



Confidentiality Requested:

Yes  No

KANSAS CORPORATION COMMISSION 1159430  
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: \_\_\_\_\_

1159430

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

<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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Miami County, KS  
Well: Poss #38  
Lease Owner: RT

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

Commenced Spudding:  
9/4/2013

WELL LOG

Thickness of Strata	Formation	Total Depth
19	soil-clay	19
74	shale	93
32	lime	125
11	shale	136
2	lime	138
3	shale	141
2	lime	143
45	shale	188
12	lime	200
7	shale	207
35	lime	242
7	shale	249
24	lime	273
4	shale	277
4	lime	281
3	shale	284
9	lime	293
4	shale	297
6	sand	303
28	shale	331
5	sand	336
97	sandy shale	433
6	sand	439
5	sandy shale	444
17	shale	461
2	lime	463
4	shale	467
3	lime	469
3	shale	472
9	lime	481
7	shale	488
7	sand	495
3	sandy shale	498
13	shale	511
12	sand	523
4	sandy shale	527
6	sand	533
3	sandy shale	536
11	shale	547
2	lime	549





# 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  $BPH \times PSI \times .0004$

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. 34

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

Poss Farm: Anderson County

KS State; Well No. 38

Elevation 965

Commenced Spuding 9-21 2013

Finished Drilling 9-6 2013

Driller's Name Chad Weaver

Driller's Name \_\_\_\_\_

Driller's Name \_\_\_\_\_

Tool Dresser's Name Brandon Stone

Tool Dresser's Name Cole Holman

Tool Dresser's Name \_\_\_\_\_

Contractor's Name TOS

11 20 20

(Section) (Township) (Range)

Distance from S line, 4455 ft.

Distance from E line, 4785 ft.

3-sacks

### CASING AND TUBING RECORD

10" Set \_\_\_\_\_ 10" Pulled \_\_\_\_\_

~~8~~" Set 23' 8" Pulled \_\_\_\_\_

6 1/4" Set \_\_\_\_\_ 6 1/4" Pulled \_\_\_\_\_

4" Set \_\_\_\_\_ 4" Pulled \_\_\_\_\_

2 7/8" Set 732 35 2" Pulled \_\_\_\_\_

701, 30 Backble  
760 TD




Thickness of Strata	Formation	Total Depth	Remarks
19	oil/clay	19	
74	shale	93	
32	lime	125	
11	shale	136	
2	lime	138	
3	shale	141	
2	lime	143	
45	shale	188	
12	lime	200	
7	shale	207	
35	lime	242	
7	shale	249	
24	lime	273	
4	shale	277	
4	lime	281	
3	shale	284	
9	lime	293	
4	shale	297	Hardly
6	sand	303	
28	shale	331	grey, no oil
5	sand	336	
97	sandy shale	433	odor, ok show
6	sand	439	
5	sandy shale	444	odor, little oil
17	shale	461	
2	lime	463	
4	shale	467	



Thickness of Strata	Formation	Total Depth	Remarks
3	Lime	469	
3	shale	472	
9	Lime	481	
7	shale	488	
7	sand	495	
3	sandy shale	498	odor, little oil
13	shale	511	
12	sand	523	
4	sandy shale	527	little odor, + oil + bleeding
6	sand	533	
3	sandy shale	536	odor, little oil + bleeding
11	shale	547	
2	Lime	549	
2	shale	551	
1	Lime	552	
5	shale	557	
3	Lime	560	
21	shale	581	
10	Lime	591	
20	shale	611	
2	Lime	613	
2	shale	615	
2	coal	617	
6	shale	623	
3	Lime	626	
48	shale	674	
4	sand	678	odor, Brown oil sand, slightly hard



core C78

Thickness of Strata	Formation	Total Depth	Remarks
5	sand	683	Broken sand with oil *
6	Broken sand	689	no oil
1	sand	690	Black sand with <sup>little</sup> oil
2	Broken sand	692	with little oil
2	sandy shale	694	
2	shale	696	





**CONSOLIDATED**  
Oil Well Services, LLC

262117

TICKET NUMBER 42448

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
9/6/13	5954	Pass #58	NW 11	20	20	AW
CUSTOMER D Jemloc			TRUCK #			
MAILING ADDRESS 120 Shoreline Dr			DRIVER			
CITY Louisburg			TRUCK #			
STATE KS			DRIVER			
ZIP CODE 66053			TRUCK #			
			DRIVER			

JOB TYPE long string HOLE SIZE 3 5/8 HOLE DEPTH 760 CASING SIZE & WEIGHT 2 1/8  
 CASING DEPTH 732.33 DRILL PIPE \_\_\_\_\_ TUBING \_\_\_\_\_ OTHER 701.30 Baffle  
 SLURRY WEIGHT \_\_\_\_\_ SLURRY VOL \_\_\_\_\_ WATER gal/sk \_\_\_\_\_ CEMENT LEFT IN CASING yes  
 DISPLACEMENT 4.1 DISPLACEMENT PSI 800 MIX PSI 200 RATE 46 bpm

REMARKS: Held meeting. Hooked to casing. Established rate. Mixed & pumped 100# gel followed by 99 GK 50150 cem. plus 2 1/2 gal. Circulated cement. Flushed pump. Pumped plug to Baffle. Well held 800 PSI. Set floor. Closed valve.

TDS, Chad

*Alan Maden*

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401	1	PUMP CHARGE	368	1085 <sup>00</sup>
5406	25	MILEAGE	368	105 <sup>00</sup>
5402	732'	casing footage	368	
5407	min	tax miles	510	368 <sup>00</sup>
6502C	2	80 UAL	370	180 <sup>00</sup>
1124	99	50150 cement		1138.50
1118B	266	gel		58.52
4402	1	2 1/2 plug		2950

SALES TAX 93.84  
ESTIMATED TOTAL 3058.36

AUTHORIZATION NO COMPANY REP TITLE \_\_\_\_\_ DATE \_\_\_\_\_  
JIM OKD

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 for

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 15-003-25835-00-00  
Poss 38  
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 9/4/2013 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