



KANSAS CORPORATION COMMISSION 1099800
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 # _____

Name: _____

Address 1: _____

Address 2: _____

City: _____ State: _____ Zip: _____ + _____

Contact Person: _____

Phone: (_____) _____

CONTRACTOR: License # _____

Name: _____

Wellsite Geologist: _____

Purchaser: _____

Designate Type of Completion:

<input type="checkbox"/> New Well	<input type="checkbox"/> Re-Entry	<input type="checkbox"/> Workover	
<input type="checkbox"/> Oil	<input type="checkbox"/> WSW	<input type="checkbox"/> SWD	<input type="checkbox"/> SIW
<input type="checkbox"/> Gas	<input type="checkbox"/> D&A	<input type="checkbox"/> ENHR	<input type="checkbox"/> SIGW
<input type="checkbox"/> OG		<input type="checkbox"/> GSW	<input type="checkbox"/> Temp. Abd.
<input type="checkbox"/> CM (Coal Bed Methane)			
<input type="checkbox"/> Cathodic <input type="checkbox"/> Other (Core, Expl., etc.): _____			

If Workover/Re-entry: Old Well Info as follows:

Operator: _____

Well Name: _____

Original Comp. Date: _____ Original Total Depth: _____

<input type="checkbox"/> Deepening	<input type="checkbox"/> Re-perf.	<input type="checkbox"/> Conv. to ENHR	<input type="checkbox"/> Conv. to SWD
<input type="checkbox"/> Conv. to GSW			
<input type="checkbox"/> Plug Back: _____		Plug Back Total Depth: _____	
<input type="checkbox"/> Commingled		Permit #: _____	
<input type="checkbox"/> Dual Completion		Permit #: _____	
<input type="checkbox"/> SWD		Permit #: _____	
<input type="checkbox"/> ENHR		Permit #: _____	
<input type="checkbox"/> GSW		Permit #: _____	

Spud Date or
Recompletion Date Date Reached TD Completion Date or
Recompletion Date

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

County: _____

Lease Name: _____ Well #: _____

Field Name: _____

Producing Formation: _____

Elevation: Ground: _____ Kelly Bushing: _____

Total 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

Letter of Confidentiality Received

Date: _____

Confidential Release Date: _____

Wireline Log Received

Geologist Report Received

UIC Distribution

ALT I II III Approved by: _____ Date: _____



1099800

Operator Name: _____ Lease Name: _____ Well #: _____

Sec. _____ Twp. _____ S. 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 Wireline Logs surveyed. Attach final geological well site report.

Drill Stem Tests Taken (Attach Additional Sheets)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Log	Formation (Top), Depth and Datum	<input type="checkbox"/> Sample
Samples Sent to Geological Survey	<input type="checkbox"/> Yes <input type="checkbox"/> No	Name	Top	Datum
Cores Taken	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Electric Log Run	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Electric Log Submitted Electronically (If no, Submit Copy)	<input type="checkbox"/> Yes <input type="checkbox"/> No			
List All E. Logs Run:				

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: <input type="checkbox"/> Perforate <input type="checkbox"/> Protect Casing <input type="checkbox"/> Plug Back TD <input type="checkbox"/> Plug Off Zone	Depth Top Bottom	Type of Cement	# Sacks Used	Type and Percent Additives

Shots Per Foot	PERFORATION RECORD - Bridge Plugs Set/Type Specify Footage of Each Interval Perforated			Acid, Fracture, Shot, Cement Squeeze Record (Amount and Kind of Material Used)	Depth

TUBING RECORD: Size: Set At: Packer At:				Liner Run: <input type="checkbox"/> Yes <input type="checkbox"/> No		
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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) _____				
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Estimated Production Per 24 Hours	Oil Bbls.	Gas Mcf	Water	Bbls.	Gas-Oil Ratio	Gravity
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DISPOSITION OF GAS: <input type="checkbox"/> Vented <input type="checkbox"/> Sold <input type="checkbox"/> Used on Lease (If vented, Submit ACO-18.)	METHOD OF COMPLETION: <input type="checkbox"/> Open Hole <input type="checkbox"/> Perf. <input type="checkbox"/> Dually Comp. (Submit ACO-5) <input type="checkbox"/> Commingled (Submit ACO-4) <input type="checkbox"/> Other (Specify) _____	PRODUCTION INTERVAL: _____ _____
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Miami County, KS
Well: Bergman G-1
Lease Owner: Bergman

Town Oilfield Service, Inc.
(913) 837-8400

Commenced Spudding:
10/18/2012

WELL LOG

Thickness of Strata	Formation	Total Depth
3	Soil/Clay	3
13	Lime	16
3	Sand	19
52	Shale	71
10	Lime	81
2	Shale	83
2	Sandy Shale	85
10	Sand	95
3	Lime	98
18	Shale	116
4	Lime	120
23	Shale	143
8	Sandy Shale	151
12	Shale	163
11	Lime	174
16	Shale	190
10	Lime	200
2	Shale	202
15	Lime	217
7	Shale	224
3	Lime	227
20	Lime	247
3	Shale	250
1	Slate	251
3	Lime	254
5	Shale	259
5	Lime	264
3	Shale	267
2	Lime	269
3	Shale	272
8	Sand	280
6	Sandy Shale	286
6	Shale	292
4	Sand	296
14	Sandy Shale	310
5	Sand	315
6	Sandy Shale	321
68	Shale	389
6	Sand	395
5	Sandy Shale	400

Miami County, KS
Well: Bergman G-1
Lease Owner: Bergman

Town Oilfield Service, Inc.
(913) 837-8400

Commenced Spudding:
10/18/2012



CONSOLIDATED Oil Well Services, LLC

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

**FIELD TICKET & TREATMENT REPORT
CEMENT**

TICKET NUMBER 35075
LOCATION Ottawa
FOREMAN Alan Mader

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
10-22-12	7984	Bergman 1	NW 1	17	24	M.
CUSTOMER Town Oilfield Service		MAILING ADDRESS P.O. Box 339	TRUCK #	DRIVER	TRUCK #	DRIVER
			516	Alan Mad	Safety Meet	
			368	Art Mad	AKM	
			675	Kei Det	KD	
		503	Dan Det	DD		
CITY Lionsburg		STATE WV	ZIP CODE 166053	JOB TYPE long string		
CASING DEPTH 555		HOLE SIZE 6 3/4	HOLE DEPTH 580	CASING SIZE & WEIGHT 4 1/2		OTHER
DISPLACEMENT 8.7		DRILL PIPE	TUBING	CEMENT LEFT IN CASING yes		
SLURRY WEIGHT		SLURRY VOL	WATER gal/sk	RATE 4 6pm		
DISPLACEMENT PSI 800		MIX PSI 200	REMARKS: Established rate. Mixed & pumped 100 ⁴ gal followed by 3 1/2 bbl dye marker. Mixed & pumped 93 sk 50/50 cement slurry. Circulated slurry.			

REMARKS: Established rate. Mixed & pumped 100⁴ gal followed by 3 1/2 bbl dye marker. Mixed & pumped 93.5K 50/50 cement/poly 270 gal. Circulated dye, flushed pump. Pumped 100⁴ gal to casings TD. Well held 800 P.S.I. Circulated 5 bbl cement returns. Set float. Closed valve.

TOS, c had

John Mader

Ravin 3737

AUTHORITATION

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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.

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