

Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION OIL & GAS CONSERVATION DIVISION

1217647

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 #	API No. 15
Name:	Spot Description:
Address 1:	SecTwpS. R 🗌 East 🗌 West
Address 2:	Feet from
City: State: Zip:+	Feet from _ East / _ West Line of Section
Contact Person:	Footages Calculated from Nearest Outside Section Corner:
Phone: ()	□NE □NW □SE □SW
CONTRACTOR: License #	GPS Location: Lat:, Long:
Name:	(e.g. xx.xxxxx) (e.gxxx.xxxxx)
Wellsite Geologist:	Datum: NAD27 NAD83 WGS84
Purchaser:	County:
Designate Type of Completion:	Lease Name: Well #:
☐ New Well ☐ Re-Entry ☐ Workover	Field Name:
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:	Producing Formation: Elevation: Ground: Kelly Bushing: Feet Total Vertical Depth: Plug Back Total Depth: Feet Multiple Stage Cementing Collar Used? Yes No If yes, show depth set: Feet
Operator:	If Alternate II completion, cement circulated from:
Well Name: Original Total Depth: Original Total Depth:	feet depth to: w/ sx cmt. Drilling Fluid Management Plan
☐ Plug Back ☐ Conv. to GSW ☐ Conv. to Producer	(Data must be collected from the Reserve Pit)
Commingled Permit #: Dual Completion Permit #:	Chloride content: ppm Fluid volume: bbls Dewatering method used:
☐ SWD Permit #:	Location of fluid disposal if hauled offsite:
ENHR Permit #:	Operator Name:
GSW Permit #:	Lease Name: License #:
Spud Date or Date Reached TD Completion Date or Recompletion Date Recompletion Date	Quarter Sec. TwpS. 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:						

Page Two



Operator Name:			Lease Name: _			Well #:		
Sec Twp	S. R	East West	County:					
open and closed, flow and flow rates if gas t	ving and shut-in presson to surface test, along w	formations penetrated. I ures, whether shut-in pro vith final chart(s). Attach	essure reached stati n extra sheet if more	c level, hydrosta space is neede	itic pressures, bott d.	tom hole tempe	erature, fluid r	recovery,
		otain Geophysical Data a or newer AND an image		egs must be ema	ailed to kcc-well-lo	gs@kcc.ks.gov	v. Digital elec	tronic log
Drill Stem Tests Taken (Attach Additional	•	Yes No		_	on (Top), Depth ar		Samp	
Samples Sent to Geo	ological Survey	☐ Yes ☐ No	Nam	e		Тор	Datur	m
Cores Taken Electric Log Run		☐ Yes ☐ No ☐ Yes ☐ No						
List All E. Logs Run:								
		CASING	RECORD Ne	ew Used				
		Report all strings set-	conductor, surface, inte	ermediate, product	ion, 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 P Additiv	
		ADDITIONAL	OFMENTING / OOL					
Purpose:	Depth		CEMENTING / SQL	JEEZE RECORD		araant Additiraa		
Perforate	Top Bottom	Type of Cement	# Sacks Used		Type and F	ercent Additives		
Protect Casing Plug Back TD								
Plug Off Zone								
Did you perform a hydra	ulic fracturing treatment o	on this well?		Yes	No (If No, ski	p questions 2 ar	nd 3)	
	=	raulic fracturing treatment ex	xceed 350,000 gallons		= ' '	p question 3)	,	
Was the hydraulic fractu	ring treatment information	n submitted to the chemical	disclosure registry?	Yes	No (If No, fill	out Page Three	of the ACO-1)	
Shots Per Foot		ON RECORD - Bridge Plug Footage of Each Interval Per			cture, Shot, Cement			Depth
	Сроспу Г	octago of Laon morvari of	ioratou	(>1	mount and rand or ma	teriar Good)		<u> Борит</u>
TUBING RECORD:	Size:	Set At:	Packer At:	Liner Run:	Yes No			
Date of First, Resumed	Production, SWD or EN				21			
Fotimeted Device C	0" -	Flowing			Other (Explain)) O" D "		
Estimated Production Per 24 Hours	Oil E	Bbls. Gas	Mcf Wate	er B	bls. G	Gas-Oil Ratio	Gr 	ravity
DISPOSITI	ON OF GAS:	1	METHOD OF COMPLE	ETION:		PRODUCTIO	ON INTERVAL:	
Vented Sold		Open Hole	Perf. Dually	Comp. Con	mmingled			
	bmit ACO-18.)	Other (Specify)	(Submit)	ACO-5) (Sub	omit ACO-4)		-	

