



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1214902
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: _____



1214902

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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Miami County, KS
Well: Green 4
Lease Owner: HoneyWell

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

Commenced Spudding:
7/15/2014

WELL LOG

Thickness of Strata	Formation	Total Depth
0-20	Soil-Clay	20
35	Shale	55
17	Lime	72
27	Shale	99
2	Lime	101
13	Shale	114
4	Lime	118
31	Shale	149
7	Lime	156
4	Shale	160
1	Lime	161
13	Shale	174
24	Lime	198
8	Shale	206
21	Lime	227
58	Shale	232
3	Lime	235
4	Shale	239
7	Lime	246
5	Shale	251
5	Sand	256
25	Shale	281
18	Sandy Shale	299
58	Shale	357
6	Sand	363
8	Sandy Shale	371
20	Shale	391
9	Shale	400
4	Shale	404
1	Lime	405
13	Shale	418
1	Lime	419
16	Shale	433
8	Lime	441
6	Shale	447
6	Lime	453
11	Shale	464
7	Lime	471
15	Shale	486
3	Lime	489

Short Cuts

TANK CAPACITY

BBLs. (42 gal.) equals $D^2 \times h$
 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 $SPM \times d$

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. 4

Farm Green

KS Miami
 (State) (County)

(Section) (Township) (Range)

For Honey Well
 (Well Owner)

Town Oilfield Services, Inc.

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

Thickness of Strata	Formation	Total Depth	Remarks
0-20	Soil-Clay	20	
35	Shale	55	
17	Lime	72	
27	Shale	99	
2	Lime	101	
13	Shale	114	
4	Lime	118	
31	Shale	149	
7	Lime	156	
4	Shale	160	
1	Lime	161	
13	Shale	174	
24	Lime	198	
8	Shale	206	
21	Lime	227	
5	Shale	232	
3	Lime	235	
4	Shale	239	
7	Lime	246	Hertha
5	Shale	251	
5	Sand	256	No Oil
25	Shale	281	
18	Sandy Shale	299	
58	Shale	357	
6	Sand	363	No Oil
8	Sandy Shale	371	
10	Shale	391	

391

Thickness of Strata	Formation	Total Depth	Remarks
9	Shale & Lime	400	
4	Shale	404	
1	Lime	405	
13	Shale	418	
1	Lime	419	
14	Shale	433	
8	Lime	441	
6	Shale	447	
6	Lime	453	
11	Shale	464	
7	Lime	471	
15	Shale	486	
3	Lime	489	
10	Shale	499	
4	Lime	503	
38	Shale	541	
4	Sandy Shale	545	
2	Sand	547	No Oil
17	Sandy Shale	564	
34	Shale	598	
12	Sandy Shale	610	
3	Shale	613	
14	Sandy Shale	627	
24	Shale	651	
24	Sandy Shale	675	
3	Sand & Shale	678	Broken - Good Saturation
4	Sand	682	Solid - Good Saturation



CONSOLIDATED
Oil Well Services, LLC

269736

TICKET NUMBER 47417
LOCATION Ottawa, KS
FOREMAN Casen 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
7/16/14	9999	Green # 4	SE 2	17	22	MI
CUSTOMER Honeywell LLC			TRUCK # DRIVER TRUCK # DRIVER			
MAILING ADDRESS 120 Shoreline Dr			729	Caslen	✓ Safety Meeting	
CITY Louisburg			666	Keilar	✓	
STATE KS			503	Mik Fox	✓	
ZIP CODE 66053			369 369	Mik Hag	✓	

JOB TYPE longstring HOLE SIZE 5 7/8" HOLE DEPTH 760' CASING SIZE & WEIGHT 2 7/8" EUS
CASING DEPTH 742' DRILL PIPE _____ TUBING baffle - 711' OTHER _____
SLURRY WEIGHT _____ SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT in CASING 31'
DISPLACEMENT 4.12 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 143 sks 50/50 Pozmix cement w/ 2% gel per sk, cement to surface, flushed pump clean, pumped 2 1/2" rubber plug to baffle w/ 4.12 bbls fresh water, pressured to 800 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 ✓
5406	25 mi	MILEAGE		105.00 ✓
5402	742'	casing footage		✓
5407	minimum	for mileage		368.00 ✓
5502C	2 hrs	80 Vac		200.00 ✓
1124	143 sks	50/50 Pozmix cement	1644.50	✓
1118B	440 #	Premium Gel	96.80	✓
		materials	1741.30	✓
		- 30%	522.39	✓
		subtotal		1218.91 ✓
4402	1	2 1/2" rubber plug		29.50 ✓
				<u>3602.22</u>
			7.65%	95.50 ✓
			SALES TAX	95.50 ✓
			ESTIMATED TOTAL	3101.91 ✓

Revin 3737

AUTHORIZATION DAVID STREVILLE TITLE Land Owner #4 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 fo