

Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1217727
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

<input type="checkbox"/> Oil	<input type="checkbox"/> WSW	<input type="checkbox"/> SWD	<input type="checkbox"/> SIOW
<input type="checkbox"/> Gas	<input type="checkbox"/> D&A	<input type="checkbox"/> ENHR	<input type="checkbox"/> SIGW
<input type="checkbox"/> OG		<input type="checkbox"/> GSW	<input type="checkbox"/> Temp. Abd.
<input type="checkbox"/> CM (Coal Bed Methane)			
<input type="checkbox"/> Cathodic <input type="checkbox"/> Other (Core, Expl., etc.): _____			

If Workover/Re-entry: Old Well Info as follows:

Operator: _____

Well Name: _____

Original Comp. Date: _____ Original Total Depth: _____

<input type="checkbox"/> Deepening	<input type="checkbox"/> Re-perf.	<input type="checkbox"/> Conv. to ENHR	<input type="checkbox"/> Conv. to SWD
<input type="checkbox"/> Plug Back		<input type="checkbox"/> Conv. to GSW	<input type="checkbox"/> Conv. to Producer
<input type="checkbox"/> Commingled		Permit #: _____	
<input type="checkbox"/> Dual Completion		Permit #: _____	
<input type="checkbox"/> SWD		Permit #: _____	
<input type="checkbox"/> ENHR		Permit #: _____	
<input type="checkbox"/> GSW		Permit #: _____	

Spud Date or
Recompletion Date

Date Reached TD

Completion Date or
Recompletion Date

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: _____ (e.g. xx.xxxxx), Long: _____ (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: _____



1217727

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 (Attach Additional Sheets)	<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: <input type="checkbox"/> Perforate <input type="checkbox"/> Protect Casing <input type="checkbox"/> Plug Back TD <input type="checkbox"/> Plug Off Zone	Depth Top Bottom	Type of Cement	# Sacks Used	Type and Percent Additives

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 (Amount and Kind of Material Used)	Depth

TUBING RECORD: Size: Set At: Packer At: Liner Run: Yes No

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 (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. (Submit ACO-5) <input type="checkbox"/> Commingled (Submit ACO-4) <input type="checkbox"/> Other (Specify) _____				PRODUCTION INTERVAL: <hr/> <hr/>	
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Form	ACO1 - Well Completion
Operator	Honey Well, LLC
Well Name	Green 5
Doc ID	1217727

Casing

Purpose Of String	Size Hole Drilled	Size Casing Set	Weight	Setting Depth	Type Of Cement	Number of Sacks Used	Type and Percent Additives
Surface	9	7	10	21	Portland	3	50/50 POZ
Completion	5.6250	2.8750	8	740	Portland	75	50/50 POZ

Miami County, KS
Well:Green 5
Lease Owner:Honey Well

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

Commenced Spudding:
07/24/2014

WELL LOG

Thickness of Strata	Formation	Total Depth
0-27	soil/clay	27
47	shale	74
18	lime	92
10	shale	102
2	lime	104
22	shale	126
6	lime	132
31	shale	163
9	lime	172
31	shale	175
1	lime	176
14	shale	189
24	lime	213
8	shale	221
22	lime	243
5	shale	248
3	lime	251
4	shale	255
7	lime	262
4	shale	266
4	sand	270
30	shale	300
7	sandy shale	307
14	sand	321
54	shale	375
4	sand	379
28	shale	407
9	shale and lime	416
11	shale	427
1	lime	428
19	shale	449
7	lime	456
10	shale	466
6	lime	472
10	shale	482
7	lime	489
15	shale	504
4	lime	508
9	shale	517
3	lime	520

Miami County, KS
Well:Green 5
Lease Owner:Honey Well

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

Commenced Spudding:
07/24/2014

40	shale	560
23	sandy shale	58/3
31	shale	614
47	sand	618
33	sandy shale	651
19	shale	670
21	sandy shale	691
2	sand and sandy shale	693
6	sandy shale	699
41	shale	740-TD

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 - RPMxd over SPMxR

d - SPMxRxD over RPM

SPM - RPMxD over RxD

R - RPMxD over SPMxD

BELT LENGTH - $2C + 1.57(D + d) + \frac{(D-d)^2}{4C}$

* Need these to figure belt length

TO FIGURE AMPS: $\frac{\text{WATTS}}{\text{VOLTS}} = \text{AMPS}$

746 WATTS equal 1 HP

Log Book

Well No. 5

Farm Green

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**

Green Farm: Miami County
KS State; Well No. 5
Elevation 923
Commenced Spuding 07/24 2014
Finished Drilling 20
Driller's Name Greg Perry
Driller's Name
Driller's Name
Tool Dresser's Name Kenny Gunn
Tool Dresser's Name Dakota Olive
Tool Dresser's Name
Contractor's Name TOS
2 17 22

- 3 bag of cement
- 1 21" piece of 7"
- Plugged hole on

CASING AND TUBING RECORD

10" Set	10" Pulled
8" Set	8" Pulled
7 1/2" Set	6 1/4" Pulled
4" Set	4" Pulled
2" Set	2" Pulled

CASING AND TUBING MEASUREMENTS

Thickness of Strata	Formation	Total Depth	Remarks
0-27	Soil-Clay	27	
47	Shale	74	
18	Lime	92	
10	Shale	102	
2	Lime	104	
22	Shale	126	
6	Lime	132	
21	Shale	163	
9	Lime	172	
3	Shale	175	
1	Lime	176	
14	Shale	189	
24	Lime	213	
8	Shale	221	
22	Lime	243	Shells
5	Shale	248	Fine White sand at bottom - water
3	Lime	251	
4	Shale	255	
7	Lime	262	
4	Shale	266	Hertha
4	Sand	270	
30	Shale	300	No Oil
7	Sandy Shale	307	
14	Sand	321	
54	Shale	375	No Oil
4	Sand	379	
29	Shale	407	Odor - Small bleed

407

Thickness of Strata	Formation	Total Depth	Remarks
9	Shale & Lime	416	
11	Shale	427	
1	Lime	428	
19	Shale	449	
7	Lime	456	
10	Shale	466	
6	Lime	472	
10	Shale	482	
7	Lime	489	
15	Shale	504	
4	Lime	508	
9	Shale	517	
3	Lime	520	
40	Shale	560	
23	Sandy Shale	583	
31	Shale	614	
4	Sand	618	
33	Sandy Shale	651	
19	Shale	670	
21	Sandy Shale	691	
2	Sand & Sandy Shale	693	Slight Show
6	Sandy Shale	699	
41	Shale	740	TD Plugged hole on

Town Oilfield Service

P.O Box 339 Louisburg, Ks 66053
913-837-8400

Ticket Number _____
Location _____
Foreman _____

Field Ticket & Treatment Report

Cement

Date	Customer#	Well Name & Number	Section	Township	Range	County
8/20/14		Green #5	2	17	22	Meade
Customer		Mailing Address				
Honey Well						
City			State		Zip Code	

Job Type Plug Hole Size 5 5/8 Hole Depth 740 Casing Size & Weight 2 1/8
Casing Depth 740 Drill Pipe _____ Tubing _____ Other _____
Displacement 4.4 Displacement PSI 400 Mix PSI 200 Rate 4 BBL

Remarks Row 1" to Bottom & filled up

Authorization  Title Owner Date 8-20-14

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.