



KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION

1106117

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 Date Reached TD Completion Date or
Recompletion Date 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: _____

Sec. _____ Twp. _____ S. R. _____ ☐ East ☐ West County: _____

Mail to: KCC - Conservation Division, 130 S. Market - Room 2078, Wichita, Kansas 67202

Miami County, KS
Well: Kimmerer 2
Lease Owner: TOC

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

Commenced Spudding:
11/2/2012

WELL LOG

Thickness of Strata	Formation	Total Depth
7	Soil-Clay	7
12	Lime	19
1	Shale	20
4	Lime	24
20	Shale	44
4	Lime	48
43	Shale	91
15	Lime	106
9	Shale	115
31	Lime	146
9	Shale	155
20	Lime	175
5	Shale	180
5	Lime	185
1	Shale	186
6	Lime	192
104	Shale	296
31	Shale	327
13	Lime	340
11	Shale	351
13	Lime	364
39	Sandy Shale	403
3	Coal	406
5	Shale	411
7	Lime	418
12	Shale	430
3	Lime	433
14	Shale	447
9	Lime	456
19	Shale	475
3	Lime	478
1	Shale	479
2	Lime	481
3	Sandy Shale	484
1	Sand	486
1	Sandy Shale	487
6	Sand	493
2	Sand	495
85	Sandy Shale	580-TD

Miami County, KS
Well: Kimmerer 2
Lease Owner: TOC

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

Commenced Spudding:
11/2/2012

[illegible]

Miami County, KS
Well: Kimmerer 2
Lease Owner: TOC

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

Commenced Spudding:
11/2/2012

--	--	--