



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1159426
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: _____

1159426

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 <i>(Attach Additional Sheets)</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Log	Formation (Top), Depth and Datum	<input type="checkbox"/> Sample
Samples Sent to Geological Survey	<input type="checkbox"/> Yes <input type="checkbox"/> No	Name	Top	Datum
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:				

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> _____ <input type="checkbox"/> Other <i>(Specify)</i> _____	PRODUCTION INTERVAL: _____ _____
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Anderson County, KS
 Well: Poss 47
 Lease Owner: R.T. Enterprises

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

Commenced Spudding:
 9-3-2013

WELL LOG

Thickness of Strata	Formation	Total Depth
19	soil/clay	19
57	shale	76
30	lime	106
16	shale	122
3	lime	125
2	shale	127
2	lime	129
47	sjae	176
10	lime	186
8	sjae	194
358	lime	229
7	shale	236
21	lime	257
5	shale	262
15	lime	277
4	shale	281
2	lime	283
32	shale	315
4	sand	319
5	sandy shale	324
86	shale	410
6	sand	416
5	sandy shale	421
30	shale	451
3	lime	454
4	shale	458
10	lime	468
10	shale	478
3	lime	481
7	sandy shale	488
2	coal	490
7	sandy shale	497
7	sand	505
6	sandy shale	511
2	shale	513
2	coal	515
2	lime	517
2	shale	519
1	lime	520
58	shale	525

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. 47

Farm Poss

KS Anderson
(State) (County)

11 20 20
(Section) (Township) (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	
57	shale	76	
30	Lime	106	
16	shale	122	water
3	Lime	125	
2	shale	127	
2	Lime	129	
47	shale	176	
10	Lime	186	
8	shale	194	
35	Lime	229	
7	shale	236	
21	Lime	257	
5	shale	262	
15	Lime	277	
4	shale	281	
2	Lime	283	
32	shale	315	Mertha
4	sand	319	
5	sandy shale	324	odour, little oil
86	shale	410	
6	sand	416	
5	sandy shale	421	little odour & oil
30	shale	451	
3	Lime	454	
4	shale	458	
10	Lime	468	

Thickness of Strata	Formation	Total Depth	Remarks
10	shale	478	
3	Lime	481	
7	sandy shale	488	
2	coal	490	
7	sandy shale	497	
7	sand	505	odor, little o.i
6	sandy shale	511	
2	shale	513	
2	coal	515	
2	Lime	517	
2	shale	519	
1	Lime	520	
5	shale	525	
2	Lime	527	
9	shale	536	
4	Lime	540	
22	shale	562	
11	Lime	573	
19	shale	592	with some lime seams
2	Lime	594	
2	shale	596	
2	coal	598	
6	shale	604	
5	Lime	609	
18	shale	627	
4	Broken sand	631	odor, no o.i
17	sand	648	odor, light Brown sand,



CONSOLIDATED
Oil Well Services, LLC

262085

TICKET NUMBER 42432

LOCATION Ottawa

FOREMAN Alan Maden

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

FIELD TICKET & TREATMENT REPORT
CEMENT

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
9-4-13	5954	Poas 247	NW 11	2D	2D	AN
CUSTOMER <u>Ottawa</u>			TRUCK #	DRIVER	TRUCK #	DRIVER
MAILING ADDRESS <u>120 Shoreline Dr</u>			516	Alan Maden		
CITY <u>Louisburg</u>			666	Gary Mad		
STATE <u>KS</u>			675	Kei Det		
ZIP CODE <u>66053</u>			500	Set Trac		
JOB TYPE	<u>long string</u>	HOLE SIZE	<u>5 7/8</u>	HOLE DEPTH	<u>760</u>	CASING SIZE & WEIGHT
CASING DEPTH	<u>732</u>	DRILL PIPE		TUBING		OTHER <u>702 batta</u>
SLURRY WEIGHT		SLURRY VOL		WATER gal/sk		CEMENT LEFT in CASING <u>YES</u>
DISPLACEMENT	<u>4.1</u>	DISPLACEMENT PSI	<u>800</u>	MIX PSI	<u>200</u>	RATE <u>4 bpm</u>
REMARKS: <u>Held meeting. Hooked to casing. Established rate. Mixed & pumped 100# gel followed by 86 sk 50/50 cement plus 270 gal. Circulated cement. Flushed pump. Pumped plug to batta. Well held 800 PSI. Set float. Closed valve.</u>						

705 Chad

Alan Maden

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401	1	PUMP CHARGE	866	1085.00
5406	25	MILEAGE	666	105.00
5402	732	casing footage	666	
5407	min	tan miles	570	368.00
5502L	2	80 w/c	87.5	180.00
1124	86	50/50 cement		989.00
1118B	244#	gel		5368
4402	1	2 1/2 plug		29.50
SALES TAX				82.03
ESTIMATED TOTAL				2892.20

Revin 3737

*NO COMPANY VEP
Jim Oka*

AUTHORIZATION _____ 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

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 15-003-25844-00-00
Poss 47
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 9/3/2013 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