

#### Kansas Corporation Commission Oil & Gas Conservation Division

1109879

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:	SecTwpS. R 🔲 East 🗌 West
Address 2:	Feet from North / South Line of Section
City: State: Zip: +	Feet from _ East / _ West Line of Section
Contact Person:	Footages Calculated from Nearest Outside Section Corner:
Phone: ()	□NE □NW □SE □SW
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           ☐ Gas         ☐ D&A         ☐ ENHR         ☐ SIGW           ☐ OG         ☐ GSW         ☐ Temp. Abd.           ☐ CM (Coal Bed Methane)         ☐ CM (Coal Bed Methane)	Amount of Surface Pipe Set and Cemented at: Feet  Multiple Stage Cementing Collar Used?
Cathodic Other (Core, Expl., etc.):	If Alternate II completion, cement circulated from:
If Workover/Re-entry: Old Well Info as follows:	feet depth to: w/ sx cmt.
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  Conv. to GSW  Plug Back: Plug Back Total Depth  Commingled Permit #:  Dual Completion Permit #:  SWD Permit #:  ENHR Permit #:  GSW Permit #:	Chloride content:ppm Fluid volume:bbls  Dewatering method used:  Location of fluid disposal if hauled offsite:  Operator Name:  Lease Name:License #:  Quarter Sec TwpS. R East West  County: Permit #:
Spud Date or Date Reached TD Completion Date or Recompletion Date  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



Operator Name:				Lease l	Name: _			_ Well #:		
Sec Twp	S. R	East	West	County	:					
<b>INSTRUCTIONS:</b> She time tool open and clo recovery, and flow rate line Logs surveyed. A	sed, flowing and shues if gas to surface to	t-in pressures st, along with	s, whether s final chart(s	hut-in press	sure read	ched static level,	hydrostatic press	sures, bottom h	nole temp	erature, fluid
Drill Stem Tests Taken (Attach Additional S		Yes	No			og Formatio	n (Top), Depth ar	nd Datum	;	Sample
Samples Sent to Geol	ogical Survey	Yes	No		Nam	е		Тор	[	Datum
Cores Taken Electric Log Run Electric Log Submitted (If no, Submit Copy		Yes Yes Yes	No No No							
List All E. Logs Run:										
		Report a		RECORD	Ne	w Used	on, etc.			
Purpose of String	Size Hole Drilled	Size C Set (In		Weig Lbs. /		Setting Depth	Type of Cement	# Sacks Used		and Percent dditives
		Δ	ADDITIONAL	CEMENTIN	NG / SQL	    EEZE RECORD				
Purpose:	Depth	Type of (		# Sacks			Type and F	Percent Additives		
Perforate Protect Casing	Top Bottom									
Plug Back TD Plug Off Zone										
r lug on zone										
Shota Par Foot	PERFORATI	ON RECORD -	- Bridge Plug	s Set/Type		Acid, Fra	cture, Shot, Cemen	t Squeeze Recor	d	
Shots Per Foot	Specify	Footage of Each	h Interval Perf	orated		(Ai	mount and Kind of Ma	aterial Used)		Depth
TUBING RECORD:	Size:	Set At:		Packer A	t:	Liner Run:	Yes No			
Date of First, Resumed	Production, SWD or EN	_	roducing Meth	nod:	g 🗌	Gas Lift C	Other (Explain)			
Estimated Production Per 24 Hours	Oil	Bbls.	Gas	Mcf	Wate	er B	bls.	Gas-Oil Ratio		Gravity
DISPOSITIO	ON OF GAS:	'	ħ.	METHOD OF	COMPLE	TION:		PRODUCTION	ON INTER	VAI ·
Vented Sold		Ope	n Hole	Perf.	Dually	Comp. Cor	nmingled			
(If vented, Sub		O+b-	or (Specify)		(Submit )	ACO-5) (Sub	mit ACO-4)			

