



KANSAS CORPORATION COMMISSION 1213593
OIL & GAS CONSERVATION DIVISION

Form ACO-1
August 2013

Form must be Typed
Form must be Signed
All blanks must be Filled

Confidentiality Requested:

Yes No

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: _____

1213593

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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Operator:
BG-5, Inc.
Rantoul, KS

Seyler #7
Franklin Co., KS
1-16S-20E
API: 059-26575

Spud Date: 1/11/2014
Surface Casing: 8.625"
Surface Length: 21.5'
Surface Cement: 5 sx

Surface Bit: 11"
Drill Bit: 6.75"
Longstring: 740.0'
Longstring Date: 1/14/2014

Driller's Log

Top	Bottom	Formation	Comments
0	2	Soil	
2	10	Clay	
10	36	Shale	
36	60	Lime	
60	66	Shale	
66	77	Lime	
77	83	Shale	
83	101	Lime	
101	107	Shale	
107	128	Sandy Shale	
128	133	Sand	Hard, no show
133	143	Sandy Shale	
143	174	Lime	
174	237	Shale	
237	261	Lime	
261	276	Sandy Shale	
276	277	Lime	
277	284	Lime	
284	310	Shale	
310	316	Lime	
316	327	Shale	
327	332	Lime	
332	342	Shale	
342	350	Lime	
350	353	Shale	

Seyler #7
Franklin Co., KS

353	367	Lime	
367	372	Shale	
372	399	Lime	Odor in samples
399	402	Bl. Shale	
402	414	Lime	
414	417	Shale	
417	419	Coal	
419	537	Shale	
537	544	Sandy Shale	
544	569	Shale	
569	577	Lime	
577	580	Sand	Grey, no show
580	587	Sandy Shale	
587	594	Lime	
594	602	Shale	
602	607	Lime	
607	614	Shale	
614	616	Coal	
616	636	Shale	
636	639	Lime	
639	681	Shale	
681	693	Sand	Fair show on top, good oil show 684-691
693	740	Sandy Shale	691-693 - mostly laminated, light show
740	742	Sand	Light odor, no visible show
742	942	Shale	
942		TD	



CONSOLIDATED
Oil Well Services, LLC

265372

TICKET NUMBER 44984
LOCATION Ottawa
FOREMAN Alan Mader

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
1-14-14	1564	Saylor # 7	NW 1	16	20	FR
CUSTOMER B.G. 5			TRUCK #		DRIVER	
MAILING ADDRESS 3939 Ellis Rd			TRUCK #		DRIVER	
CITY Rantaul			TRUCK #		DRIVER	
STATE KS			TRUCK #		DRIVER	
ZIP CODE 66079			TRUCK #		DRIVER	

JOB TYPE logstring HOLE SIZE 6 3/4 HOLE DEPTH 762 CASING SIZE & WEIGHT 4 1/2
 CASING DEPTH 740 DRILL PIPE _____ TUBING _____ OTHER _____
 SLURRY WEIGHT _____ SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT in CASING yes
 DISPLACEMENT 11 1/2 DISPLACEMENT PSI 800 MIX PSI 200 RATE 4 bpm

REMARKS: Held over waiting. Established rate down casing. Mixed & pumped 100 # gel followed by 6 bbl dye marker. Mixed & pumped 114 sk 50 150 cement plus 2 7/8 gal 1/2 # pheno seal per sack. Circulated dye. Flushed pump. Pumped plug to casing TD. Circulated 5 bbl cement returns. Set float. Checked depth with wireline.

McGowan, Rodney

Alan Mader

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
3401	1	PUMP CHARGE	368	1085.00
5406	15	MILEAGE	368	63.00
5402	740	Casing footage	368	
5407	min	ten miles	548	368.00
5302C	2	80 vac	370	180.00
1124	114	50 150 po2 cement		1311.00
1118B	292 #	gel		64.24
1107A	57 #	pheno seal		76.95
4404	1	4 1/2 plug		47.25
				3195.44
				159.77
				3035.67
		Prepaid		
		-5% Discount		
		-165.51		
		SALES TAX		108.96
		ESTIMATED TOTAL		3144.63

Rev 11 3737

AUTHORIZATION [Signature] TITLE Drill 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.