



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1217701
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: _____



1217701

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> <input type="checkbox"/> Other <i>(Specify)</i> _____ <input type="checkbox"/> Other <i>(Specify)</i> _____	PRODUCTION INTERVAL: _____ _____
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Miami County, KS
 Well: Ransom 3
 Lease Owner:HoneyWell

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

Commenced Spudding:
 7/29/2014

WELL LOG

Thickness of Strata	Formation	Total Depth
0-21	Soil-Clay	21
38	Shale	59
18	Lime	77
12	Shale	89
2	Lime	91
21	Shale	112
4	Lime	116
29	Shale	145
8	Lime	153
18	Shale	171
24	Lime	195
8	Shale	203
21	Lime	224
5	Shale	229
3	Lime	232
5	Shale	237
6	Lime	243
6	Shale	249
5	Sand	254
17	Shale	271
18	Sand	289
7	Sandy Shale	296
62	Shale	358
2	Sandy Shale	360
4	Sand	364
23	Shale	392
11	Shale	403
31	Shale	434
8	Lime	442
6	Shale	448
8	Lime	456
10	Shale	466
7	Lime	473
16	Shale	489
4	Lime	493
8	Shale	501
4	Lime	509
17	Shale	522
3	Lime	529
24	Shale	549

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 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. 3

Farm Ransom

KS
(State)

Miami
(County)

2
(Section)

17
(Township)

22
(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
0-21	Soil-Clay	21	
38	Shale	59	
18	Lime	77	
12	Shale	89	
2	Lime	91	
21	Shale	112	
4	Lime	116	
29	Shale	145	
8	Lime	153	
18	Shale	171	
24	Lime	195	
8	Shale	203	
21	Lime	224	
5	Shale	229	
3	Lime	232	
5	Shale	237	
6	Lime	243	
6	Shale	249	Heather
5	Sand	254	No Oil
17	Shale	271	
18	Sand	289	No Oil
7	Sandy Shale	296	
62	Shale	358	
2	Sandy Shale	360	
4	Sand	364	No Oil
28	Shale	392	
11	Shale & Lim	403	

403

Thickness of Strata	Formation	Total Depth	Remarks
31	Shale	434	
8	Lime	442	
6	Shale	448	
8	Lime	456	
10	Shale	466	
7	Lime	473	
16	Shale	489	
4	Lime	493	
8	Shale	501	
4	Lime	509	
17	Shale	522	
3	Lime	529	
24	Shale	549	
6	Sandy Shale	559	
44	Shale	599	
3	Sand & Shale	602	Brown Sand - No Oil
28	Sandy Shale	630	
24	Shale	654	
10	Sandy Shale	664	
12	Sandy Shale	676	Slight Show
1	Sand	677	Broken - Good Saturation 50%
3	Sand	680	Solid - Good Saturation
1	Sand	681	Broken - Good Saturation 50%
1	Sandy Shale	682	No Oil
4	Sand	686	Solid - Good Saturation
1	Sand	687	Broken - Good Saturation 50%
2	Sand	689	Solid - Good Saturation



CONSOLIDATED
Oil Well Services, LLC

269996

TICKET NUMBER 47514
LOCATION Olau, KS
FOREMAN Casa, 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
7/30/14	9999	Ransom # 3	SE 2	17	22	MI
CUSTOMER Honey Well			TRUCK #			
MAILING ADDRESS 120 Shoreline Dr			DRIVER		TRUCK #	
CITY Louisburg			DRIVER		TRUCK #	
STATE KS			DRIVER		TRUCK #	
ZIP CODE 66053			DRIVER		TRUCK #	
			DRIVER		TRUCK #	

JOB TYPE long string HOLE SIZE 5 5/8" HOLE DEPTH 780' CASING SIZE & WEIGHT 2 7/8" EUE
 CASING DEPTH 753' DRILL PIPE TUBING 4 1/2" - 724' OTHER _____
 SLURRY WEIGHT _____ SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT in CASING _____
 DISPLACEMENT 4.19 bbs 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 105 sks 50/50 Pozmix cement w/ 2% gel per sk, cement to surface, flushed pump clean, pumped 2 1/2" rubber plug to casing baffle, w/ 4.19 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	753'	casing footage		368.00 ✓
5407	minimum	ton mileage		200.00 ✓
5502	2 hrs	80 vac		
1124	105 sks	50/50 Pozmix cement	1207.50	✓
118B	370 #	Premium Gel	82.72	✓
		materials	1290.22	
		-30%	387.07	✓
		Subtotal		903.15
4402	1	2 1/2 rubber plug		29.50 ✓
				3178.68
			7.65%	71.35 ✓
			ESTIMATED TOTAL	2762.00 ✓

Revin 3737

AUTHORIZATION No Co. Rep. 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.