



KANSAS CORPORATION COMMISSION 1163015
OIL & GAS CONSERVATION DIVISION

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 # _____

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

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

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

County: _____

Lease Name: _____ Well #: _____

Field Name: _____

Producing Formation: _____

Elevation: Ground: _____ Kelly Bushing: _____

Total 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

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



1163015

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

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

INSTRUCTIONS: Show important tops and base 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. Attach complete copy of all Electric Wire-line Logs surveyed. Attach final geological well site report.

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 Electric Log Submitted Electronically <input type="checkbox"/> Yes <input type="checkbox"/> No <i>(If no, Submit Copy)</i> 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
_____ Perforate _____ Protect Casing _____ Plug Back TD _____ Plug Off Zone				

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
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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> <i>(Submit ACO-4)</i> <input type="checkbox"/> Other (Specify) _____	PRODUCTION INTERVAL: _____ _____
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Johnson County, KS
Well:thomas B 20
Lease Owner:ST Petroleum

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

Commenced Spudding:
10-2-2013

WELL LOG

Thickness of Strata	Formation	Total Depth
7	soil/clay	7
14	sand stone	21
68	shale	89
3	lime	92
4	shale	96
16	lime	112
7	shale	119
8	lime	127
7	shale	134
19	lime	153
11	shale	164
13	sandy shale and sand	177
28	lime	205
19	sandy shale and shale	224
8	lime	232
16	shale	248
21	lime	269
15	shale	284
8	lime	292
20	shale	312
6	lime	318
7	shale	325
7	lime	332
44	shale	376
24	lime	40
8	shale	408
24	lime	432
4	shale	436
4	lime	440
4	shale	444
6	lime	450
4	shale	454
6	sandy shale	460
99	shale	559
8	sandy shale	567
58	shale	625
5	lime	630
3	shale	633
2	lime	635
8	shale	643

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 $SPM \times d$

$$\text{BELT LENGTH} = 2C + 1.57(D + d) + \frac{(D-d)^2}{4C}$$

* Need these to figure belt length

$$\text{TO FIGURE AMPS: } \frac{\text{WATTS}}{\text{VOLTS}} = \text{AMPS}$$

746 WATTS equal 1 HP

Log Book

Well No. 20

Farm Thomas B

KS Johnson
 (State) (County)

31 14 22
 (Section) (Township) (Range)

For ST Petroleum
 (Well Owner)

Town Oilfield Services, Inc.

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

Thickness of Strata	Formation	Total Depth	Remarks
7	soil/clay	7	
14	sandstone	21	
68	shale	89	
3	Lime	92	
4	shale	96	
16	Lime	112	
7	shale	119	Dark
8	Lime	127	
7	shale	134	
19	Lime	153	
11	shale	164	
13	sandy shale + sand	177	
28	Lime	205	
19	sandy shale + shale	224	
8	Lime	232	
16	shale	248	
21	Lime	269	
15	shale	284	
8	Lime	292	
20	shale	312	
6	Lime	318	
7	shale	325	
7	Lime	332	
44	shale	376	
24	Lime	400	
8	shale	408	
24	Lime	432	

Thickness of Strata	Formation	Total Depth	Remarks
4	shale	436	
4	Lime	440	
4	shale	444	
6	Lime	450	
4	shale	454	
6	sandy shale	460	
99	shale	559	
8	sandy shale	567	
58	shale	625	
5	Lime	630	
3	shale	633	
2	Lime	635	
8	shale	643	
7	Lime	650	
4	sand	654	no oil
2	sandy shale	656	
9	shale	665	
3	Lime	668	
2	coal	670	
9	shale	679	
6	Lime & shale	685	
20	shale	705	690' red bed
2	Lime	707	
3	shale	710	
2	Lime	712	
6	shale	718	
7	sand	725	odor, little oil

725

Thickness of Strata	Formation	Total Depth	Remarks
3	sandy shale	728	
58	shale	786	
7	Broken sand	793	no oil
5	sandy shale	798	
14	shale	812	
3	lime	815	
9	shale	824	
4	sand	828	no oil
13	shale	841	
6	sand	847	no oil
3	sandy shale	850	
10	shale	860	
4	sand	864	no oil
2	sandy shale	866	
	shale	900	
3	Broken sand	901	20% oil, odor
1	sand	902	solid ok bleeding
1	sandy lime	903	no oil
2	sand	905	90% - solid oil
1	sand	906	30% - 40% oil
1	Broken sand	907	20% oil
3	Broken sand	908	50% oil
1	Broken sand	909	5% - 10%
1	Broken sand	910	no oil
16	sand	926	no oil
10	sandy shale	936	
44	shale	980	TD



262872

TICKET NUMBER 42369

LOCATION Ottawa, KS

FOREMAN Casper Kennedy

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
10/31/12	7532	Thomas B # 20	NE 31	14	22	JO
CUSTOMER ST Petroleum			TRUCK #		DRIVER	
MAILING ADDRESS 18800 Sunflower Rd			481		Casper Kennedy ✓ Safety Meeting	
CITY Edgerton			10106		Garman ✓	
STATE KS			503		Mattac ✓	
ZIP CODE 66021			369		Mikhaa ✓	

JOB TYPE Logging HOLE SIZE 5 1/2" HOLE DEPTH 980' CASING SIZE & WEIGHT 2 7/8" EUE
 CASING DEPTH 941' DRILL PIPE _____ TUBING baffle-932' OTHER _____
 SLURRY WEIGHT _____ SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT in CASING 9'
 DISPLACEMENT 5.39 bbls DISPLACEMENT PSI _____ MIX PSI _____ RATE 4.5 bpm

REMARKS: Established circulation, mixed & pumped 200 # Premium Gel followed by 10 bbls fresh water, mixed & pumped 127 # 50/50 Pozmix cement w/ 2% gel + 1/4 # Floacel per sk, cement to surface, flushed pump clean, pumped 2 1/2" rubber plug to baffle w/ 5.39 bbls fresh water, pressured to 600 PSI, released pressure, shut in casing.

Handwritten signature

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401	1	PUMP CHARGE		1085.00
5402	941'	LOGGING casing footage		
5406	30 mi	mileage		126.00
5407	minimum	ten mileage		368.00
5502C	2 hrs	SD Vac		180.00
1124	127 sk	50/50 Pozmix cement		1460.50
118B	413 #	Premium Gel		90.86
1107	32 #	Floacel		79.04
4402	1	2 1/2" rubber plug		29.50
			7.375%	SALES TAX
				ESTIMATED TOTAL
				122.42
				3541.32

Revin 3737

AUTHORIZATION [Signature] 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.