



KANSAS CORPORATION COMMISSION 1104177
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:

- New Well Re-Entry Workover
- Oil WSW SWD SIOW
- Gas D&A ENHR SIGW
- OG GSW Temp. Abd.
- CM (Coal Bed Methane)
- Cathodic Other (Core, Expl., etc.): _____

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

Operator: _____

Well Name: _____

Original Comp. Date: _____ Original Total Depth: _____

- Deepening Re-perf. Conv. to ENHR Conv. to SWD
- Conv. to GSW
- Plug Back: _____ Plug Back Total Depth _____
- Commingled Permit #: _____
- Dual Completion Permit #: _____
- SWD Permit #: _____
- ENHR Permit #: _____
- 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: _____



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 Wire-line Logs surveyed. Attach final geological well site report.

Drill Stem Tests Taken <input type="checkbox"/> Yes <input type="checkbox"/> No <i>(Attach Additional Sheets)</i> Samples Sent to Geological Survey <input type="checkbox"/> Yes <input type="checkbox"/> No 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 <input type="checkbox"/> Yes <input type="checkbox"/> No <i>(If no, Submit Copy)</i> List All E. Logs Run:	<input type="checkbox"/> Log Formation (Top), Depth and Datum <input type="checkbox"/> Sample Name Top Datum
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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:	Depth Top Bottom	Type of Cement	# Sacks Used	Type and Percent Additives
_____ Perforate _____ Protect Casing _____ Plug Back TD _____ Plug Off Zone				

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

TUBING RECORD: Size: _____ Set At: _____ Packer At: _____ Liner Run: Yes No

Date of First, Resumed Production, SWD or ENHR. _____ Producing Method: Flowing Pumping Gas Lift Other *(Explain)* _____

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 <i>(If vented, Submit ACO-18.)</i>	METHOD OF COMPLETION: <input type="checkbox"/> Open Hole <input type="checkbox"/> Perf. <input type="checkbox"/> Dually Comp. <input type="checkbox"/> Commingled <i>(Submit ACO-5)</i> <input type="checkbox"/> Other <i>(Specify)</i> _____ <input type="checkbox"/> Other <i>(Specify)</i> _____	PRODUCTION INTERVAL: _____ _____
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McCane Services, Inc.
 13 A Y Road
 Madison, KS 66860
 Office # 620-437-2661
 Brad Cell # 620-437-6765

Ticket Number 100086
 Location Madison
 Foreman Brad Butler

Cement Service ticket

Date	Customer #	Well Name & Number	Sec./Township/Range	County
5-11-12		Kettle # 2-A		Allen
Customer		Mailing Address	City	State Zip
TB&G LLC				

Job Type: <u>LongStrings</u>	Truck #	Driver
Hole Size: <u>6 3/4"</u>	<u>201</u>	<u>Kelly</u>
Hole Depth: <u>950'</u>	<u>203</u>	<u>Cody</u>
Bridge Plug:	<u>106</u>	<u>Rodger</u>
Packer:		
Casing Size: <u>4 1/2" @ 940'</u>	Displacement: <u>14 1/2 Bbls</u>	
Casing Weight: <u>10.5 lb</u>	Displacement PSI: <u>450</u>	
Tubing:	Cement Left in Casing: <u>20</u>	
PBTD:		

Quantity Or Units	Description of Services or Product	Pump charge	
<u>0</u>	Mileage <u>Trk. on location</u>	\$3.25/Mile	<u>142</u>
<u>139 SACKS</u>	<u>60/40 Pozmix cement</u>	<u>10.90</u>	<u>1,515.10</u>
<u>239 lbs</u>	<u>Gel 2%</u>	<u>.30</u>	<u>71.70</u>
<u>34 lbs</u>	<u>Floccle 1/4" P/SK</u>	<u>1.85</u>	<u>62.90</u>
<u>250 lbs</u>	<u>Gel > Flush Ahead</u>	<u>.30</u>	<u>75.00</u>
<u>4 Hrs</u>	<u>water Truck</u>	<u>84.00</u>	<u>336.00</u>
<u>1</u>	<u>Rental on swivel (wash head)</u>	<u>75.00</u>	<u>75.00</u>
<u>6.23 Tons</u>	<u>Bulk Truck</u>	\$1.15/Mile	<u>322.40</u>
	<u>Plugs</u>		
		Subtotal	<u>3248.10</u>
		Sales Tax	<u>125.90</u>
		Estimated Total	<u>3374.00</u>

Remarks: Rig up to 4 1/2" casing, washed casing down to 940' (4 Joints), circulate hole clean.
Pumped 10 Bbl. Gel Flush, circulated Gel ground with water out of Pit. Pumped 6 Bbl. Dye water Ahead
Mixed 139 Sks. 60/40 Pozmix cement w/ 2% Gel & 1/4" P/SK of Floccle. Displaced cement w/ 14 1/2 Bbls water
Final Pumping @ 450 PSI - close casing in with 250 PSI
Good cement returns with 7 Bbl. slurry

Job complete - Tear down
"Thank you"

witnessed by Mark Bemis
 Customer Signature

Phone: 316-337-6200
Fax: 316-337-6211
http://kcc.ks.gov/

Sam Brownback, Governor

Corporation Commission



Mark Sievers, Chairman
Thomas E. Wright, Commissioner
Shari Feist Albrecht, Commissioner
December 03, 2012

N & B ENTERPRISES, INC.
PO BOX 812
CHANUTE, KS 66720-0812

FINAL NOTICE OF VIOLATION

RE: API Well No. 15-001-30341-00-00

DEAN KETTLE #2

NENWNWNW, 12-24S-18E

ALLEN County, Kansas

Dear Operator:

Technical review of the above referenced well shows that the well information is incomplete. The following documentation has not been received, and a first letter notice was sent to you on September 26, 2012. To date, we have not received the following information:

- All drilling and completion information. No ACO-1 has been received as of this date.
- Must be notarized and signed.
- Must have the ORIGINAL HARD COPY of ACO-1.
- We do not accept fax copies.
- Must be put on new form and typed.
- API # or date when original well was first drilled.
- Contractor License #.
- Designate type of Well Completion.
- If Workover/Re-entry, need old well information, including original completion date.
- Spud date. (Month, Day, Year)
- Other:
- TD and Completion date. (Month, Day, Year)
- Must have Footages from nearest outside corner of section.
- Side two on back of ACO-1 must be filled out.
- Must have final copies of DST's/Charts.
- All original complete open and cased hole wireline logs run.
- A copy of geological reports compiled by wellsite geologist.
- A copy of all cement job logs showing type, amounts and additives used to cement casing strings, squeeze and/or plug and abandon. (Note: Cement tickets must be from company providing the cement, not necessarily the contractor.)
- Any commingling information; File on the ACO-4 form.
- Anything HIGHLIGHTED on ACO-1.

This requested information must be submitted for processing as stated under K.A.R. 82-3-107(d), and K.A.R. 82-3-130 of the General Rules and Regulations for the State of Kansas. Failure to submit the requested information by December 17, 2012, shall be punishable by a \$500.00 per well administrative penalty. PLEASE RETURN THIS FORM AND ANY ENCLOSURES WITH YOUR REPLY.

Please contact me at (316) 337-6200 if you have any questions.

Sincerely,

Deanna Garrison

DEANNA GARRISON

Production Department