



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1159421
OIL & GAS CONSERVATION DIVISION

Form ACO-1

August 2013

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
- Plug Back Conv. to GSW Conv. to Producer
- Commingled Permit #: _____
- Dual Completion Permit #: _____
- SWD Permit #: _____
- ENHR Permit #: _____
- GSW Permit #: _____

Spud Date or Recompletion Date	Date Reached TD	Completion Date or Recompletion Date
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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

GPS Location: Lat: _____, Long: _____
(e.g. xx.xxxxx) (e.g. -xxx.xxxxx)

Datum: NAD27 NAD83 WGS84

County: _____

Lease Name: _____ Well #: _____

Field Name: _____

Producing Formation: _____

Elevation: Ground: _____ Kelly Bushing: _____

Total Vertical 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

- Confidentiality Requested
Date: _____
- Confidential Release Date: _____
- Wireline Log Received
- Geologist Report Received
- UIC Distribution
- ALT I II III Approved by: _____ Date: _____

1159421

Operator Name: _____ Lease Name: _____ Well #: _____

Sec. _____ Twp. _____ S. R. _____ East West County: _____

INSTRUCTIONS: Show important tops 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.

Final Radioactivity Log, Final Logs run to obtain Geophysical Data and Final Electric Logs must be emailed to kcc-well-logs@kcc.ks.gov. Digital electronic log files must be submitted in LAS version 2.0 or newer AND an image file (TIFF or PDF).

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 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
<input type="checkbox"/> Perforate <input type="checkbox"/> Protect Casing <input type="checkbox"/> Plug Back TD <input type="checkbox"/> Plug Off Zone				

Did you perform a hydraulic fracturing treatment on this well? Yes No *(If No, skip questions 2 and 3)*
 Does the volume of the total base fluid of the hydraulic fracturing treatment exceed 350,000 gallons? Yes No *(If No, skip question 3)*
 Was the hydraulic fracturing treatment information submitted to the chemical disclosure registry? Yes No *(If No, fill out Page Three of the ACO-1)*

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

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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Anderson County, KS
Well: Poss 46
Lease Owner: R.T. Enterprises

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

Commenced Spudding:
8/29/2013

WELL LOG

Thickness of Strata	Formation	Total Depth
19	soil/clay	19
54	shale	73
29	lime	102
15	shale	117
3	lime	120
2	shale	122
2	lime	124
45	shale	169
12	lime	181
8	shale	189
35	lime	224
7	shale	231
21	lime	252
4	shale	256
7	lime	263
4	shale	267
5	lime	272
4	shale	276
4	sandy shale	280
1	lime	281
29	shale	310
4	sand	314
36	sandy shale	350
9	shale	359
13	sandy shale	372
32	shale	404
6	sand	410
5	sandy shale	415
26	shale	441
2	lime	443
4	shale	447
3	lime	450
4	shale	454
8	lime	462
9	shale	471
7	sand	478
3	sandy shale	481
8	shale	489
4	sandy shale	493
11	sand	504

Anderson County, KS
 Well: Poss 46
 Lease Owner: R.T. Enterprises

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

Commenced Spudding:
 8/29/2013

4	sandy shale	508
2	coal	510
2	lime	512
2	shale	514
1	lime	515
3	shale	518
2	lime	520
4	shale	524
2	lime	526
8	shale	534
4	lime	538
21	shale	559
11	lime	570
19	shale	589
2	lime	591
2	shale	593
2	coal	595
7	shaloe	602
3	lime	605
15	shale	620
7	brokan sand	627
12	sand	639
8	sand	647
25	sand	672
3	sandy shale	675
7	broken sand	682
2	sandy shale	684
21	shale	705
9	sand	714
21	sandy shale	735
10	broken sand	745
9	sandy shale	754
5	sand	759
4	sandy shale	763
51	sand	814
25	sandy shale	839
34	shale	873
25	sandy shale	898
7	sand	905
7	sandy shale	912
2	lime	914
6	shale	920
17	sandy shale	937
58	shale	995
23	sandy lime	1018
3	sandy lime and sand	1021
19	lime	1040-TD

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. 46

Farm Poss

KS
(State)

Anderson
(County)

11
(Section)

20
(Township)

20
(Range)

For R.T. Enterprises
(Well Owner)

Town Oilfield Services, Inc.

