



KANSAS CORPORATION COMMISSION 1115956
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: _____



1115956

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
<input type="checkbox"/> Perforate <input type="checkbox"/> Protect Casing <input type="checkbox"/> Plug Back TD <input type="checkbox"/> 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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DRILL LOG

Operator License#	API 15-121-29385-00-00
Operator TNT	Lease Name Schuknecht
Address	Well # 20
Contractor JTC Oil, Inc.	Spud Date 1/11/13 Cement 1/15/12
Contractor License__32834	Location_____ of _____
T.D. 378 T.D. of Pipe 353	_____ feet from _____
Surf. Pipe Size_7 _Depth 40	_____ feet from _____
Kind of Well___prod._____	County Miami

Thickness	Strata	From	To	Thickness	Strata	From	To
9	dirt	0	9	18	lime	133	151
14	lime	9	23	4	black shale	151	155
9	shale	23	32	6	lime	155	161
8	lime	32	40	3	shale	161	164
10	shale	40	50	21	mix	164	185
3	lime mix	50	53	25	shale	185	210
17	shale	53	70	10	sandy shale	210	220
15	lime	70	85	67	shale	220	287
14	shale	85	99	1	good top sand	287	288
28	lime	99	127	2	alright	288	290
6	black shale	127	133	2	little	290	292

	25	shale	292	317
Little	15	red bed	317	332
No show	1	top	332	333
	37	lime	333	370



REMIT TO
Consolidated Oil Well Services, LLC
Dept. 970
P.O. Box 4346
Houston, TX 77210-4346

MAIN OFFICE
P.O. Box 884
Chanute, KS 66720
620/431-9210 • 1-800/467-8676
Fax 620/431-0012

INVOICE

Invoice # 255971

Invoice Date: 01/18/2013 Terms: 0/0/30,n/30

Page 1

TNT ENERGY, LLC
28906 ORCHARD ROAD
PAOLA KS 66071
(913) 285-1406

SCHUCKNETH 20
38725
20-17-23
01-15-2013
KS

Part Number	Description	Qty	Unit Price	Total
1126	OIL WELL CEMENT	45.00	18.8000	846.00
1118B	PREMIUM GEL / BENTONITE	100.00	.2100	21.00
4402	2 1/2" RUBBER PLUG	1.00	28.0000	28.00

Description	Hours	Unit Price	Total
370 80 BBL VACUUM TRUCK (CEMENT)	1.50	90.00	135.00
495 CEMENT PUMP	1.00	1030.00	1030.00
495 EQUIPMENT MILEAGE (ONE WAY)	.00	4.00	.00
495 CASING FOOTAGE	353.00	.00	.00
548 MIN. BULK DELIVERY	.50	350.00	175.00

Parts:	895.00	Freight:	.00	Tax:	67.57	AR	2302.57
Labor:	.00	Misc:	.00	Total:	2302.57		
Sublt:	.00	Supplies:	.00	Change:	.00		

Signed _____

Date _____

BARTLESVILLE, OK
918/338-0808

EL DORADO, KS
316/322-7022

EUREKA, KS
620/583-7664

PONCA CITY, OK
580/762-2303

OAKLEY, KS
785/672-2227

OTTAWA, KS
785/242-4044

THAYER, KS
620/839-5289

GILLETTE, WY
307/686-4914



CONSOLIDATED
Oil Well Services, LLC

255971

TICKET NUMBER 38725

LOCATION Ottawa KS

FOREMAN Fred Mader

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

FIELD TICKET & TREATMENT REPORT
CEMENT

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
1/15/13	8040	Schuknecht #20	20	17	23	M1
CUSTOMER			TRUCK #	DRIVER	TRUCK #	DRIVER
TNT Energy LLC			506	Fremad	Safety	Mx
MAILING ADDRESS			495	Har Bee	HB	
28906 Orchard Rd			370	Jac Ric	JR	
CITY	STATE	ZIP CODE	548	MILHaa	MH	
Paola	KS	66071				

JOB TYPE long string HOLE SIZE 6 HOLE DEPTH 370' CASING SIZE & WEIGHT 2 7/8 EVE
 CASING DEPTH 3530' DRILL PIPE _____ TUBING _____ OTHER _____
 SLURRY WEIGHT _____ SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT in CASING 2 1/2" Plug
 DISPLACEMENT 2.05 DISPLACEMENT PSI _____ MIX PSI _____ RATE 43 PM

REMARKS: Hold crew making. Establish circulation. Mix + Pump 100th Gal
Flush. Mix + Pump 45 sks o/w Cement. Cement to
Surface Flush pump & lines clean. Displace 2 1/2" Rubber Plug
to casing TD. Pressure to 800th PSI. Hold + monitor
pressure for 30 min MIT. Release pressure to set that
Value Shut in Casing.

JTC Drilling

Fred Mader

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401	1	PUMP CHARGE	495	1030 ⁰⁰
5406		MILEAGE		N/C
5402	353	Casing Footage		N/C
5407	1/2 Minimum	Ton Miles		175 ⁰⁰
55020	1 1/2 hr	80 BBL Vac Truck		135 ⁰⁰
1126	45 sks	O/W Cement		846 ⁰⁰
1118B	100 th	Premium Gal		21 ⁰⁰
4402	1	2 1/2" Rubber Plug		28 ⁰⁰
			755 ⁰⁰	
			SALES TAX	62 ⁵⁷
			ESTIMATED	
			TOTAL	2302 ⁵⁷

Ravin 8787

AUTHORIZATION [Signature] 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