



KANSAS CORPORATION COMMISSION 1137015  
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 Bbbs.	Gas Mcf	Water Bbbs.	Gas-Oil Ratio	Gravity
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<b>DISPOSITION OF GAS:</b> <input type="checkbox"/> Vented <input type="checkbox"/> Sold <input type="checkbox"/> Used on Lease <i>(If vented, Submit ACO-18.)</i>	<b>METHOD OF COMPLETION:</b> <input type="checkbox"/> Open Hole <input type="checkbox"/> Perf. <input type="checkbox"/> Dually Comp. <input type="checkbox"/> Commingled <i>(Submit ACO-5)</i> <i>(Submit ACO-4)</i> <input type="checkbox"/> Other <i>(Specify)</i> _____	<b>PRODUCTION INTERVAL:</b> _____ _____
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Douglas County, KS  
 Well: Finnerty I-22  
 Lease Owner: R.T. Enterprises

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

Commenced Spudding:  
 4-24-2013

WELL LOG

Thickness of Strata	Formation	Total Depth
		3
3	Soil/Clay	82
79	Sand	85
3	Lime	205
120	Shale	210
5	Lime	217
7	Shale	231
14	Lime	238
7	Shale	246
8	Lime	252
6	Shale	254
2	Lime	270
16	Shale & Shells	282
12	Shale	291
9	Sandy Shale & Sand	295
4	Shale	303
8	Sand	321
18	Lime	338
17	Sandy Shale & Sand	396
58	Shale	419
23	Lime	434
15	Shale	438
4	Shale & Lime	443
5	Lime	460
17	Shale	466
6	Sand	483
17	Lime	488
5	Shale	489
1	Lime	502
13	Shale	526
24	Lime	535
9	Shale	558
23	Lime	562
4	Shale	566
4	Lime	570
4	Shale	575
5	Lime	581
6	Shale	595
14	Sand	601
6	Sand & Shale	640
39	Shale	

Douglas County, KS  
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Commenced Spudding:  
4-24-2013

33	Sandy Shale	673
21	Shale	694
13	Sand	707
6	Sandy Shale	713
34	Shale	747
7	Lime	754
7	Shale	761
1	Lime	762
4	Shale	766
3	Shale & Lime	769
4	Shale	773
10	Shale & Lime	783
12	Shale	795
3	Lime	798
6	Shale	804
6	Sandy Shale	810
6	Shale	816
4	Lime	820
23	Shale	843
2	Lime	845
9	Shale	854
4	Sandy Shale	858
4	Sandy Shale	862
4	Sandy Shale	866
7	Sandy Shale	873
1	Sandy Shale	874
4	Sandy Shale	878
40	Shale	918
12	Sandy Shale	930
50	Shale	980

# Short Cuts

## TANK CAPACITY

BBLS. (42 gal.) equals  $D^2 \times 14xh$

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. 1-22

Farm Cummins

KS Drewles  
(State) (County)

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

For Center Drives  
(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 41809

LOCATION Ottawa KS

FOREMAN Fred Mader

**FIELD TICKET & TREATMENT REPORT**  
**CEMENT**

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
5/24/13	5954	Finnerly # J-22	NE 11	15	20	DG
CUSTOMER			TRUCK #			
Mailing Address			DRIVER			
120 Shoreline Dr			712 Fre Mader			
CITY			TRUCK #			
Louisburg			495 Har Boc			
STATE	ZIP CODE	WATER gal/sk		CEMENT LEFT in CASING		OTHER
KS	66053	MIX PSI		RATE		
JOB TYPE <u>Surface</u>		HOLE SIZE <u>9 7/8</u>	HOLE DEPTH <u>90</u>	CASING SIZE & WEIGHT <u>7"</u>		
CASING DEPTH <u>89</u>		DRILL PIPE	TUBING	OTHER		
SLURRY WEIGHT		SLURRY VOL	WATER gal/sk	CEMENT LEFT in CASING <u>10'</u>		
DISPLACEMENT <u>2.75 BBL</u>		DISPLACEMENT PSI	MIX PSI	RATE <u>5BPM</u>		

REMARKS: Hold crew meeting. Establish circulation thru 7" casing.  
Mix & Pump 49 sks 50/50 per Mix Cement 2% Gel. Cement  
to surface. Displace 7" casing clean w/ 2.75 BBL water.  
Shot in casing

TOS Drilling

*Fred Mader*

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
54015	1	PUMP CHARGE Surface Cement	495	870 <sup>00</sup>
5406	-	MILEAGE		NIC
5402	89	Casing footage		NIC
5407	1/2 minimum	Ton Miles	545	184 <sup>00</sup>
5502C	2 1/2 hrs	80 BBL Vac Truck	370	225 <sup>00</sup>
1124	49 sks	50/50 per Mix Cement		563 <sup>50</sup>
1118B	83 #	Premium Gel.		18 <sup>26</sup>
			7.3%	SALES TAX
				4247
				ESTIMATED TOTAL
				1903 <sup>23</sup>

AUTHORIZATION Stephen Saw

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.



**CONSOLIDATED**  
Oil Well Services, LLC

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

TICKET NUMBER 41764

LOCATION Ottawa, KS

FOREMAN Cathy Kennedy

**FIELD TICKET & TREATMENT REPORT**  
**CEMENT**

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
4/25/13	5954	Finnerty #I-22	SE 11	15	20	DG

CUSTOMER  
Ojeuroc

MAILING ADDRESS  
120 Shoreline Dr

CITY  
Louisburg

STATE  
KS

ZIP CODE  
66053

TRUCK #	DRIVER	TRUCK #	DRIVER
481	Casken	✓ Safety Meeting	
6666	Gar Moo	✓	
558	Jas Ric	✓	
675	Kei Det	✓	

JOB TYPE Logging HOLE SIZE 5 1/8" HOLE DEPTH 980' CASING SIZE & WEIGHT 2 7/8" EUE

CASING DEPTH 953' DRILL PIPE \_\_\_\_\_ TUBING baffle - 920' OTHER \_\_\_\_\_

SLURRY WEIGHT \_\_\_\_\_ SLURRY VOL \_\_\_\_\_ WATER gal/sk \_\_\_\_\_ CEMENT LEFT in CASING 31'

DISPLACEMENT 5.34 Hls DISPLACEMENT PSI \_\_\_\_\_ MIX PSI \_\_\_\_\_ RATE 4.5 bpm

REMARKS: held safety meeting, established circulation, mixed & pumped 200# Premium Gel followed by 10 bbls fresh water, mixed & pumped 146 sks 5950 Pozmix cement w/ 2 1/2 gal per sk, cement to surface, flushed pump clean, pumped 2 1/2" rubber plug to baffle w/ 5.34 bbls fresh water, pressured to 800 PSI, released pressure, shut in casing.

*[Handwritten signature]*

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401	1	PUMP CHARGE		1085.00
54006	20 mi	MILEAGE		84.00
5402	953'	casing footage		
5409	1/2 minimum	ton mileage		184.00
5502C	2 hrs	80 Vac		180.00
1124	146 sks	5950 Pozmix cement		1679.00
118B	445 #	Premium Gel		97.96
4402	1	2 1/2" rubber plug		29.50
			7.390	SALES TAX
				ESTIMATED
				TOTAL

Ravin 3737

AUTHORIZATION No Co. Rep on location 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.