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

Thickness of Strata	Formation	Total Depth	Remarks
19	soil clay	19	
54	shale	73	
29	Lime	102	water
15	shale	117	
3	Lime	120	
2	shale	122	
2	Lime	124	
45	shale	169	
12	Lime	181	
8	shale	189	
35	Lime	224	
7	shale	231	
21	Lime	252	
4	shale	256	
7	Lime	263	
4	Shale	267	
5	Lime	272	
4	shale	276	
4	sandy shale	280	
1	Lime	281	Hertha
29	shale	310	
4	sand	314	some odor, no oil
36	sandy shale	350	
9	shale	359	
13	sandy shale	372	
32	shale	404	
6	sand	410	only little oil

Thickness of Strata	Formation	Total Depth	Remarks
5	sandy shale	415	
26	shale	441	
2	Lime	443	
4	shale	447	
3	Lime	450	
4	shale	454	
8	Lime	462	
9	shale	471	
7	sand	478	
3	sandy shale	481	little odor & oil
8	shale	489	
4	sandy shale	493	
11	sand	504	odor, little oil
4	sandy shale	508	
2	coal	510	
2	Lime	512	
2	shale	514	
1	Lime	515	
3	shale	518	
2	Lime	520	
4	shale	524	
2	Lime	526	
8	shale	534	
4	Lime	538	
21	shale	559	
11	Lime	570	
19	shale	589	

589

Thickness of Strata	Formation	Total Depth	Remarks
2	Lime	591	
2	shale	593	
2	oool	595	
7	shale	602	
3	Lime	605	
15	shale	620	
7	Broken sand	627	no o. l
12	sand	639	Broken sand 20% sand 30% shale
8	sand	647	Broken sand 50% sand 20% shale
25	sand	672	Brown oil sand
3	sandy shale	675	
7	Broken sand	682	50% sand 50% shale with oil
2	sandy shale	684	
21	shale	705	
9	sand	714	Broken sand no oil
21	sandy shale	735	
10	Broken sand	745	no o. l
9	sandy shale	754	
5	sand	759	no oil
4	sandy shale	763	
51	sand	814	no o. l
25	sandy shale	839	
34	shale	873	
25	sandy shale	898	
7	sand	905	no o. l
7	sandy shale	912	
2	Lime	914	



CONSOLIDATED
Oil Well Services, LLC

API = 13-003-25843

262084

TICKET NUMBER 42429

LOCATION Ottawa

FOREMAN Alan Maden

PO Box 884, Chanute, KS 66720
820-431-9210 or 800-467-8676

FIELD TICKET & TREATMENT REPORT
CEMENT

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
9-3-13	59541	Pass 46	NW 11	27	27	AN
CUSTOMER <u>Orenoc</u>			TRUCK #	DRIVER	TRUCK #	DRIVER
MAILING ADDRESS <u>120 Shoreline Dr</u>			516	Al Mad		
CITY <u>Louisburg</u>			495	Harber		
STATE <u>KS</u>			505/1106	Jas B:c		
ZIP CODE <u>66053</u>			548	Mik Hag		

JOB TYPE long string HOLE SIZE 5 7/8 HOLE DEPTH 760 CASING SIZE & WEIGHT 2 7/8
 CASING DEPTH 737 DRILL PIPE _____ TUBING _____ OTHER 705 baffle
 SLURRY WEIGHT _____ SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT IN CASING yes
 DISPLACEMENT 4.1 DISPLACEMENT PSI 800 MIX PSI 200 RATE 5 bpm

REMARKS: Held meeting. Hooked to casing. Established rate. Mixed & pumped 100 gal followed by 109 sk 50150 cement plus 2 1/2 gal. Circulated cement. Flashed pump. Pumped plug to baffle. Well held 800 PSI. Set float. Closed valve.

TOS, Chad.

Alan Maden

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401	1	PUMP CHARGE	495	1085.00
5406	25	MILEAGE	495	105.00
5402	237	casing footage	495	118310.00
5407	109	ton miles	548	59682.00
55016	112	80 val	505/1106	180.00
1124	109	50150 cem		1233.50
11183	283	gal		62.26
4402	1	2 1/2 plug		29.50

SALES TAX 102.91
 ESTIMATED TOTAL 3186.67
 AUTHORIZATION no company rep TITLE _____ DATE _____
Jim Okid

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

Conservation Division
Finney State Office Building
130 S. Market, Rm. 2078
Wichita, KS 67202-3802



Phone: 316-337-6200
Fax: 316-337-6211
<http://kcc.ks.gov/>

Shari Feist Albrecht, Chair
Thomas E. Wright, Commissioner
Jay Scott Emler, Commissioner

Sam Brownback, Governor

February 28, 2014

Lance Town
R.T. Enterprises of Kansas, Inc.
120 SHORELINE DR
LOUISBURG, KS 66053

Re: ACO-1
API 15-003-25843-00-00
Poss 46
NW/4 Sec.11-20S-20E
Anderson County, Kansas

Dear Lance Town:

K.A.R. 82-3-107 provides for all completion information to be filed within 120 days of the spud date. Subsection(e)(2) of that regulation states "All rights to confidentiality shall be lost if the filings are not timely."

The above referenced well was spudded on 8/29/2013 and the ACO-1 was received on February 24, 2014 (not within the 120 days timely requirement).

Therefore, your request for confidential treatment of data contained within the ACO-1 filing cannot be granted at this time.

If you should have any questions, please do not hesitate to contact me at (316)337-6200.

Sincerely,

Production Department