Douglas County, KS Well: Pearson 35 Town Oilfield Service, Inc. (913) 837-8400 Commenced Spudding: 1/8/2013

Lease Owner: R.T. Enterprises

1/8/2013

#### WELL LOG

### 15-045-21857-00-00

Thickness of Strata	Formation	Total Depth
3	Soil-Clay	3
72	Sandstone	75
135	Shale	210
5	Lime	215
6	Shale	221
13	Lime	234
8	Shale	242
8	Lime	250
6	Shale	256
18	Lime	274
14	Shale	288
4	Sand	292
3	Shale	295
14	Sand	309
17	Lime	326
16	Sandy Shale	342
59	Shale	401
22	Lime	423
17	Shale	440
7	Lime	447
24	Shale	471
16	Lime	487
5	Shale	492
1	Lime	493
13	Shale	506
7	Lime	513
2	Shale	515
13	Lime	528
8	Shale	536
25	Lime	561
3	Shale	564
4	Lime	568
4	Shale	572
5	Lime	577
5	Shale	582
12	Sand	594
13	Shale	607
6	Sandy Shale	613
8	Shale	621
15	Sand	636

Douglas County, KS Town Oilfield Service, Inc. Commenced Spudding: (913) 837-8400 1/8/2013

1/8/2013

Lease Owner: R.T. Enterprises

14	Sandy Shale	650
46	Shale	696
6	Sand	702
8	Sandy Shale	710
40	Shale	750
7	Lime	757
7	Shale	764
1	Lime	765
4	Shale	769
8	Shale	777
10	Lime	787
13	Shale	800
2	Lime	802
16	Shale	818
3	Lime	821
24	Shale	845
1	Lime	846
6	Shale	852
8	Sandy Shale	
4	Sand	860
4	Sand	864
2	NO III	868
2	Sand	870
4	Sand	872
1	Sand	876
13	Sandy Shale	877
	Sandy Shale	890
69	Shale	959-TD
	-	
	11	

### **Short Cuts**

TANK CAPACITY

BBLS. (42 gal.) equals D<sup>2</sup>x.14xh D equals djameter 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 -  $2C + 1.57(D + d) + \frac{(D-d)^2}{4C}$ 

\* Need these to figure belt length

TO FIGURE AMPS:

WATTS = AMPS

746 WATTS equal 1 HP

## Log Book

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ty)
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ge)
<i>3</i> - <i>7</i>

# Town Oilfield Services, Inc.

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

YS State; Well No. 35	Feet	In.	Feet	1m	Foot	1900
Elevation 100				ln.	Feet	In
Commenced Spuding \\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	105	1	300	CC	J	
Finished Drilling 1 - C1 20 13		2	Ch		27/8	35
Driller's Name Oncid Wecusy	d.20		910	1-1-1	Shoc	
Oriller's Name						
Driller's Name	-					
Tool Dresser's Name Cale Holoom						
Tool Dresser's Name						
Tool Dresser's Name						
Contractor's Name _\TO\s_						
11 15 20						
(Section) (Township) (Range)						
listance from line,ft.						
listance from Line, 530 ft.						
SYGG - 0905 - CLMS	-					
	Ke a same				-	
ement by consolidated						
CASING AND TUBING						
RECORD						
		1/4				
0" Set 10" Pulled						
8" Set <u>'</u> 8" Pulled						
6¼" Set 6¼" Pulled						
4" Set 4" Pulled						
27/ Set 43.2 2" Pulled			-1-			
959 70 Lacele	8				1.	

