



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1196596
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: _____

1196596

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: <input type="checkbox"/> Yes <input type="checkbox"/> No
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Date of First, Resumed Production, SWD or ENHR.	Producing Method: <input type="checkbox"/> Flowing <input type="checkbox"/> Pumping <input type="checkbox"/> Gas Lift <input type="checkbox"/> Other <i>(Explain)</i> _____
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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> _____	PRODUCTION INTERVAL: _____ _____
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Johnson County, KS
Well: Thomas B #14
Lease Owner: ST Petro

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

Commenced Spudding:
03/04/2014

WELL LOG

Thickness of Strata	Formation	Total Depth
7	soil/clay	7
19	sandstone	26
84	shale	110
20	lime	120
8	shale	138
8	lime	146
8	shale	154
19	lime	173
14	sandstone	187
3	lime	190
10	sandstone	200
25	lime	225
16	sandy shale and shale	241
11	lime	252
15	shale	267
23	lime	290
15	shale	305
9	lime	314
19	shale	333
8	lime	341
5	shale	346
6	lime	352
45	shale	397
24	lime	421
9	shale	430
24	lime	454
4	shale	458
3	lime	461
5	shale	466
6	lime	472
6	shale	478
26	sandy shale	504
13	sand and sandy shale	517
7	sandy shale	524
56	shale	580
11	sandy shale	591
58	shale	649
4	lime	653
3	shale	656
2	lime	658

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. * 14

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	
19	sandstone	26	
84	shale	110	
20	lime	130	
8	shale	138	
8	lime	146	Dark
8	shale	154	
19	lime	173	
14	sand	187	
3	lime	190	strongly no oil
10	sand	200	
25	lime	225	very little oil
16	sandy shale / shale	241	
11	lime	252	
15	shale	267	
23	lime	290	
15	shale	305	
9	lime	314	
19	shale	333	
8	lime	341	
5	shale	346	
6	lime	352	
45	shale	397	
24	lime	421	
9	shale	430	
24	lime	454	
4	shale	458	

Thickness of Strata	Formation	Total Depth	Remarks
3	Lime	461	
5	shale	466	
6	Lime	472	
6	shale	478	Merthyr
26	conglomerate	504	
13	sand & congl.	517	
7	conglomerate	524	no oil, gas, sand
56	shale	580	
11	congl. shale	591	
58	shale	649	
4	Lime	653	
3	shale	656	
2	Lime	658	
10	shale	668	
7	Lime	675	
5	sand	680	
3	congl. shale	683	very little oil
7	shale	690	
3	Lime	693	
5	shale	698	
11	limestone	709	
3	Lime	712	
27	shale	739	
2	Lime	741	red head - 715
4	shale	745	
10	sand	755	
3	congl. shale	758	grey, no oil

Thickness of Strata	Formation	Total Depth	Remarks
55	shale	512	
5	sand	518	no oil, Brown sand
6	sandy shale	524	
29	shale	553	
5	sand	558	no oil
16	shale	574	
5	sand	579	gray, no oil
2	sandy shale	581	
8	shale	589	
5	sand	594	no oil
2	sandy shale	596	
40	shale	936	
4	lime	940	
1	sandy lime	941	
2	Broken sand	943	no oil
5	sandy shale	948	
2	sand	950	Black sand (Dead) no oil
7	sand	957	gray, no oil
3	Broken sand	960	no oil
4	shale	964	
6	sand	970	gray, no oil
10	sandy shale	980	
34	shale	1014	
14	sandy shale	1028	
12	shale	1040	710



CONSOLIDATED
Oil Well Services, LLC

266344

TICKET NUMBER 42555

LOCATION Ottawa, KS

FOREMAN Casey 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
3/6/14	7532	Thomas R # 14	NE 31	14	22	JO
CUSTOMER ST. Petroleum			TRUCK #	DRIVER	TRUCK #	DRIVER
MAILING ADDRESS 18800 Sunflower Rd			729	Casey Ken	✓ Safety Meeting	
CITY Edgerton	STATE KS	ZIP CODE 66021	6660	Gar Mon	✓	
			503	Kei Car	✓	
			370	Jas Ric	✓	
JOB TYPE overstring	HOLE SIZE 5 5/8"	HOLE DEPTH 1040'	CASING SIZE & WEIGHT 2 7/8" EUE			
CASING DEPTH 994'	DRILL PIPE	TUBING baffle - 989'	OTHER			
SLURRY WEIGHT	SLURRY VOL	WATER gal/sk	CEMENT LEFT in CASING 5'			
DISPLACEMENT 5.7 bbls	DISPLACEMENT PSI	MIX PSI	RATE 5 bpm			

REMARKS: held safety meeting, established circulation, mixed + pumped 300 # Premium Gel, mixed + pumped 140 sks 5/50 Pozmix cement w/ 2% gel, + 1/4 # Floreal per sk, cement to surface, flushed pump down, pumped 2 1/2" rubber plug to baffle w/ 5.7 bbls fresh water, pressured to 800 PSI, well held pressure for 30 min MIT, released pressure, shut in casing.

PKH

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401	1	PUMP CHARGE		
5406	30 mi	MILEAGE		1085.00
5402	994'	casing footage		126.00
5407	minimum	ten mileage		368.00
5502C	3.5 hrs	80 Vac		350.00
1124	140 sks	5/50 Pozmix cement		1610.00
1118B	535 #	Premium Gel		117.70
1107	35 #	Floreal		86.45
4462	1	2 1/2" rubber plug		29.50
		-30% on materials		3772.65
				-544.25
				3228.40
		7.375%	SALES TAX	95.84
			ESTIMATED	
			TOTAL	3324.24

completed

Rev'n 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.