



KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION

1105064

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: _____

1105064

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 ☐ Yes ☐ No
(Attach Additional Sheets)

Samples Sent to Geological Survey ☐ Yes ☐ No

Cores Taken ☐ Yes ☐ No

Electric Log Run ☐ Yes ☐ No

Electric Log Submitted Electronically ☐ Yes ☐ No
(If no, Submit Copy)

List All E. Logs Run:

☐ Log Formation (Top), Depth and Datum ☐ Sample
Name Top Datum

CASING RECORD ☐ New ☐ 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 (Amount and Kind of Material Used)	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

DISPOSITION OF GAS: ☐ Vented ☐ Sold ☐ Used on Lease (If vented, Submit ACO-18.)	METHOD OF COMPLETION: ☐ Open Hole ☐ Perf. ☐ Dually Comp. (Submit ACO-5) ☐ Commingled (Submit ACO-4) ☐ Other (Specify) _____	PRODUCTION INTERVAL: _____ _____
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Short Cuts

TANK CAPACITY

BBLS. (42 gal.) equals $D^2 \times .14 \times h$

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 - SPMxRx D over RPM

SPM - RPMXD over Rx D

R - RPMXD over SPMxD

BELT LENGTH - $2C + 1.57(D + d) + \frac{(D-d)^2}{4C}$

* Need these to figure belt length

TO FIGURE AMPS: $\frac{\text{WATTS}}{\text{VOLTS}} = \text{AMPS}$

746 WATTS equal 1 HP

Log Book

Well No. #13

Farm Davis

Ks.
(State)

Miami
(County)

7
(Section)

18
(Township)

22
(Range)

For M. J. T. Enterprises

(Well Owner)

Mike & Julie Taylor

Town Oil Company, Inc.

16205 W. 287th St.

Paola, KS 66071

913-294-2125

Davis Farm: Miami County
Ks State; Well No. #13

Elevation _____
 Commenced Spuding 3-9 2012
 Finished Drilling 3-15 2012
 Driller's Name Scott Kirkland
 Driller's Name _____
 Driller's Name _____
 Tool Dresser's Name Cade Shray
 Tool Dresser's Name _____
 Tool Dresser's Name _____
 Contractor's Name Town Oil Co.
7 18 22
 (Section) (Township) (Range)

Distance from _____ line, _____ ft.
 Distance from _____ line, _____ ft.

CASING AND TUBING RECORD

3 hrs core time for
 2 men

10" Set _____ 10" Pulled _____
 8" Set _____ 8" Pulled _____
 6 1/4" Set 20' 6 5/8" 35 cks 6 1/4" Pulled _____
 4" Set _____ 4" Pulled _____
 2" Set 678.65 2" Pulled _____
27 1/2 675.65 to the pin
8rd

CASING AND TUBING MEASUREMENTS

Feet	In.	Feet	In.	Feet	In.
31	60				
31	50				
31	80				
31	20				
31	70				
30	05				
30	95				
31	65				
31	60				
31	70				
31	70				
31	55				
31	20				
31	80				
31	65				
31	80				
31	65				
31	60				
29	40				
29	40				
30	30				
30	55				
681	65				
-3					
678	65				
675.65					

T.P.
 to the pin

Thickness of Strata	Formation	Total Depth	Remarks
18	Soil & clay	18	
22	Lime	40	
18	shale	58	
3	sandy lime	61	
1	sandy shale	62	
2	Lime	64	
2	Shale	66	
7	Red Bed	73	
33	shale	106	
14	Lime	120	Drum
9	shale	129	
28	Lime	157	Winterset
11	Shale & slate	168	
23	Lime	191	Bethany Falls
5	Shale & slate	196	
4	Lime	200	K.C.
3	Shale & slate	203	
5	Lime	208	Herttha
21	Shale & slate	229	
2	Sand	231	laminated, grey, gas odor
6	sand	237	solid
2	sand	239	laminated
72	Sandy shale	311	
4	Sand	315	solid, limey, grey
3	Sand	318	laminated
24	sandy shale	342	
4	Red Bed	346	Stopped at 322'

