



Confidentiality Requested:

Yes  No

KANSAS CORPORATION COMMISSION 1264291  
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: \_\_\_\_\_



1264291

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:  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

<b>DISPOSITION OF GAS:</b> <input type="checkbox"/> Vented <input type="checkbox"/> Sold <input type="checkbox"/> Used on Lease <i>(If vented, Submit ACO-18.)</i>	<b>METHOD OF COMPLETION:</b> <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> _____ <i>(Submit ACO-4)</i>	<b>PRODUCTION INTERVAL:</b> _____ _____
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Franklin County, KS  
 Well: Dempsay Family Tru. 321  
 Lease Owner: Town Oil Co.

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

Commenced Spudding:  
 7-31-2015

WELL LOG

Thickness of Strata	Formation	Total Depth
0 - 4	Soil	4
7	Lime	11
98	Shale	109
19	Lime	128
15	Shale	143
1	Lime	144
6	Shale	150
11	Lime	161
36	Shale	197
18	Lime	215
10	Shale	225
28	Lime	253
8	Shale	261
20	Lime	281
6	Shale	287
4	Lime	291
2	Shale	293
5	Hertha	298
27	Shale	325
3	Sandy Shale	328
127	Shale	455
6	Lime	461
3	Shale	464
7	Lime	471
42	Shale	512
6	Lime	518
10	Shale	528
6	Lime	534
33	Shale	557
5	Lime	562
2	Sandy Lime	564
5	Shale	569
2	Sandy Shale	571
58	Shale	627
9	Sandy Shale	636
2	Shale	638
8	Sand	646
79	Shale	725
15	Sand	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 -  $RPM \times d$  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. 21

Farm Pumpog Family Trust

KS  
(State)

Franklin  
(County)

29  
(Section)

17  
(Township)

21  
(Range)

For TOC  
(Well Owner)

## Town Oilfield Services, Inc.

1207 N. 1st East  
Louisburg, KS 66053

913-710-5400

DFT Farm: Franklin County

VS State: Well No. 21

Elevation 969

Commenced Spuding 7-31 20 15

Finished Drilling 20

Driller's Name Jeff Town

Driller's Name Cole Holcom

Driller's Name

Tool Dresser's Name

Tool Dresser's Name

Tool Dresser's Name

Contractor's Name TOS

29 07 21

(Section) (Township) (Range)

Distance from S line, ft.

Distance from E line, ft.

