



KANSAS CORPORATION COMMISSION 1137005
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: _____



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
_____ 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 <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> _____ <i>(Submit ACO-4)</i>	PRODUCTION INTERVAL: _____ _____
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Douglas County, KS
Well: Finnerty 23
Lease Owner: R. T. Enterprises

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

Commenced Spudding:
4/22/2013

WELL LOG

15-045-21898

Thickness of Strata	Formation	Total Depth
3	Soil/Clay	3
79	Sand	82
2	Lime	84
124	Shale	208
5	Lime	213
6	Shale	219
14	Lime	233
8	Shale	241
7	Lime	248
6	Shale	254
6	Lime	260
11	Shale & Shells	271
2	Lime	273
13	Shale	286
9	Sandy Shale	295
10	Sand	305
18	Lime	323
20	Sand & Sandy Shale	343
56	Shale	399
23	Lime	422
14	Shale	436
5	Shale & Lime	441
5	Lime	446
19	Shale	465
5	Sand	470
16	Lime	486
6	Shale	492
1	Lime	493
12	Shale	505
6	Lime	511
1	Lime	512
19	Lime	531
7	Shale	538
23	Lime	561
5	Shale	566
4	Lime	570
3	Shale	573
5	Lime	578
5	Shale	583
15	Sand	598

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4/22/2013

50	Shale	648
29	Sandy Shale	677
19	Shale	696
8	Sand	704
8	Sandy Shale	712
40	Shale	752
6	Lime	758
7	Shale	765
1	Lime	766
12	Shale	778
9	Lime & Shale	787
13	Shale	800
3	Lime	803
14	Shale	817
3	Lime	520
3	Shale	823
2	Lime	825
25	Shale	850
2	Lime	852
24	Shale	876
6	Brokensand	882
21	Shale	903
4	Sand	907
2	Sandy Shale	909
8	Shale	917
23	Sandy Shale	940
40	Shale	980

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 - $RPM \times d$ over $SPM \times R$

d - $SPM \times R \times D$ over RPM

SPM - $RPM \times D$ over $R \times d$

R - $RPM \times D$ over $SPM \times d$

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

* Need these to figure belt length

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

746 WATTS equal 1 HP

Log Book

Well No. 23

Farm Concord

KS (State) Douglas (County)

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

For R.T. Enterprises (Well Owner)

Town Oilfield Services, Inc.

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



CONSOLIDATED
Oil Well Services, LLC

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

TICKET NUMBER 41808
LOCATION Ottawa KS
FOREMAN Fred Madu

FIELD TICKET & TREATMENT REPORT
CEMENT

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
4/24/13	5954	Finnerty # 23	SE11	15	20	DG

CUSTOMER <u>Ozenroc</u>			
MAILING ADDRESS <u>120 Shoreline Dr</u>			
CITY <u>Louisburg</u>	STATE <u>KS</u>	ZIP CODE <u>66053</u>	

TRUCK #	DRIVER	TRUCK #	DRIVER
712	Fred Madu	Safety Mfg	
495	Har Bec	HB	
370	Rai Car	KC	
548	Mik Haa	MH	

JOB TYPE Logstring HOLE SIZE 578 HOLE DEPTH 980 CASING SIZE & WEIGHT 2 7/8 EUE
 CASING DEPTH 951 DRILL PIPE Baffle in TUBING @ 919 OTHER _____
 SLURRY WEIGHT _____ SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT in CASING 32' + Plug
 DISPLACEMENT 5.3488 DISPLACEMENT PSI _____ MIX PSI _____ RATE 5BPM

REMARKS: Hold crew mixing. Establish pump rate. Mix + Pump 100# Gel Flush
Mix + Pump 50/50 Poz Mix Cement 270 Gal. Cement to
surface Flush. Pump + lines clean. Displace 2 1/2" Rubber
plug to Baffle in casing. Pressure to 800# PSI. Release pressure
to set float valve. Shut in casing.

TOS Drilling

Fred Madu

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401	1	PUMP CHARGE	495	1085 ⁰⁰
5406	20 mi	MILEAGE	495	89 ⁰⁰
5402	951'	Casing footage		N/C
5407	1/2 minimum	Ten Miles	548	184 ⁰⁰
5502C	1 1/2 hr	80 BBL Vac Truck	370	135 ⁰⁰
1124	1455 lbs	50/50 Poz Mix Cement		1667 ⁵⁰
1115B	344#	Premium Gel		75 ⁶⁸
4402	1	2 1/2" Rubber Plug		29 ⁵⁰
			7.3%	SALES TAX
				ESTIMATED TOTAL
				129 ⁴¹
				3390 ⁰⁹

Flavin 3737

AUTHORIZATION Stephen Suda 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.