

Kansas Corporation Commission Oil & Gas Conservation Division

137669

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					
Address 2:	Feet from North / South Line of Section					
City:	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) Cathodic Other (Core, Expl., etc.):	Amount of Surface Pipe Set and Cemented at: Feet Multiple Stage Cementing Collar Used?					
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	Chloride content: ppm Fluid volume: bbls Dewatering method used:					
Plug Back: Plug Back Total Depth	Location of fluid disposal if hauled offsite:					
Commingled Permit #:	Operator Name:					
Dual Completion Permit #:	Lease Name: License #:					
SWD Permit #:	Quarter Sec Twp S. R					
☐ ENHR Permit #: ☐ GSW Permit #:	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 I II Approved by: Date:	

Side Two

1137669

Operator Name:				_ Lease N	lame:			Well #:		
Sec Twp	S. R	East	West	County:						
INSTRUCTIONS: Sh time tool open and clo recovery, and flow rate line Logs surveyed. A	osed, flowing and shu es if gas to surface te	t-in pressures, st, along with f	whether sh inal chart(s	nut-in press	ure reach	ed static level,	hydrostatic pres	sures, bottom h	ole temp	erature, fluid
Drill Stem Tests Taker (Attach Additional S		Yes	No		Log	y Formation	n (Top), Depth a	nd Datum		Sample
Samples Sent to Geo	logical Survey	Yes	No		Name			Тор	I	Datum
Cores Taken Electric Log Run Electric Log Submitte (If no, Submit Copy	d Electronically	Yes Yes Yes	☐ No ☐ No ☐ No							
List All E. Logs Run:										
		Report all	CASING I		New	Used mediate, producti	on, etc.			
Purpose of String	Size Hole Drilled	Size Casing Set (In O.D.)		Weigi Lbs. /	ht	Setting Depth	Type of Cement	# Sacks Used	Type and Percent Additives	
		AI	DDITIONAL	CEMENTIN	G / SQUE	EZE RECORD				
Purpose: Depth Top Bottom Type of Company — Perforate — Protect Casing — Plug Back TD — Plug Off Zone		ement	# Sacks	Used		Type and	Percent Additives			
Shots Per Foot	Shots Per Foot PERFORATION RECORD - Bridge Plugs Specify Footage of Each Interval Perfo			s Set/Type orated			cture, Shot, Cemei mount and Kind of N		d	Depth
TUBING RECORD:	Size:	Set At:		Packer At:		Liner Run:				
Date of First, Resumed	Production, SWD or EN		ducing Meth	od:		as Lift C	Yes No	0		
Estimated Production Per 24 Hours	Oil	Bbls.		Mcf	Water		ols.	Gas-Oil Ratio		Gravity
DISPOSITIO	ON OF GAS:		M	IETHOD OF	COMPLET	ION:		PRODUCTIO	ON INTER	VAL:
Vented Sold	Used on Lease	Open	Hole (Specify)	Perf.	Dually ((Submit AC		nmingled mit ACO-4)			

Franklin County, KS Well: Luckan 13 Lease Owner:BG-5

Town Oilfield Service, Inc. Commenced Spudding: (913) 837-8400 Commenced Spudding: 10/30/2012

WELL LOG

hickness of Strata	Formation	Total Depth 16 39 65 71		
0-16	Soil-Clay			
23	Shale			
26	Lime			
6	Shale			
11	Lime	82		
8	Sandy Shale	90		
30	Lime	120		
3	Shale	123		
23	Lime	146		
78	Sandy Shale	224		
22	Lime	246		
15	Shale	261		
6	Shale	267		
6	Lime	273		
28	Shale	301		
9	Lime	310		
7	Shale	317		
1	Lime	318		
14	Shale	332		
26	Lime	358		
8	Shale	366		
22	Lime	388		
4	Slate	392		
3	Lime	395		
4	Shale	399		
5	Lime	404		
3	Shale	407		
1	Sandy Shale	408		
8	Sand	416		
102	Sandy Shale	518		
10	Sand	528		
23	Sandy Shale	551		
9	Lime	560		
1 _	Sandy Shale	561		
6	Sand	567		
9	Sandy Shale	576		
7	Lime	583		
18	Shale	601		
6	Lime	607		
16	Shale	623		

