



Confidentiality Requested:

Yes  No

KANSAS CORPORATION COMMISSION 1196594  
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: \_\_\_\_\_

1196594

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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Johnson County, KS  
Well: Thomas-B #I-9  
Lease Owner: ST Petrol

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

Commenced Spudding:  
02/24/2014

WELL LOG

Thickness of Strata	Formation	Total Depth
9	soil/clay	9
14	sandstone	23
27	shale	50
3	lime	53
63	shale	116
4	lime	120
4	sandy shale	124
14	lime	138
8	shale	146
7	lime	153
9	shale	162
19	lkime	181
4	shale	185
21	sand	206
27	lime	233
15	sandy shale and shale	248
10	lime	258
15	shale	273
24	lime	297
15	shale	312
9	lime	321
20	shale	341
7	lime	348
5	shale	353
6	lime	359
33	shale	392
1	lime	393
13	shale	406
25	lime	431
6	shale	437
24	lime	461
5	shale	466
4	lime	470
5	shale	475
6	lime	481
5	shale	486
7	sandy shale	493
55	shale	548
10	sandy shale	558
35	shale	593

Johnson County, KS  
Well: Thomas-B #I-9  
Lease Owner: ST Petrol

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(913) 837-8400

Commenced Spudding:  
02/24/2014

7	sand	600
5	sandy shale	605
52	shale	657
5	lime	662
15	shale	677
5	lime	682
6	sand	688
3	sandy shale	6914
8	shale	699
3	lime	702
3	shale	705
2	coal	707
8	shale	715
6	lime	721
25	shale	746
3	lime	749
12	shale	761
6	sand	767
5	sandy shale	772
55	shale	827
6	sand	833
6	sandy shale	839
16	shale	855
2	lime	857
10	shale	867
3	lime and sand	870
5	sand	875
8	shale	888
5	sand	893
3	sandy shale	896
7	shale	903
5	sand	908
21	shale	929
1	sand	930
2	broken sand	952
10	shale	942
3	sand	945
5	sand	950
2	sand	952
5	broken sand	957
3	broken sand	960
2	broken sand	962
10	sandy shale	972
48	shale	1020-TD

# 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. \* 1-9

Farm Thomas - B

KS  
(State)

Johnson  
(County)

31  
(Section)

14  
(Township)

22  
(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
9	soil/clay	9	
14	sandstone	23	
27	shale	50	
3	Lime	53	
63	shale	116	
4	Lime	120	
4	sandy shale	124	
14	Lime	138	
8	shale	146	Dark
7	Lime	153	
9	shale	162	
19	Lime	181	
4	shale	185	
21	sand	206	grey, no oil
27	Lime	233	
15	sandy shale/shale	248	
10	Lime	258	
15	shale	273	
24	Lime	297	
15	shale	312	
9	Lime	321	
20	shale	341	
7	Lime	348	
5	shale	353	
6	Lime	359	
33	shale	392	
1	Lime	393	

Thickness of Strata	Formation	Total Depth	Remarks
		393	
13	shale	406	
25	Lime	431	
6	shale	437	
24	Lime	461	
5	shale	466	
4	Lime	470	
5	shale	475	
6	Lime	481	Harder
5	shale	486	
7	sandy shale	493	
55	shale	548	
10	sandy shale	558	
35	shale	593	
7	sand	600	very little oil
5	sandy shale	605	
52	shale	657	
5	Lime	662	
15	shale	677	
5	Lime	682	
6	sand	688	no oil
3	sandy shale	691	
8	shale	699	
3	Lime	702	
3	shale	705	
2	coal	707	
8	shale	715	
6	Lime	721	



721

Thickness of Strata	Formation	Total Depth	Remarks
25	shale	746	red bed 725
3	lime	749	
12	shale	761	
6	sand	767	odor, very little oil
5	sandy shale	772	
55	shale	827	
6	sand	833	Broken, Brown sand, no oil
6	sandy shale	839	
16	shale	855	
2	lime	857	
10	shale	867	
3	limestone	870	
5	sand	875	no oil
8	shale	883	
5	sand	893	no oil
3	sandy shale	896	
7	shale	903	
5	sand	908	no oil
21	shale	929	
1	sand	930	no oil
2	Broken sand	932	
10	shale	942	
2	sand	945	odor, 80% - sd. d, good bleed
5	sand	950	80% - 90% oil
2	sand	952	70% - 80% oil
5	Broken sand	957	10% - 20% oil
3	Broken sand	960	5% - 10% oil





**CONSOLIDATED**  
Oil Well Services, LLC

266300

TICKET NUMBER 42554

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
2/28/14	7532	Thomas B # I-9	NE 31	14	22	JO
CUSTOMER ST Petroleum Inc.			TRUCK #		DRIVER	
MAILING ADDRESS 18800 Sunflower Rd			729		Casken	
CITY Edgerton			6666		Gar Moo	
STATE KS			503		Jas Ric	
ZIP CODE 66021			369		Der Mas	
			TRUCK #		DRIVER	
			✓		Safety Meeting	
			✓			
			✓			

JOB TYPE long string HOLE SIZE 5 5/8" HOLE DEPTH 1020' CASING SIZE & WEIGHT 2 7/8" CUE  
 CASING DEPTH 988' DRILL PIPE \_\_\_\_\_ TUBING baffle - 983' OTHER \_\_\_\_\_  
 SLURRY WEIGHT \_\_\_\_\_ SLURRY VOL \_\_\_\_\_ WATER gal/sk \_\_\_\_\_ CEMENT LEFT in CASING 5'  
 DISPLACEMENT 5.69 bbls DISPLACEMENT PSI \_\_\_\_\_ MIX PSI \_\_\_\_\_ RATE 5 bpm

REMARKS: held safety meeting, established circulation, mixed & pumped 200 # Premium Gel followed by 10 bbls fresh water, mixed & pumped 182 sks 50/50 Pozmix cement w/ 2% gel + 1/4 # Floseal per sk, cement to surface, flushed pump clean pumped 2 1/2" rubber plug to baffle w/ 5.69 bbls fresh water, pressured to 800 PSI, well held pressure for 30 min MIT, 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
5406	30 mi	MILEAGE		126.00
5402	988'	casing footage		
5407	minimum	ton mileage		368.00
5502C	2 hrs	80 Vac		180.00
1124	182 sks	50/50 Pozmix cement		2093.00
1118B	506 #	Premium Gel		111.32
4402	1	2 1/2" rubber plug		29.50
1107	46 #	Floseal		113.62
			7.375%	SALES TAX
				ESTIMATED TOTAL
				4279.57

Flavin 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