər	Bbls.	Gas-Oil Ratio	Gravity
									1	
DISPOSITION	BAS:			METHOD	OF COMPLE	TION:		PRODUCTION INTER	RVAL:	
Vented Sold		Jsed on Lease		Open Hole	Perf.	Uually (Submit)		Commingled (Submit ACO-4)		
(If vented, Subm	nit ACC	-18.)		Other (Specify	)					

Miami County, KS Well: W. Rogers # 11 Lease Owner: TOC

## WELL LOG

Thickness of Strata	Formation	Total Depth
21	Soil and Clay	21
24	Shale	45
10	Lime	55
7	Shale	62
7	Sandy Lime	69
16	Shale	85
3	Lime	88
50	Shale	138
9	Lime	147
14	Shale	161
29	Lime	190
8	Shale	198
21	Lime	219
4	Shale	223
2	Lime	225
3	Shale	228
9	Lime	237
6	Shale	243
7	Lime	250
13	Sandy Shale	263
10	Sand	273
72	Sandy Shale	345
1	Limey Shale	346
4	Sand	350
41	Sandy Shale	391
10	Sand	401
39	Sandy Shale	440-TD
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# Town Oil Company, Inc. Commenced Spudding: (913) 294-2125 7/1/2011

32682 xxs Wada		COUNTY	mi	DRIVER	2	1			EUE		- Line	sh	Dive				Y	TOTAL	975.00	NIC	NIC	16500	1.11.50	8107	28.90						5108	1876 23	I acknowledge that the payment terms, unless specifically amended in writing on the front of the form or in the customer's
		RANGE	25	TRUCK #	Satel	C K	CHP		VEIGHT 278 EUE	OTHER	DNICH	fel	Lenent Cenert	Press ure		V	wall make	UNIT PRICE													SALES TAX	ESTIMATED TOTAL DATE	orm or in the c
LOCATION <u>OVNALU</u> FOREMAN Eved	DRT	TOWNSHIP	17	DRIVER	Kred	(aser	(eci)		CASING SIZE & WEIGHT		RATE 48 PN	premium	220	Lusten		5	R	DUCT						<u>_</u> .						-	7.55%		e front of the fo
	MENT REPO	SECTION	NW 4	TRUCK #	200	254	510		442	4		A 100 #	Mix Century					SERVICES or PRO		on lease.		ľ	( )		Plue	b		6					in writing on the
	FIELD TICKET & TREATMENT REPORT CEMENT	MBER	11	M21F			<u> </u>		HOLE DE		MIX PSI	Mix + Pum,	1 there	S.	1		V	DESCRIPTION of SERVICES or PRODUCT	RGE	Truck	4	7:1	150 Dan M.S.	1.2	Rubber		1.1	9429				TITLE	cally amended
	FIELD TICKI	WELL NAME & NUMBER	Rodars #	>	t	St.	ZIP CODE	6607		-	MENT PSI	culation. 1	10_9 57)	Casilo	5	2010/02/02 12:00	ad Waker		PUMP CHARGE	MILEAGE	Casin	100	50/6	Press.	25 "			Ar C/h				and a	unless specifi
CONSOLIDATED OILWell Services, LLC	0		3	1 ( 1 2 1	1	w serth	STATE	KS			SLUKNT VOL	212	10 59 5/25	F		(	r Supplied	QUANITY or UNITS	1	- Q	430		59 ckc	2004	1							tow In	ayment terms,
CONSOLIDATED OIL Well Services, LLC	PO Box 884, Chanute, KS 6672 620-431-9210 or 800-467-8676	CUSTOMER #	11 7823	(0, m)	10				456	PTH # 60	1	date	Mix + Pum	10 th 10.01			mut sn.)			9	~	2 Kz Min		4								ION Eller	dge that the pa
6	PO Box 884, 620-431-9210	DATE	1/10/2	CUSTOMER	MAILING ADDRESS	1	CITY *	Paole	JOB TYPE	CASING DEPTH_	DISPLACEMENT	REMARKS:	B	A	9			ACCOUNT	1022	540	SYOZ	540	1124	1.15.3	Cohn				Б			Ravin 3737 AUTHORIZTION	l acknowled