Thickness of Strata	Formation	Total Depth	
3	coil 10/4	3	Komana
7.2	sundstone	าะ	- a citer - 40'
135	shorte	370	200
5	Lime	215	with some line some
نت	shede	221	
13	ringe	23'4	
4	shede	2'12	
લ્ડ	Linie	250	
(c)	shele	256	
14	Sund	1774	
1,4	shorte.	248	
Ψ'	besse	292	00 01
3	Shele	2015	
14	Leval	309	with some sendy shale, non
Γ΄.	Line	326	y svic. is, vice
16	senda shele	3,45	-8
59	estale	101-	
27	T. 11.6.	473	
77	Elicile	14.40	
7	Time.	14.7	
3,4	shorte	1471	3
16	Linie	187	
5	Sycila	:443	
7	1,1/1 C	.101.3	
1.3	Slicile	506	
7	Lime	513	
3	shoole	313	

-2-

-3-

		515	
Thickness of Strata	Formation	Total Depth	Remarks
13	Lime	223	
8	shorte	536	
25	Fine	561	
3	5/26/E	564	
	Line	568	
'-	strate	372	
5	Linie	ショコ	- Herthe
5	5/20/6	223	77120 111/23
15	buse	594	- 2 × 100 01/
E1_	Shorte	500	
6	sandy shaile	613	
- 8	shelle	621	
15	send	636	with some and straile no on
14	2002-15/016	650	The state of the s
- 46	else/e	696	
	sund	702	10000
8	sundy shorte	סור	
	Shale	750	
	Livie	757	
	shele	764	
	Linie	765	
- 17	shaled Line	769	
_ 8	Shale	דרך	
	Lime & shale	787	
7.3	shale	800	
a	Lime	207	
10	shale	818	
	-4-		

-4-

-5-

414

		812	
Thickness of Strata	Formation	Total Depth	Remarks
3	Lime	271	
24	shele	845	red pag "838-834"
	ZIMIC	8146	
(6	shoile	852	
- 4	sundy shale	860	
7.4	5-4-2	864	5% oil, odor, Broken
- 4	send	868	50% 60% sich Weeding
- ' <del>\</del>	sund	870	Solo - Godo ex bleeding
2	sund	972	50% 6.1
- t	Sens	876	15% 6.1
	sendy shalo	577	500 011
1.3	sondy shade	890	ine oil
ردم	Sicile	959	CYT
	WAS TO SEE THE SECOND S		
	-1000		

-6-

-7-



CUSTOMER#

**TICKET NUMBER** LOCATION DYTOWO FOREMAN\_\_\_

RANGE

COUNTY

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

DATE

### FIELD TICKET & TREATMENT REPORT CEMENT

SECTION

TOWNSHIP

WELL NAME & NUMBER

118/63	D					
1/8/13   CUSTOMER	/ears	on #35	NE 1/		20	DG.
	Mr Enam 1	LC	TRUCK#		_	1000
MAILING ADDRES	s FOR Energy L		506	DRIVER .	TRUCK#	DRIVER
120	Shoreline or		495	Fre Mad	Satex	mos
TY	STATE	ZIP CODE		Har Bec	HIS	0
Louisbu	ira Ils	66053	370	Xei Kav	RC	
ов түре <u>. δυ </u>		93/4 HOLE DEPT	H 88	SAY TUC	257	
ASING DEPTH_	G' DRILL PIPE	TUBING	n	CASING SIZE & V	VEIGHT	
LURRY WEIGHT		The second secon	lek	DEMENT LESS	OTHER	<del></del>
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	Sablish circu	보 20 M N N A 전략		RATE 5BP		
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S. Co	sing clean	Camer to Sur	tace. Fre	The promp	· Displa.	ce
/ ca	sity clean	W/ 3.4 BBC.	Water. S	hitin	casing	
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		······			- 7	
				1:		- M.
	Ocillus - Co	7 7	7	ud Mad	g	
100 9	only - Ca	had.	1-	101100	a	
ACCOUNT	QUANITY or UNITS	DESCRIPTION o	f SERVICES or PRO	DUCT	UNIT PRICE	TOTAL
84075	1	PUMP CHARGE	Surface C	Dans V UC		
5406		MILEAGE	Office C	emes 11	5	Pas
5402	84'	Casing footed				N/C
	2 Mintmum	Ton Miles	<i>19</i>			NIC
	Z. III. III.	A	٠,	510		17500
1000	1/2 his	1 80 BB BL 1/2				
2205C	12hr	80 BBL Vac	Truck	370		1350
1000	1/2 hr	80 BBC Vac	irack	- 670		/35=
55020			7 11	- 678		
1124	40545	50/50 Por M.	x Cemant	370	-	43800
55020			x Cemant	678	-	
1/24	40545	50/50 Por M.	x Cemant	678		43800
1/24	40545	50/50 Por M.	x Cemant	672		43800
5502C	40545	50/50 Por M.	x Cemant	678		43800
1124	40545	50/50 Por M.	x Cemant	678		43800
1124	40545	50/50 Por M.	x Cemant	672		43800
1124	40545	50/50 Por M.	x Cemant	672		43800
1124	40545	50/50 Por M.	x Cemant	672		43800
1124	40545	50/50 Por M.	x Cemant	372		43800
5502C	40545	50/50 Por M.	x Cemant			43800
5502C	40sks 67.#	50/50 Por M.	x Cemant	7/3/8	SALES TAX	43800