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Town Oilfield Service, Inc. Commenced Spudding: (913) 837-8400 Commenced Spudding: 10/30/2012

The state of the s		
2	Lime	625
14	Shale	639
3	Lime	642
31	Shale	673
2	Sandy Shale	675
7	Sand	682
1	Sand	683
50	Sandy Shale	733
5	Sand and Sandy Shale	738
86	Sandy Shale	824
3	Sandy Shale and Lime	827
5	Sandy Shale	832
4	Sand	836
39	Shale	875
23	Sand	898
2	Sandy Shale	900-TD
		<
	71	



LOCATION Office KS
FOREMAN Casey Keuse

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

FIELD TICKET & TREATMENT REPORT CEMENT

DATE	CUSTOMER#	WE	LL NAME & NUMB	ER	SECTION	TOWNSHIP	RANGE	
11/1/12	1564	Lucka	u # 00 13	3	SW 35	15	20	COUNTY
CUSTOMER	0 ~ 1	,					1 20	1-15
MAILING ADDRI	5-5 Inc				TRUCK#	DRIVER	TRUCK#	DRIVER
3939	272112 500	,		,	481	Casken	V Safe	Medica
CITY	ls	TATE	ZIP CODE	9.	ldas	Keicar	~	7 3
Rantou	/_	KS	(d079)	}	510	Sottlyo	-	
JOB TYPE ON		OLE SIZE		<u> </u>	505-TIOG	Jar Ric	V	rie veie
CASING DEPTH		RILL PIPE_		TUBING bat	620.	CASING SIZE & I		
SLURRY WEIGH		URRY VOL					OTHER	-7
	12,286 pl			WIX PSI	-	CEMENT LEFT IN	CASING 32	
REMARKS: he	N . N .					RATE 4.5		
Gel tall	included to	11181	established	1.5	l _1	A 11 11 \		Henrium
+ ouned	1310 de	O/CE F	esh water	C, Wilked	poure	lo bols d	e marker	mixed
sk (Baxe)	due Marko	C 10	SUE TORON A	uded a	0 000	01 /54	Phono son	l per
olvato bo	1310 sts dye marke	D8 61	de leaster	Comple	t L cus	a pour	ed 7/5	robber
released	pressure, o	heckec	lolus do	all	wicelin	ace, prus	Surad to	800 PSI,
			P 95 00	pru Ly	Concern	1	-1	
						-/-	10	
							1	
8) [
ACCOUNT CODE	QUANITY or	UNITS	DESC	CRIPTION of S	ERVICES or PRO	DUCT	UNIT PRICE	TOTAL
5401	1		PUMP CHARGE					1030,00
540le	20 mi		MILEAGE					80.00
5402	805'		casing too	teco				80
5407	minimur	h	for miles		-			350.00
5501C	2.5h		- Lans por					280,00
		20				76: 3 H		200.
1124	136 sks		P/so Por	wix Cow	1011 D			1489.20
11188	3.28 #	1	Providence.	C-00		38 - 38 - 38 - 38 - 38 - 38 - 38 - 38 -	**	10000
11074	68 \$		Thenoseo	.0				(25.88
4404	1		4%" (1)	-05 01.				87.72
10			1/1/2 / 5	ser reg				45,00
					SCA	INNEE)	· ·
					1			
				115				
							A. III	
win 3737	- 1-	-	1		7.0	7.8%	SALES TAX	131.88
0101	9-	165709					ESTIMATED	3562.68
UTHORIZTION_	turs	lete	TD	TLE			TOTAL DATE	33330
_							JA IL	

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

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