

Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION OIL & GAS CONSERVATION DIVISION

1252980

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:			Sec	TwpS. R
Address 2:			Feet	from $\ \square$ North / $\ \square$ South Line of Section
City: St	ate: Ziŗ	D:+	Feet	from East / West Line of Section
Contact Person:			Footages Calculated from Ne	arest Outside Section Corner:
Phone: ()			□ NE □ NW	□ SE □ SW
CONTRACTOR: License #			GPS Location: Lat:	, Long:
Name:				. xx.xxxxx) (e.gxxx.xxxxx)
Wellsite Geologist:			Datum: NAD27 NAD27	
Purchaser:			County:	
Designate Type of Completion:			Lease Name:	Well #:
New Well Re-	·Fntrv	Workover	Field Name:	
	_		Producing Formation:	
☐ Oil ☐ WSW	SWD	SIOW	Elevation: Ground:	Kelly Bushing:
☐ Gas ☐ D&A ☐ OG	☐ ENHR	☐ SIGW ☐ Temp. Abd.	Total Vertical Depth:	Plug Back Total Depth:
CM (Coal Bed Methane)	G3W	Temp. Abd.	Amount of Surface Pipe Set a	and Cemented at: Feet
Cathodic Other (Core	Expl etc.)		Multiple Stage Cementing Co	
If Workover/Re-entry: Old Well Inf				Feet
Operator:				nent circulated from:
Well Name:			, ,	w/sx cmt.
Original Comp. Date:			loot doparto.	U/ U/_
	_	NHR Conv. to SWD		
Deepening Re-perf. Plug Back	Conv. to GS		Drilling Fluid Management F (Data must be collected from the	
Commingled	Permit #:		Chloride content:	ppm Fluid volume: bbls
Dual Completion	Permit #:		Dewatering method used:	
SWD	Permit #:		Location of fluid disposal if ha	uled offsite:
☐ ENHR	Permit #:		On a water Manage	
GSW	Permit #:			L'acces II
				License #:
Spud Date or Date Rea	iched TD	Completion Date or		TwpS. R
Recompletion Date		Recompletion Date	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 l	Name: _			Well #:		
Sec Twp	S. R	East \	West	County	:					
INSTRUCTIONS: Shopen and closed, flow and flow rates if gas to	ring and shut-in pres o surface test, along	sures, whether s with final chart(shut-in pre s). Attach	ssure reac extra shee	hed stati t if more	c level, hydrosta space is neede	tic pressures, bot d.	tom hole temp	erature, flui	d recovery,
Final Radioactivity Lo- files must be submitte						ogs must be ema	ailed to kcc-well-lo	gs@kcc.ks.go	v. Digital el	ectronic log
Drill Stem Tests Taker (Attach Additional S		Yes	☐ No		_		on (Top), Depth ar			mple
Samples Sent to Geo	logical Survey	Yes	No		Nam	е		Тор	Da	tum
Cores Taken Electric Log Run		Yes Yes	☐ No ☐ No							
List All E. Logs Run:										
			CASING		☐ Ne					
		1				ermediate, product		T	_	
Purpose of String	Size Hole Drilled	Size Cas Set (In O		Weig Lbs./		Setting Depth	Type of Cement	# Sacks Used		d Percent itives
		AD	DITIONAL	CEMENTIN	NG / SQL	JEEZE RECORD				
Purpose:	Depth Top Bottom	Type of Ce	ement	# Sacks	Used		Type and P	ercent Additives		
Perforate Protect Casing	100 20111111									
Plug Back TD Plug Off Zone										
1 lug 0 li 20110										
Did you perform a hydrau	ulic fracturing treatment	on this well?				Yes	No (If No, ski	p questions 2 ar	nd 3)	
Does the volume of the to								p question 3)		
Was the hydraulic fractur	ing treatment information	on submitted to the	e chemical c	disclosure re	gistry?	Yes	No (If No, fill	out Page Three	of the ACO-1)
Shots Per Foot		ION RECORD - I					cture, Shot, Cement		d	Depth
						,		,		
TUBING RECORD:	Size:	Set At:		Packer A	t:	Liner Run:				
							Yes No			
Date of First, Resumed	Production, SWD or Ef		ducing Meth Flowing	od:	g 🗌	Gas Lift (Other (Explain)			
Estimated Production Per 24 Hours	Oil	Bbls.	Gas	Mcf	Wate	er B	bls. 0	as-Oil Ratio		Gravity
DISPOSITIO	ON OF GAS:		N/	1ETHOD OF	COMPLE	TION:		PRODUCTION)N INTER\/^	1.
Vented Sold		Open I	_	Perf.	Dually	Comp. Cor	mmingled	THODOUTIC	ZIN IIN I ERVA	L.
	bmit ACO-18.)	Other	(Specific)		(Submit)		mit ACO-4)			

