



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1190592
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: _____

1190592

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> <i>(Submit ACO-4)</i> <input type="checkbox"/> Other <i>(Specify)</i> _____	PRODUCTION INTERVAL: _____ _____
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Anderson County, KS

Town Oilfield Service, Inc.

Commenced Spudding:

Well: Poss 48

(913) 837-8400

9/6/2013

Lease Owner: R.T. Enterprises

WELL LOG

Thickness of Strata	Formation	Total Depth
20	Soil-Clay	20
50	Shale	70
28	Lime	98
19	Shale	117
2	Lime	119
46	Shale	165
6	Lime	171
5	Lime	176
7	Shale	183
35	Lime	218
9	Shale	227
22	Lime	249
6	Shale	255
15	Lime	270
5	Shale	275
25	Sandy Shale	300
3	Sand	303
9	Shale	312
4	Sand	316
69	Shale	385
17	Shale	402
6	Sand	408
4	Sandy Shale	412
28	Shale	440
2	Lime	442
3	Shale	445
2	Lime	447
3	Shale	450
10	Lime	460
10	Shale	470
5	Sand	475
19	Sandy Shale	494
4	Sand	498
5	Sandy Shale	503
3	Shale	506
2	Coal	508
7	Lime	515
3	Shale	518
3	Lime	521
7	Shale	528

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. 48

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

Pass Farm: Auderson County

KS State; Well No. 48

Elevation 948

Commenced Spuding 9-6 20 13

Finished Drilling 9-10 20 13

Driller's Name Arvid Waever

Driller's Name _____

Driller's Name _____

Tool Dresser's Name Brandon Stone

Tool Dresser's Name Cole Holmberg

Tool Dresser's Name _____

Contractor's Name JDS

11 20 20

(Section) (Township) (Range)

Distance from S line, 346.5 ft.

Distance from E line, 445.5 ft.

3 - Sacks
**CASING AND TUBING
RECORD**

10" Set _____ 10" Pulled _____

~~7 1/2~~" Set 23' 8" Pulled _____

6 1/4" Set _____ 6 1/4" Pulled _____

4" Set _____ 4" Pulled _____

2 7/8" Set 730.35 2" Pulled _____

698.95 Baffle

960 TD

Thickness of Strata	Formation	Total Depth	Remarks
20	soil / clay	20	
50	Shale	70	
28	Lime	98	
19	Shale	117	WATER
2	Lime	119	
46	Shale	165	
6	Lime Seams	171	
5	Lime	176	
7	Shale	183	
35	Lime	218	
9	Shale	227	
22	Lime	249	
6	Shale	255	
15	Lime	270	Hard Shale
5	Shale	275	
25	Sandy Shale	300	
3	Sand	303	NO ODR, NO OIL
9	Shale	312	
4	Sand	316	Good ODR
69	Shale - Sandy	385	
17	Shale	402	
6	Sand	408	Good ODR, DECENT BLEED
4	Sandy Shale	412	
28	Shale	440	
2	Lime	442	
3	Shale	445	
2	Lime	447	

Thickness of Strata	Formation	Total Depth	Remarks
		447	
3	Shale	450	
10	Lime	460	
10	Shale	470	
5	Sand	475	
19	Sandy Shale	494	
4	Sand	498	Coal over, DECENT BLEED
5	crumbly shale	503	
3	shale	506	
2	coal	508	
7	Lime	515	
3	shale	518	
3	Lime	521	
7	shale	528	
4	Lime	532	
22	shale	554	
10	Lime	564	
21	shale	585	with some lime seams
2	coal	587	
10	Lime	597	
4	shale	601	
1	Lime	602	
	shale	610	
4	sand	614	grey, no oil
8	sand	622	no oil
2	Broken sand	624	no oil
15	sand	639	no oil
3	Broken sand	642	no oil

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 15-003-25845-00-00
Poss 48
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 9/6/2013 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