



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1217369
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: _____

1217369

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> _____				
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 6
Lease Owner:Honeywell

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

Commenced Spudding:
07/23/2014

WELL LOG

Thickness of Strata	Formation	Total Depth
0-17	soil/clay	17
44	shale	61
17	lime	78
14	shale	92
1	lime	93
22	shale	115
6	lime	121
30	shale	151
9	lime	160
16	shale	176
24	lime	202
8	shale	210
21	lime	231
4	shale	235
3	lime	238
5	shale	243
6	lime	249
6	shale	255
4	sand	259
23	shale	282
13	sandy shale	295
11	sand	306
4	sandy shale	310
50	shale	360
4	sand	364
8	sandy shale	372
25	shale	397
10	shale and lime	407
28	shale	435
9	lime	444
7	shale	451
7	lime	458
11	shale	469
7	lime	476
15	shale	491
4	lime	495
9	shale	504
3	lime	507
44	shale	551
3	sand and sandy shale	544

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. 6

Farm Green

KS Miami
(State) (County)

2 17 22
(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
0-17	Soil - Clay	17	
44	Shale	61	
17	Lime	78	
14	Shale	92	
1	Lime	93	
22	Shale	115	
6	Lime	121	
30	Shale	151	
9	Lime	160	
16	Shale	176	
24	Lime	202	
8	Shale	210	↖ White sand-water
21	Lime	231	
4	Shale	235	
3	Lime	238	
5	Shale	243	
6	Lime	249	Mertha
6	Shale	255	
4	Sand	259	No Oil
23	Shale	282	
13	Sandy Shale	295	
11	Sand	306	No Oil
4	Sandy Shale	310	
50	Shale	360	
4	Sand	364	
8	Sandy Shale	372	
25	Shale	397	

397

Thickness of Strata	Formation	Total Depth	Remarks
10	Shale & Lime	407	
28	Shale	435	
9	Lime	444	
7	Shale	451	
7	Lime	458	
11	Shale	469	
7	Lime	476	
15	Shale	491	
4	Lime	495	
9	Shale	504	
3	Lime	507	
44	Shale	551	
3	Sand & Sandy Shale	544	No Oil
5	Shale	549	
13	Sandy Shale	572	
27	Shale	599	
5	Sand	604	No Oil - Brown
14	Sandy Shale	618	
3	Shale	621	
16	Sandy Shale	637	
11	Shale	648	
1	Lime	649	
10	Shale	659	
27	Sandy Shale	686	
4	Sand & Sandy Shale	690	Slight Show
4	Sandy Shale	694	
86	Shale	780	TD



CONSOLIDATED
Oil Well Services, LLC

269924

TICKET NUMBER 47476
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
7-24-14	9999	Green 6	NE 2	17	22	MI

CUSTOMER
Honey Well

MAILING ADDRESS
120 Shoreline Dr

CITY
Houlisburg STATE
KS ZIP CODE
66053

TRUCK #	DRIVER	TRUCK #	DRIVER
730	Ala Mad		
368	Art McD		
675	Kei Det		
558	Brubir		

JOB TYPE long string HOLE SIZE 5 5/8 HOLE DEPTH 780 CASING SIZE & WEIGHT 2 7/8

CASING DEPTH 723 DRILL PIPE _____ TUBING _____ OTHER 732 bf

SLURRY WEIGHT _____ SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT in CASING yes

DISPLACEMENT 4.2 DISPLACEMENT PSI 800 MIX PSI 200 RATE 4 bpm

REMARKS: Held meeting. Established rate. Mixed & pumped 100# gel followed by 97 sk 50150 cement plus 2% gel. Circulated cement. Flushed pump. Pumped plug to baffle. Well held 800 PSI set float. Closed valve

TOS Greg

Alan Mader

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401	1	PUMP CHARGE	368	1085.00 ✓
5406	25	MILEAGE	368	10500 ✓
5402	753	casing footage	368	— ✓
5407	min	tax miles	558	368.00 ✓
5502C	2	80 var	675	200.00 ✓
1124	97	50150 cement	1115.50	✓
1118B	263 #	gel	57.86	✓
		Material sub	1173.36	✓
		less 30%	-352.01	✓
		Material total		821.35 ✓
4402		2 1/2 plug		29.50 ✓
			3052.88	
			SALES TAX	65.10 ✓
			ESTIMATED TOTAL	2673.95 ✓

NO Company ref

AUTHORIZATION _____ 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 fo