Douglas County, KS Town Oilfield Service, Inc. Commenced Spudding: Well: Pearson 40 (913) 837-8400 2-25-2015

Lease Owner: RT Enterprises

WELL LOG

Thickness of Strata	Formation	Total Depth		
0 - 1	Soil - Clay	1		
6	Sandy Clay	7		
90	Sand	97		
109	Shale	206		
8	Lime	214		
4	Shale	218		
14	Lime	232		
6	Shale	238		
9	Lime	247		
7	Shale	254		
20	Lime	274		
31	Shale	305		
22	Lime	327		
69	Shale	396		
24	Lime	420		
16	Shale	436		
7	Lime	443		
23	Shale	466		
18	Lime	484		
5	Shale	489		
2	Lime	491		
4	Shale	495		
15	Lime	510		
8	Shale	518		
9	Lime	527		
6	Shale	533		
23	Lime	556		
5	Shale	561		
13	Lime	574		
4	Shale	578		
3	Lime	581		
165	Shale	746		
8	Lime	754		
4	Shale	758		
6	Lime	764		
10	Shale	774		
3	Lime	777		
17	Shale	794		
3	Lime	797		
58	Shale	855		

Short Cuts

TANK CAPACITY

BBLS. (42 gal.) equals D2x.14xh 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) + (D-d)2

* Need these to figure belt length

WATTS = AMPS

TO FIGURE AMPS:

746 WATTS equal 1 HP

Log Book

Well No	40	
Farm Pro	. Som sa tok	a ^ž
Farm 17	*1.20r\	
KS	De	sug (as
(State)		(County)
11	15	20
(Section)	(Township)	(Range)
For RT.	Enterprise (Well Owner)	3
***************************************	(Well Owner)	,

Town Oilfield Services, Inc.

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

Pecuson Farm: Douglas county CASING AND TUBING MEASUREMENTS State; Well No. 40 Feet Feet Feet ìn. Elevation 1082 Commenced Spuding 2-25 20 15 2-26,2015 Finished Drilling Driller's Name _ Driller's Name ____ Driller's Name Konny Gunn Tool Dresser's Name Cole Holcon Tool Dresser's Name Tool Dresser's Name Contractor's Name ____ . (Section) (Township) (Range) Distance from _ Distance from _ 888.5 to Bessle 920 PIPE TD 940 TD 5% Like CASING AND TUBING **RECORD** 10" Set ______ 10" Pulled _____ 8" Set _____ 8" Pulled 76%" Set 1/3 61/4" Pulled _____ 4" Set _____ 27/set 920' -1-

rks	Remarks	<u> </u>	Total Depth	Formation	Thickness of Strata
			/	Soil-clay	0- /
	,		7	sandy clay	٧
	- 50	water	47	sand 1	90
			206	shile	109
		 	214	line	109
,			ZK	shale	4
	1	. T. ØT	232	live	14
: .	·		438	5/25/e-	(a)
· -			247	line	9
			254	shale	7
		 	2.74	line.	१०
с.			385	shale	31
	,		327	line	22
,	, .		396	shale	69
-			420	lime	24
			436	Shale	16
		.*.	443	line	7
	\		466	Shale	23
			484	line	18
		 	489	shale	<u>5</u>
			49/	line	2
			495	shale	4
			510	line	15
			518	shale	8
			527	line	9
		,	533	shale	6
			356	line	23