Thickness of Strata	Formation	Total Depth	Remarks
5	sandy shale	351	green w/ lime straks
5	Lime	356	sandy, hard
16	sandy shale	372	green
11	Lime	383	w/ fossils
27	sandy shale	410	w/ lime streaks
15	shale	425	dk gray
1	coar	426	
25	shale	451	w lime streaks
2	Lime	453	Brown
17	shale	470	
8	Lime	478	
21	shale	499	
2	Lime	501	Bm
6	shale	507	
7	Lime	514	oil odor. Started core at 522'
8	sandy shale	522	no odor or show - solid
9	sandy shale	531	slight odor & show, laminated
3	sand	534	OK bleed, solid, &
31	sandy shale	565	very little, bleed, laminated, grey
5	Lime	570	
22	sandy shale	592	
4	sand	596	solid slight odor & show
14	sandy shale	610	
6	shale	616	w/ lime streaks
10	shale	626	grey
4	Lime	630	
3	shale	633	dark

Coring
Min Sec time elapsed

Depth

Thickness of Strata	Formation	Total Depth	Remarks
522	17 sec	17	
523	44	27	
524	1:12	27	
525	1:41	29	
526	2:08	29	
527	2:39	31	
528	3:10	31	
529	3:41	31	
530	4:11	32	
531	4:44	33	
532	5:22	38	
533	5:52	30	
534	6:25	33	
535	6:57	32	
536	7:28	31	
537	8:04	36	
538	8:40	36	
539	9:23	43	
540	10:03	40	
541	10:33	30	
542			

Over for T.D.

**CONSOLIDATED**

Oil Well Services, LLC

PO Box 884, Chanute, KS 66720
620-431-9210 or 800-467-8676TICKET NUMBER 36519
LOCATION Ottawa KS
FOREMAN Fred Maden**FIELD TICKET & TREATMENT REPORT
CEMENT**

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
3/15/12		Davis #213	7	15	22	mi
CUSTOMER M J T Enterprises			TRUCK # DRIVER TRUCK # DRIVER			
MAILING ADDRESS 37411 John Brown Hwy			506 FREMAD Safety Mfg			
CITY STATE ZIP CODE Osawatomie KS 66064			495 BARBEC H/B			
			558 RYASIN KS			

JOB TYPE Logging HOLE SIZE 5 7/8 HOLE DEPTH 682' CASING SIZE & WEIGHT 2 7/8 EUE
 CASING DEPTH 678' DRILL PIPE pin in TUBING @ 675 OTHER _____
 SLURRY WEIGHT _____ SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT in CASING 2 1/2" Plug 4'
 DISPLACEMENT 3.988 DISPLACEMENT PSI _____ MIX PSI _____ RATE 48 PM

REMARKS: Establish circulation. Mix Pump 100# Premium Gel Flush
Mix Pump 95 sks 50/50 Por Mix Cement 2% Gel. Cement
to surface. Flush pump + lines clean. Displace 2 1/2"
Rubber plug to pin in casing. Pressure to 700* PSI
Shut in Casing

Rig supplied H₂O
 Town Oil Co.

Fred Maden

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401	1	PUMP CHARGE	495	1030 ⁰⁰
5406	20 mi	MILEAGE	495	80 ⁰⁰
5402	678	Casing footage		N/C
5407	Minimum	Ten Miles	558	351 ⁰⁰
1124	95 SKS	50/50 Por Mix Cement		1040 ²⁵
115B	260 #	Premium Gel		54 ⁶⁰
4402	1	2 1/2" Rubber Plug		28 ⁰⁰
		#3819		
		2% Discount	-53.35	
		Total	27	
		SALES TAX	7.508	84.72
		ESTIMATED TOTAL		2667 ⁶²

Ravin 3737

AUTHORIZATION _____

TITLE _____

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 of service on the back of this form are in effect for services identified on this form