

KANSAS CORPORATION COMMISSION OIL & GAS CONSERVATION DIVISION

1103156

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: State: Zip:+	Feet from Cast / West Line of Section
Contact Person:	Footages Calculated from Nearest Outside Section Corner:
Phone: ()	
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?
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:	
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	Chloride content: ppm Fluid volume: bbls
	Dewatering method used:
Plug Back: Plug Back Total Depth	Location of fluid disposal if hauled offsite:
Commingled Permit #:	On and the Name
Dual Completion Permit #:	Operator Name:
□ SWD Permit #:	Lease Name: License #:
ENHR Permit #:	QuarterSecTwpS. R East West
GSW Permit #:	County: Permit #:
Spud Date or Recompletion Date Date Reached 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 III Approved by: Date:						

	Side Two	1103156
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	eets)	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:								
		Report all		RECORD Ne	ew Used	ion etc		
Purpose of String	Size Hole Drilled	Size Ca Set (In C	sing	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 RECORD - Bridge Plugs Set/Type Specify Footage of Each Interval Perforated			ļ		ement Squeeze Record I of Material Used)	Depth		
TUBING RECORD:	Siz	ze:	Set At:		Packer	r At:	Liner R	un:	No	
Date of First, Resumed F	Product	ion, SWD or ENH	۶.	Producing N	1ethod:	ping	Gas Lift	Other (Explain)		
Estimated Production Per 24 Hours		Oil Bb	ls.	Gas	Mcf	Wate	er	Bbls.	Gas-Oil Ratio	Gravity
									1	
DISPOSITION OF GAS:		METHOD OF COMPLE		TION:		PRODUCTION INTER	RVAL:			
Vented Sold		Jsed on Lease		Open Hole	Perf.	Dually (Submit /		Commingled (Submit ACO-4)		
(If vented, Subi	mit ACC)-18.)		Other (Specify)						

Franklin County, KS Well:W. Lidikay 80 Lease Owner: L L

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

WELL LOG 15-059 - 26222-00-00

Thickness of Strata	s of Strata Formation			
0-33	Soil-Clay	33		
5	Lime	38		
5	Shale	43		
13	Lime	56		
7	Shale	63		
10	Lime	73		
7	Shale	80		
14	Lime	94		
52	Shale	146		
19	Lime	165		
74	Shale	239		
22	Lime	261		
26	Shale	287		
7	Lime	294		
21	Shale	315		
2	Lime	317		
20	Shale	337		
1	Lime	338		
11	Shale	349		
7	Lime	356		
3	Shale	359		
12	Lime	371		
9	Shale	380		
23	Lime	403		
5	Shale	408		
4	Lime	412		
4	Shale	416		
5	Lime	421		
118	Shale	539		
2	Sandy Shale	541		
2	Sand	543		
6	Sand	549		
51	Sandy Shale	600		
8	Lime	608		
6	Shale	614		
3	Lime	617		
11	Shale	628		
2	Lime	630		
20	Shale	650		
3	Lime	653		

Franklin County, KS Well:W. Lidikay 80 Lease Owner: L L

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

9	Shale	662
1	Lime	663
8	Shale	671
0 1		672
	Lime	
24	Shale Condu Chala	696
7	Sandy Shale	703
14	Sand	717
10	Sand	727
3	Sand	730
90	Sandy Shale	820-TD

Short Cuts

BBLS. (42 gal.) equals D²x.14xh D equals diameter in feet. h equals height in feet.

BARRELS PER DAY Multiply gals. per minute x 34.2

HP equals BPH x PSI x .0004 BPH - barrels per hour PSI - pounds square inch

TO FIGURE PUMP DRIVES

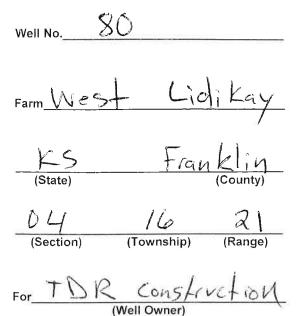
* D - Diameter of Pump Sheave
* d - Diameter of Engine Sheave
SPM - Strokes per minute
RPM - Engine Speed
R - Gear Box Ratio
*C - Shaft Center Distance

D - RPMxd over SPMxR d - SPMxRxD over RPM SPM - RPMXD over RxD R - RPMXD over SPMxD

BELT LENGTH - 2C + 1.57(D + d) + (D-d)²

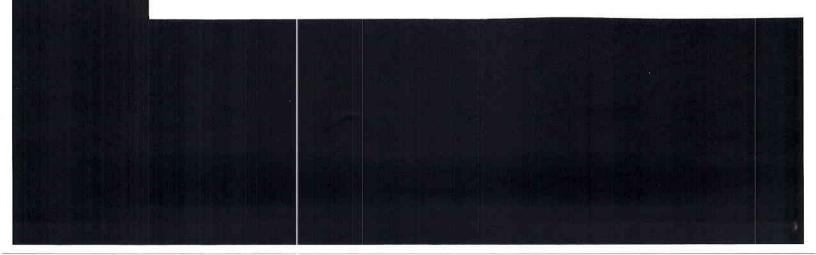
* Need thes∉ to figure belt length WATTS = AMPS TO FIGURE AMPS: VOLTS 746 WATTS equal 1 HP

Log Book



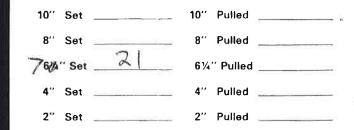
Town Oilfield Services, Inc.