556

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Thickness of Strata	Formation	Total Depth	Remarks
. 5	shale	561	
ひ	lim	574	
4	Shale	578	
3	lime	581	Hertha
165	shale	746	
_8	line	754	
4	shale	75	8
600	line	100000 76	14
10	shele	774	
3	Time	777	
17	shele	794	
3	11me	797	
58	shale	853	
2	broken sand	857	life bleed ok saturation
6	per ho	863	good bleed good saturation
_ 5	broken se'-d	868	life bleed stervery little safuration
7	grey sand	875	No 0.1
	shale	940	7)
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		9	
		-	\$
	-4-	•	-5-

8885: 900 40



230

LOCATION OHOMO KS

	57 900-467-9676 CUSTOMER# W	ELL NAME & NUMBER	ME	SECTION	TOWNSHIP	RANGE	COUNTY
DATE			1		15	20	QG
2.0515	TOID Pearso	770	 	11	/	***	
SUSTOMER R	In Butevoulses		}	TRUCK#	DRIVER	TRUCK#	DRIVER
MILING ADDRE			Ì	7/2	FriMad		
120	7 W First St.	and the same to be a section of	1	495	Har Bee		<u> </u>
XIY.	STATE	ZIP CODE	i	503	BUBIY	31	<u> </u>
where is t	surg /es	66153	!				······································
IOB TYPE S		77_ HOLI	EDEP'	тн <u>//- //- /</u>	CASING SIZE & W	EIGHT 7.4	
ASING DEPTH	· · · · · · · · · · · · · · · · · · ·	TUBI	NG	<u> </u>		OTHER	<u> </u>
SLURRY WEIGH	N. 4 (1) (1) (1)	WAT	ER gal	l/#k	CEMENT LEFT IN		
SPLACEMENT	4.25 60 DISPLACEM	ENT PSI MIX I	ا\$ٍ ^ر		RATE 4BA	ا ما او	·
	old Safety me	tue: Estab	عبلا	1 Circula		7 Casal	N
x [[]	* Puma Q.46	SRS Closs	4	Jeneut 22	Cal 3% Ca	e	goride
July E	0. Sent /5K. C	enux to Su	y fa	Le. Dis	ilace 7" C	osing cl	ean.
ELIX	L Caring						
			<u> </u>				
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80.50 K	D CHINK.		-		Lud Mad	<u></u>	<u> </u>
	my residence of the		1	/			
ACCOUNT	QUANITY OF UNITS	DESCRI	TION	of SERVICES or PI	RODUCT	UNIT PRICE	TOTAL
CODE	Maria di Ma Maria di Maria di Ma	PUMP CHARGE	ķ	face Cen	wx 455		8700
54015		MILEAGE	برين 		495	•	840
5/06	20 mi	Cashe	ha 4	4			NK
5402	/1.3	dia:	<u> </u>	7	<u> </u>		18400
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1118-8	· 6.7*	Promiu	m.	Col		47 86	
1107	87*	Calcium	C	lovida		107	
1/07	. /2*	Flo Seal	<u> </u>	<u> </u>		2964	<u> </u>
			1/11	Yerral			-
			<u> [</u>	es5 30%		- 25/.63	C62/
			-	Total			30/
			<u> </u>			-	· ·
			1			 	†
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	/		-		7.6%	SALES TAX	4,2
h-i			<u> </u>		7.15%	ESTIMATED	
Bevin 9797						TOTÁL	1767
	•		<u>.</u>	•		DATE	
		TIT					