

### Kansas Corporation Commission Oil & Gas Conservation Division

#### 1063692

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 🔲 East 🗌 West				
Address 2:	Feet from North / South Line of Section				
City: State: Zip:+	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 Gas D&A ENHR SIGW OG GSW Temp. Abd. CM (Coal Bed Methane) Cathodic Other (Core, Expl., etc.):	Amount of Surface Pipe Set and Cemented at: Feet  Multiple Stage Cementing Collar Used?				
Operator:					
Well Name:	Drilling Fluid Management Plan (Data must be collected from the Reserve Pit)				
Original Comp. Date: Original Total Depth:  Deepening Re-perf. Conv. to ENHR Conv. to SWD  Conv. to GSW	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 #:	Lease Name: License #:				
SWD Permit #:	Quarter Sec Twp S. R				
☐ ENHR         Permit #:           ☐ 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



Operator Name: \_ Lease Name: \_ \_ Well #: \_ 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 Wireline Logs surveyed. Attach final geological well site report. **Drill Stem Tests Taken** Yes No Log Formation (Top), Depth and Datum Sample (Attach Additional Sheets) Name Top Datum Samples Sent to Geological Survey ☐ Yes □ No Cores Taken Yes No Electric Log Run Electric Log Submitted Electronically Yes No (If no, Submit Copy) List All E. Logs Run: CASING RECORD Used New Report all strings set-conductor, surface, intermediate, production, etc. Size Hole Size Casing Weight # Sacks Type and Percent Type of Purpose of String Drilled Set (In O.D.) Lbs. / Ft. Additives Depth Cement Used ADDITIONAL CEMENTING / SQUEEZE RECORD Purpose: Depth Type of Cement # Sacks Used Type and Percent Additives Top Bottom Perforate **Protect Casing** Plug Back TD Plug Off Zone PERFORATION RECORD - Bridge Plugs Set/Type Acid, Fracture, Shot, Cement Squeeze Record Shots Per Foot Specify Footage of Each Interval Perforated (Amount and Kind of Material Used) Depth TUBING RECORD: Size: Set At: Packer At: Liner Run: No Yes Producing Method: Date of First, Resumed Production, SWD or ENHR. Pumping Gas Lift Other (Explain) Flowing **Estimated Production** Bbls. Water Bbls. Gas-Oil Ratio Oil Gas Mcf Gravity Per 24 Hours **DISPOSITION OF GAS:** METHOD OF COMPLETION: PRODUCTION INTERVAL: Open Hole Dually Comp. Perf. Commingled Vented Sold Used on Lease (Submit ACO-5) (Submit ACO-4) (If vented, Submit ACO-18.) Other (Specify)



LOCATION O Hawa KS
FOREMAN Fred Mady

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

## FIELD TICKET & TREATMENT REPORT

20-431-9210 0	000-407-0070			ICIVI			
DATE	CUSTOMER#	WEL	L NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
8/12/11	7823	Killou	h #1.W	SF I	17	20	FR
LISTOMER			,	TRUCK#	DRIVER	TRUCK #	DRIVER
AAILING ADDRE	m 0:1 Ca	my pary		TRUCK#	FREMAD	Safety	nek
						RH	Take
TY / G Z	05 W 2	STATE	ZIP CODE	368	KENHAM	TL	
Paola		KS	66092	8548	TIMLEM	10	
OB TYPE ho		HOLE SIZE		EPTH	CASING SIZE 8 M	FIGHT 23/5	FUE
	7370		P M CORING	723	CASING SIZE & W	OTHER	, _
ASING DEPTH_	7 <i>5</i> /-		WATER	gal/sk	CEMENT LEET IN	CASING 35	Nur 75
			IT PSI MIX PSI		RATE 4 BPY		
	1						uch
IWAKKS: E	Tablish	gr cula	*! on. M.x +	PUMP 100	20% (en0	no J	- N -
C C	x + roup	13 SK	s 50/50 Por	Wilk Cement	02/6 CCIC.	( pulled	12
201	Di FI	USK PU	mp + 1205 C	fuel Disp	iace of R	DO DEN PI	0
70	rin m	asing	W/ 2.7 BBC	ires n wase	C,		
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Costa	ner Sup,	013e d	a arer		Jul	made	
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ACCOUNT	QUANITY	or HNITS	DESCRIPTION	ON of SERVICES or PR	ODUCT	UNIT PRIOR	TOTAL
CODE	QUANITY	See Assessment	DESCRIPTION	ON OF SERVICES OF PR	measure the second	UNIT PRICE	TOTAL
5401	LANGUAGE CO.	1	PUMP CHARGE		348	10157873187	97500
5406	/	o mi	MILEAGE				40 00
5402		131	Casky foo	toge			NIC
5407	Minimo	m	Ton Mil	es	548		33000
	200000000000000000000000000000000000000						
		\					7/
1124		SSKS	50/50 Porm	ix Coment			99275
1118B	20	0 #	Promium	Gel		1	-52°
4401	1		2" Robber	Plug			28-05
				W.			
				(111)			
				2470			
			LNAH	) '	1		
			1 8 A		2		
			7.		7.8%	SALES TAX	93.6
vin 3737	0 -					ESTIMATED	25012
	Winto		w. 01 /	4.		TOTAL	المالالل
JTHORIZTION	a into	W 00	TITLE	K		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 or service on the back of this form are in effect for services identified on this form.

Franklin County, KS Well: Killough 1-W Lease Owner: TOC

# Town Oil Company, Inc. (913)294-2125

Commenced Spudding: 8/10/2011

### WELL LOG

Thickness of Strata	Formation	Total Depth
1	Soil/Clay	1
4	Lime	5
3	Underclay	8
7	Shale	15
20	Lime	35
29	Shale	63
35	Lime	98
72	Shale	170
21	Lime	191
19	Shale	210
10	Lime	220
7	Lime	227
23	Shale	250
8	Lime	258
23	Shale	281
24	Lime	306
9	Shale	315
23	Lime	338
5	Shale	343
3	Lime	346
4	Shale	350
4	Lime	354
110	Shale	464
10	Sandy Lime	474
26	Shale	500
2	Slate	502
6	Shale	508
5	Lime	513
4	Lime	517
41	Shale	558
4	Lime	562
17	Shale	579
2	Lime	581
8	Shale	589
7	Lime	596
8	Shale	604
5	Lime	609
4	Lime	613
2	Shale	615
4	Lime	619

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# Town Oil Company, Inc. Commenced Spudding: 8/10/2011

8/10/2011

3 Sand 622 Sand 626 4 46 Sandy Shale 672 Sandy Shale 4 676 13 Shale 689 Sand 7 696 Sandy Shale 46 742-TD