CONSOLIDATED OII Well Services, LLC

269734

TICKET NUM	MBER	17416
	/ 1.11	rs .
FOREMAN	Casenke	made

7 Box 884, Chanute, KS 66720 ∠0-431-9210 or 800-467-8676

FIELD TICKET & TREATMENT REPORT

DATE	CUSTOMER#	WELL	NAME & NUME	3ER	SECTION	TOWNSHIP	RANGE	COUNTY
7/15/14	7823	Saucae	#5-W		1125	18	21	FR
JSTOMER	0:16				TRUCK#	DRIVER	TRUCK#	DRIVER
AILING ADDRE	SS ESS		,	•	729	Casken	16/11.1	last -
11,205	W. 287	6 84			(d 0(o	Kei Car	v	3
TY		STATE	ZIP CODE	•	503	TroHor	./	
Paola		KS	66071			1		
B TYPE ON	string.	HOLE SIZE	5 5/8 11	, HOLE DEPTH	718	CASING SIZE & W	EIGHT 27/8	EUE
SING DEPTH		DRILL PIPE		FUBING D	~ - 709	<u> </u>	OTHER	
URRY WEIGH		SLURRY VOL_		WATER gal/s		CEMENT LEFT in		
		DISPLACEMEN	T PSI	MIX PSI		RATE 4 601		
MARKS: Lo	eld saldy	walking.	establist	ed circu	lation us	and four	pad toco	sks 5750
quix, a	event in	220-60	par sk	, celulus	tro sucto	co, Hishad	pump cla	344/
unoed.	وطول " مراج	er plua Y	o pho u	,/4.106	Ws tresh	water pre	ssuced 6	800 BS
ell held	cossure.	tor 30	min W	T, and S	but in ca	sing.		
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in suppli	ied that							·
J	1		T					
ACCOUNT CODE	QUANITY	or UNITS	DE	SCRIPTION of	SERVICES or PF	RODUCT	UNIT PRICE	TOTAL
401	1		PUMP CHARG	E				1085.00
7406	20 m		MILEAGE			All the second		84.00
402	7(3'		rasing	lootage		*		-
407	urinine	,,,	You my	·leage	SCAN	INIED		368.00
30000				フ:	COMI	AIATT		-
		AND		7				
24	106	Sts	5%0 F	omix c	cornent		1219,00	
			Premi		20	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	39.16	
	1728	-E					57.79	
	178	7			Mat	prials		
NOB	178					erials	1258.14	
	178				Cacarrie	30%		880 71
118B	178				Cases		1258.14	880.71
118B	178			laber plus	Cases	30%	1258.14	880.71
NOB	178				Cases	30%	1258.14	
NOB	178				Cases	30%	1258.14	
	1				Cases	30%	1258.14	
NOB	178					30%. Subletal	1258.14	
NOB	178					30%. Subletal	1258.14	
1188	1					30% Subletal	1258.16	29.50
1103	1					30%. Subletal	1258.16	

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 for

Franklin County, KS

Town Oil Company, Inc. (913) 294-2125

Commenced Spudding: 7-10-14

Well: Savage 5-W Company: Town Oil Company

WELL LOG

Thickness of Strata	Formation	Total Depth
4	soil & clay	4
9	lime	13
4	shale	17
7	lime	24
17	shale	41
20	lime	61
32	shale	93
17	lime	110
98	shale	208
20	lime	228
22	shale	250
15	lime	265
11	shale	276
3	lime	279
11	shale	290
18	lime	308
8	shale	316
27	lime	343
. 10	shale & slate	353
23	lime	376
4	shale & shale	380
5	lime	385
2	shale & shale	387
5	lime	392
112	shale &slate	504
32	green shale	536
8	lime	544
9	green shale	553
17	lime	570
33	shale	603
2	coal	605
5	shale	610
7	lime	617
13	shale	630
3	lime	633
5	shale	648
15	shale	663
2	shale	665
8	sand	673
2	sand	675

Franklin County, KS Well: Savage 5-W Company: Town Oil Company

Town Oil Company, Inc. (913) 294-2125

Commenced Spudding: 7-10-14

43	sandy shale	718 TD
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