

Kansas Corporation Commission Oil & Gas Conservation Division

137688

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	Amount of Surface Pipe Set and Cemented at: Feet
☐ Gas ☐ D&A ☐ ENHR ☐ SIGW	Multiple Stage Cementing Collar Used? Yes No
☐ OG ☐ GSW ☐ Temp. Abd.	If yes, show depth set: Feet
CM (Coal Bed Methane)	If Alternate II completion, cement circulated from:
Cathodic Other (Core, Expl., etc.):	feet depth to:w/sx cmt
If Workover/Re-entry: Old Well Info as follows:	
Operator:	Drilling Christ Management Dlan
Well Name:	Drilling Fluid Management Plan (Data must be collected from the Reserve Pit)
Original Comp. Date: Original Total Depth:	Chloride content:ppm Fluid volume:bbls
☐ Deepening ☐ Re-perf. ☐ Conv. to ENHR ☐ Conv. to SWD	Dewatering method used:
Conv. to GSW	Dewatering metriod 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 #:	
☐ ENHR Permit #:	Quarter Sec TwpS. R
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 II III Approved by: Date:

Side Two

1137688

Operator Name:			Lease Name	e:			_ Well #:	
Sec Twp	S. R	East West	County:					
time tool open and clos	sed, flowing and shut s if gas to surface tes	I base of formations per in pressures, whether set, along with final chart well site report.	shut-in pressure	reached s	static level,	hydrostatic press	sures, bottom h	ole temperature, fl
Orill Stem Tests Taken (Attach Additional S		Yes No		Log	Formatio	n (Top), Depth an	d Datum	Sample
Samples Sent to Geolo		☐ Yes ☐ No	N	lame			Тор	Datum
Cores Taken Electric Log Run Electric Log Submitted (If no, Submit Copy)	I Electronically	Yes No Yes No Yes No						
List All E. Logs Run:			RECORD [Used			
	Size Hole	Report all strings set- Size Casing	-conductor, surface Weight		ate, producti Setting	on, etc. Type of	# Sacks	Type and Percen
Purpose of String	Drilled	Set (In O.D.)	Lbs. / Ft.		Depth	Cement	Used	Additives
		ADDITIONA	L OFMENTING (00115575	DECORD			
		ADDITIONA	L CEMENTING / :	SQUEEZE	RECORD			
Purpose: Perforate Protect Casing Plug Back TD Plug Off Zone	Depth Top Bottom	Type of Cement	# Sacks Used	d		Type and F	Percent Additives	
Shots Per Foot		ON RECORD - Bridge Plu ootage of Each Interval Pe				cture, Shot, Cement mount and Kind of Ma	•	d Depth
TUBING RECORD:	Size:	Set At:	Packer At:	Line	r Run:	Yes No		
Date of First, Resumed I	Production, SWD or ENI	HR. Producing Me	thod:	Gas Li	ift C	Other (Explain)		
Estimated Production Per 24 Hours	Oil E	Bbls. Gas	Mcf	Water	В	bls. (Gas-Oil Ratio	Gravity
DISPOSITIO	Used on Lease	Open Hole	METHOD OF COM	MPLETION: ually Comp omit ACO-5)	. Cor	nmingled mit ACO-4)	PRODUCTIO	ON INTERVAL:
(If vented, Sub	mit ACO-18.)	Other (Specify) _						

Franklin County, KS Well: Luckan 19 Lease Owner: BG-5

Town Oilfield Service, Inc. Commenced Spudding: (913) 837-8400 Commenced Spudding: 11/5/2012