1207 N. 1st East Louisburg, KS 66053 913-710-5400



West Lidikay Franklin County 80 KS State; Well No. 1008 Elevation Nou 21 Commenced Spuding 20 Vov 26 1 Finished Drilling 20 WYSK-Driller's Name Driller's Name Driller's Name Ryan Ward Tool Dresser's Name **Tool Dresser's Name** Tool Dresser's Name 📃 TOS Contractor's Name 16 21 D4 (Section) (Township) (Range) 4900 line, Distance from _ ft. E 5115 ____ line, Distance from _ ft. Sacks 3 Shis

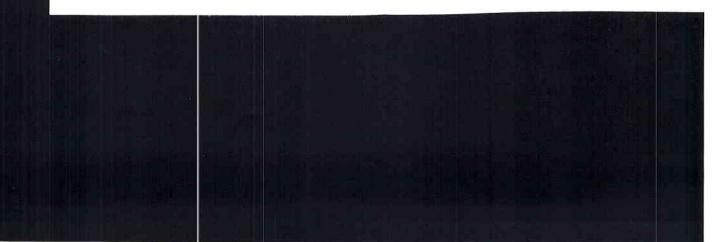
CASING AND TUBING RECORD



CASING AND TUBING MEASUREMENTS

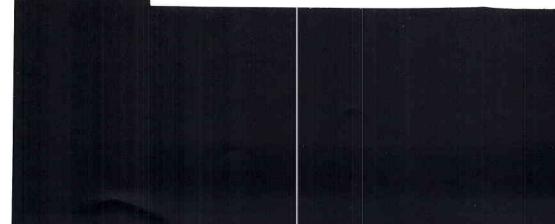
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Feet	In.	Feet	In.	Feet	ln.
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Thickness of Strata	Formation	Total Depth	 Remarks
0-33	Soil-clay	33	
5	Lime	38	
5	shale	43	
13	Lime	56	4) 21
7	shale	63	
10	Lime	73	
7	Shule	80	R.
14	L.m shells	94	
52	Shale	146	
19	Lime	165	
74	Shale	239	
22	Lime	261	
24	Shale	247	
7	Lime	294	
21	shale	315	
2	Lime	317	
20	Sherle	337	
1	Lime	338	
11	Shale	349	
7	Lime	356	
3	shale	359	
12	Lime	371	-
9	Shale	380	
23	Lime	403	
5	shale	408	
4	Lime	412	
	5hal-e	416	

	18	414	
Thickness of Strata	Formation	Total Depth	Remarks
5	Lime	421	Hertha
118	Shale	539	
2	sandy shale	541	
る	Sand	543	no Dil
6	Sand	549	- Slight show - wayside
_ 51	sindy shale	600	- oright stew wayshare
8	Lime	608	
6	Shale	614	
3	Lime	617	
<u> </u>	shale	628	
2	Lime	630	
20	Shale	650	m -
3	Lime	653	
°1	Shale	662	
/	Linne	663	-
- 8	Shale	671	
1	Line	672	7
	Shale	696	· · · · · · · · · · · · · · · · · · ·
7	Sandy shalt	703	·
	Sand	717	broken -50% 0;
10	sand	727	Solid - good shew
3	sand	730	black - deud Oil
90	sandy shale	820	TD
			-
	-4-		



-5-

	NSOLIDATED II Well Services, LLC	LD TICKET & TREAT				8939 ly
PO Box 884, Cha 620-431-9210 or			*)	JRI	8 7	
DATE	CUSTOMER# WEL	L NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
11/26/12	West Li	dikay # 80	NW 4	1le .	21	FR
CUSTOMER 7	inergy	7 .		the second s		12 1 1
MAILING ADDRES			TRUCK# 481	DRIVER	TRUCK#	Ueeting
120 Sho		e 8 e n 1	401	Casten Gardoo	~ Safety	ueering_
CITY CITY	STATE	ZIP CODE	510	Sottuc	V	
Louisbu	KS	66053	5/12	Ser ice	×	
JOB TYPE JONG			820'	CASING SIZE & V	VEIGHT 27	P" EVE
CASING DEPTH			Afle - 748		OTHER	
SLURRY WEIGHT		WATER gal/s	k	CEMENT LEFT in		1
DISPLACEMENT	1.33 bbis DISPLACEMEN	NT PSI MIX PSI		RATE 4.56	span	
REMARKS: hdd	sation meeting, es	tablished circulatio	n, mixed	trunped		in Gel
followed	by 10 bbls fresh 4	water, nixed to	surged 11	1 stes 50/5	o Poznik	coment
v/ 2% ce		to surface flu	shed pury	*		01/5 "
rabber plug	to baffle up 4.	33 66/s tresh wa	ter, pressur	ed to doo	PSI, relea	sed
pressure, sh	ut in casing.			<u> </u>	-A	
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		·		+ - /	/	·
ACCOUNT				<u> </u>		
CODE	QUANITY or UNITS	DESCRIPTION of	SERVICES or PR	ODUCT	UNIT PRICE	TOTAL
5401	/	PUMP CHARGE		2		1030.00
5406	_on lease	MILEAGE				
5402	760	casing tootage				·
5407	1/2 minimum	ton nileage	-			175.00
		0	5.			
		-				
1124	111 sts	50/50 Pozmik C Premium Gel 21/2 "rubber p	ement			1215.45
11183	2864	Premium Gel		¥		60.06
4402	1	21/2" rubber p	lug			28.00
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						(1) (1)
					· C. C. Maria	A Real Park
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			A	(₁₀)w ^{is}		
					SALES TAX	101.67
Ravin 3737	No Co. Rep onlo		×		ESTIMATED TOTAL	2610,18

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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