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.

TITLE

DATE



ticket NUMBER 39084 LOCATION Offaug FOREMAN Alan Mader

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

### FIELD TICKET & TREATMENT REPORT CEMENT

DATE	CUSTOMER#	WELL	NAME & NUMBE	R	SECTION	TOWNSHIP	RANGE	COUNTY
1-9.13		Peansa	1	5	SE 11	15	20	06
CUSTOMER					Service SMC		1. esp 1.	F #24
MAILING ADDRE	00				TRUCK#	DRIVER	TRUCK#	DRIVER
		i)			15/6	Mad Mad	Sately	Meet
	Shorelin	re Dr	710 0000		368	MALMED	ARM	1
CITY		STATE	ZIP CODE		369	DerMas	DM	
Louisb	119	155	66053		503	DanDet	DD	
JOB TYPE_O		HOLE SIZE	5 5/8	HOLE DEPTI	1 959	CASING SIZE & V	VEIGHT &	1/8
CASING DEPTH	936	DRILL PIPE		TUBING			OTHER GUST	ae 905
SLURRY WEIGH	T	SLURRY VOL	١	NATER gal/s	k	CEMENT LEFT IN	CASING 1/2	25
DISPLACEMENT	5/3	DISPLACEMENT	PSI 800 1	VIIX PSI	00	RATE 46	on	
REMARKS: He	1d meetin	12 Fist	ablished		4		100 10	n# 0.01
Follow	al ba	TING		50 CE	-	plus 2	Da col	201
1000	to tel	cen	0.1 × I	lushe	^	0	10 501	-
	171.0	112011	held	800	0.05	np. Pur	npa	plug
- FO 50	a) le	well	nela	000	LO.L.	Set XI	2ati	
- (-100	rd Jal	U.A.						
	-01							
105	Chad					Alond	11 Acr	
						1 Poul	VIDE	
						HION.		
ACCOUNT	QUANITY	or UNITS	DES	CRIPTION of	SERVICES or P		UNIT PRICE	TOTAL
5401			PUMP CHARGE			368		1080A)
5406		-	MILEAGE			368		
IHD2	9.30		Casins	Las	tura	368		
5409	1/		-/	1 190	rage	503		12501
55026		2.min	700	M. re	3		- P	170.00
55026			80 L	190		<b>3</b> 69		90.00
1124	114	1	50 150	CRN	ient	p) — Marking		1248,30
11183	29.	2	50					61.32
HHAZ	1		21/2	Olus				2820
100				1 15 S				goa
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	XI							
								17
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			911. Si				SALES TAX	197.65
Ravin 3737	NO CO	inpany,	rep				ESTIMATED	0-5-5-
	/	E 8	50				TOTAL .	1773027
AUTHORIZTION_	, , , ,	6)1/1		ITLE			March March 200 Barrier	1.10000

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

255753