11/5/2012

15-059-26255

WELL LOG

hickness of Strata	Formation	Total Depth
0-16	Soil-Clay	16
18	Shale	34
25	Lime	59
7	Shale	66
11	Lime	77
8	Sandy Shale	85
30	Lime	115
5	Shale	120
16	Lime	136
86	Sandy Shale	222
21	Lime	243
8	Shale	251
11	Shale	262
5	Lime	267
31	Shale	298
9	Lime	307
6	Shale	313
1	Lime	314
15	Shale	329
10	Lime	339
2	Shale	341
13	Lime	354
9	Sah	363
22	Lime	385
4	Slate	389
3	Lime	392
3	Shale	395
7	Lime	402
3	Shale	405
1	Sandy Shale	406
6	Sand	412
103	Sandy Shale	515
3	Sand	518
6	Sand	524
24	Sandy Shale	548
9	Sandy Shale	557
6	Sand	563
7	Sandy Shale	570
9	Lime	579
20	Shale	599

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6 Lime 605 15 Shale 620 3 Lime 623 7 Shale 630 3 Lime 633 3 Shale 636 2 Lime 638 18 Shale 656 2 Lime 658 2 Lime 658 2 Shale 660 5 Sandy Shale 665 6 Sandy Shale 671 1 Sand 672 5 Sand 677 38 Sandy Shale 715 6 Sand 721 10 Sandy Shale 731 5 Sand 736 44 Sandy Shale 780-TD			
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6 Sand 721 10 Sandy Shale 731 5 Sand 736	38		
10 Sandy Shale 731 5 Sand 736			
5 Sand 736	10		
	5		
	44		



TICKET NUMBER LOCATION Officers FOREMAN Casey Kenne

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

FIELD TICKET & TREATMENT REPORT

				CEME	A 1	22		10. 4
DATE	CUSTOMER#	W	ELL NAME & NUI	MBER	SECTION	TOWNSHIP	RANGE	COUNTY
11/6/12	1564	Luck	an # 19		Sw 35	15	20	
CUSTOMER SG	-C .	1	14	"	100 mg		1 20	L F-R
MAILING ADDRE					TRUCK#	DRIVER	TRUCK#	DRIVER
	Ellis R	> 0	*		481	Casker	V Sefel	11 de
	Cilis	-		4	Coloto	GarHoo	1	7 reering
CITY	ř	STATE	ZIP CODE		503	N. A.	./	
Kanto	اد	IKS	66079		369	tran per	V	1
JOB TYPE /6.	nastrians.	HOLE SIZE	Lo 74"	→ HOLE DEPTI		1 Der Mas	V	
CASING DEPTH	7	DRILL PIPE	<u> </u>		1_760	CASING SIZE & V	VEIGHT 4/2	
SLURRY WEIGH				_TUBING	THE STATE OF THE		OTHER	
DISPLACEMENT					sk	CEMENT LEFT in	CASING	
16		DISPLACEME	NT PSI	MIX PSI		RATE 4,5	opn	
REMARKS: he		meesin	grestablis	hed ctra	vation, M	ixed + pu	used 100:	#Pm. 1
Gel Yollor	wed by						die mand	ET! IRAJIUM
vixed + p	Stade N	700 01-2	*** (0.4	MLAK COL	MOLY , L	~ ~ /		
per skid	ye marke	or to su	orface o	is used .	4/2" 5066	200		Phenoseal
11.82 660	Fresh we	ter cou	next to	8112	pressured	or plug to		-
charles o	her death	w/wir	21000	SUI Face	PIEZZ O IGO	TO KCO F	31 roleas	ad pressure
	5	1.4.6311.	corpe,			A	()	
			——————————————————————————————————————			+	<u> </u>	
****						11 1		
ACCOUNT	- W		Ţ			()	7	
AUCOCOM!								

CODE	QUANITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401	l	PUMP CHARGE		
5406	20 mi	MILEAGE	-	1030,00
5402	7410	casing footage		80.00
5407	minimum	ton mileage		75 114
STORC	2 hrs	80 Vac	 	350.00
				180.00
1124	122 sts	5% To Poznix cement		100
1118B	305 #	Promism Gol		1335.90
1107A	lel #	Tremon Got		U C II O
4404	1	Thenoseal 41/2" rubber plug		78.6
1		TIR PUBLET Plug	+	45.00
in 3737		7.8%	SALES TAX	(18.85
ITHORISTION /	1. Co Rep on la	ication TITLE	ESTIMATED TOTAL	3282,4

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