



KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION

1116268

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: _____

1116268

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. ☐ Commingled
(Submit ACO-5) (Submit ACO-4)
☐ Other (Specify) _____

PRODUCTION INTERVAL:

Douglas County, KS

Town Oilfield Service, Inc.

Commenced Spudding:

Well: Pearson I-24

(913) 837-8400

1/25/2013

Lease Owner: R.T. Enterprises

WELL LOG

15-045-21892

Thickness of Strata	Formation	Total Depth
2	Soil-Clay	2
60	Sandstone	62
133	Shale	195
5	Lime	200
7	Shale	207
13	Lime	220
7	Shale	227
8	Lime	235
5	Shale	240
20	Lime	260
14	Shale	274
19	Sand	293
19	Lime	312
20	Sand	332
55	Shale	387
21	Lime	408
14	Shale	422
4	Lime	426
6	Lime	432
24	Shale	456
16	Lime	472
5	Shale	477
1	Lime	478
13	Shale	491
6	Lime	497
1	Lime	498
3	Lime	501
2	Shale	503
11	Lime	514
10	Shale	524
22	Lime	546
4	Shale	550
4	Lime	554
7	Shale	561
3	Lime	564
3	Shale	567
13	Sand	580
26	Shale	606
54	Sandy Shale	660
22	Shale	682

Lease Owner: R.T. Enterprises

(913) 837-8400

1/25/2013

[illegible]

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 - SPMxRxR over RPM

SPM - RPMXD over RxR

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. 1-24

Farm Pearson

15 Douglas
(State) (County)

11 15 20
(Section) (Township) (Range)

For A.T. Enterprises
(Well Owner)

Town Oilfield Services, Inc.

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

Dawson Farm: Douglas County

KS State; Well No. 1-24

Elevation 1571

Commenced Spuding 1-25, 2013

Finished Drilling 1-28, 2013

Driller's Name Alvin Weaver

Driller's Name _____

Driller's Name _____

Tool Dresser's Name Greg Denny

Tool Dresser's Name Sal Holcom

Tool Dresser's Name _____

Contractor's Name TOS

11 15 20

(Section) (Township) (Range)

Distance from S line, 1646 ft.

Distance from E line, 1320 ft.

0971-0481-10WMS

consolidated by Consolidated
**CASING AND TUBING
RECORD**

10" Set _____ 10" Pulled _____

78" Set 65' 8" Pulled _____

6 1/4" Set _____ 6 1/4" Pulled _____

4" Set _____ 4" Pulled _____

2 1/2" Set 950' 00" 2" Pulled _____

918' 00" RACKLE

479 TO

Thickness of Strata	Formation	Total Depth	Remarks
2	soil/clay	2	
40	sandstone	42	water 30'
133	shale	175	
6	Lime	180	
7	shale	187	
13	Lime	200	
7	shale	207	
8	Lime	215	
5	shale	220	
20	Lime	240	
14	shale	254	
19	sand & sand, shale	273	no oil
19	Lime & shale	292	
20	sand & sand, shale	312	no oil
55	shale	367	
21	Lime	388	
14	shale	402	
4	Lime & shale	406	
6	Lime	412	
24	shale	436	
16	Lime	452	
5	shale	457	
1	Lime	458	
13	shale	471	
6	Lime	477	
1	Lime	478	
3	Lime	481	oil; very little bleeding

Thickness of Strata	Formation	Total Depth	Remarks
2	shale	503	
11	Lime	514	
10	shale	524	
22	Lime	546	
4	shale	550	
4	Lime	554	
7	shale	561	
3	Lime	564	identical
3	shale	567	
13	sand	580	gray, no oil
26	shale	606	
54	sandy shale	660	
22	shale	682	
10	sand	692	
5	sandy shale	697	
38	shale	735	
7	Lime	742	
6	shale	748	
1	Lime	749	
4	shale & Lime	753	
7	shale	760	
9	Limed shale	769	
15	shale	784	
3	Lime	787	
17	shale	804	
4	Lime	808	
25	shale	833	

33

[illegible]

FIELD TICKET & TREATMENT REPORT
CEMENT

FOREMAN Alan McDev

JOB TYPE <u>Surface</u>	HOLE SIZE <u>9</u>	HOLE DEPTH <u>68</u>	CASING SIZE & WEIGHT <u>7"</u>
CASING DEPTH <u>65</u>	DRILL PIPE	TUBING	OTHER
SLURRY WEIGHT	SLURRY VOL	WATER gal/sk	CEMENT LEFT in CASING <u>yes</u>
DISPLACEMENT <u>1 1/2</u>	DISPLACEMENT PSI <u>100</u>	MIX PSI	RATE <u>4.60 in</u>

REMARKS: Held meeting. Established rate. Mixed & pumped 30 yk 50/50 cement plus 270 gal. Circulated cement. Displaced casing with clean water. Closed valve.

TDS, Chad

Alfred H. H. H.

[illegible]

Rayin 3737

Ravin 3737
 NO COMPANY REP
 AUTHORIZATION Jim OK'd

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.



FIELD TICKET & TREATMENT REPORT

TICKET NUMBER 38771

LOCATION Dttgwc

FOREMAN Alan Made,

DATE	CUSTOMER #	WELL NAME & NUMBER		SECTION	TOWNSHIP	RANGE	COUNTY
1-28-13	5954	Pearson # J-224		SE 11	15	20	06
CUSTOMER R. Ten v. c.							
MAILING ADDRESS 120 Shoreline Dr							
CITY Louisburg		STATE KS	ZIP CODE 66053				

TRUCK #	DRIVER	TRUCK #	DRIVER
516	Ala Mad	Sgt Pety	Moet
368	Der Mas	DM	
675	Mik Hga	MH	
503	Dan Det	DD	

JOB TYPE	long string	HOLE SIZE	5 5/8	HOLE DEPTH	979	CASING SIZE & WEIGHT	2 7/8
CASING DEPTH	950	DRILL PIPE		TUBING		OTHER	9 1/8 64.4 lb/ft
SLURRY WEIGHT		SLURRY VOL		WATER gal/sk		CEMENT LEFT in CASING	yes
DISPLACEMENT	5.3	DISPLACEMENT PSI	800	MIX PSI	200	RATE	4 bpm

REMARKS: Hold, neat'ng. Established rate. Mixed & pumped 100# gel followed by 120 sk 50/50 cement plus 2% gel. Circulated cement. Flushed pump. Pumped plug to baffle. Well held 800 PSI for 30 min. MLT. Set float. Closed valve.

TQ5, Chad

Alvin Madsen

[illegible]

Ravin 3737

AUTHORIZATION

TITLE

DATE _____

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