3 sacks

CASING AND TUBING RECORD

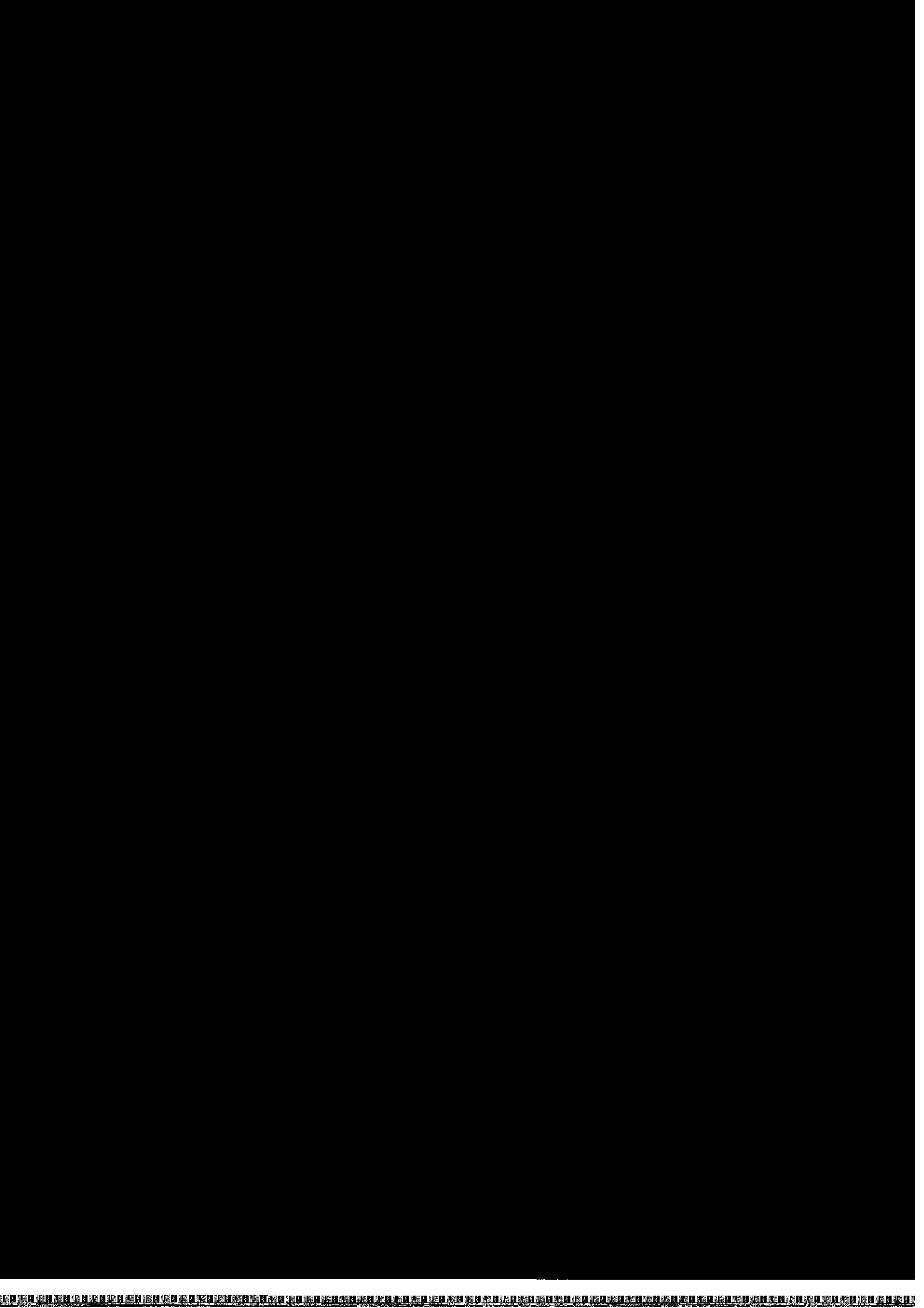
10" Set \_\_\_\_\_ 10" Pulled \_\_\_\_\_
8" Set \_\_\_\_\_ 8" Pulled \_\_\_\_\_
6 1/2" Set 20' 6 1/2" Pulled \_\_\_\_\_
4" Set \_\_\_\_\_ 4" Pulled \_\_\_\_\_
2" Set \_\_\_\_\_ 2" Pulled \_\_\_\_\_

CASING AND TUBING MEASUREMENTS

Table with 6 columns: Feet, In., Feet, In., Feet, In. Handwritten entries: 620 to Baffle, 553 Total

Thickness of Strata	Formation	Total Depth	Remarks
0-4	Soil	4	
7	Lime	11	
98	Shale	109	
19	Lime	128	
15	Shale	143	
1	Lime	144	
6	Shale	150	
11	Lime	161	
36	Shale	197	
18	Lime	215	
10	Shale	225	
28	Lime	253	
8	Shale	261	
20	Lime	281	
6	Shale	287	
4	Lime	291	
2	Shale	293	
5	Hertha	298	
27	Shale	325	
3	Sandy Shale	328	
127	Shale	455	Gray
6	Lime	461	
3	Shale	464	
7	Lime	471	
42	Shale	512	
6	Lime	518	
10	Shale	528	







# 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
8-25-15		Dempsey #15 #21	29	17	21	FR
Customer		Mailing Address				
		City	State	Zip Code		

Job Type Plug Hole Size 5 5/8 Hole Depth 740 Casing Size & Weight \_\_\_\_\_  
 Casing Depth \_\_\_\_\_ Drill Pipe \_\_\_\_\_ Tubing \_\_\_\_\_ Other \_\_\_\_\_  
 Displacement \_\_\_\_\_ Displacement PSI \_\_\_\_\_ Mix PSI \_\_\_\_\_ Rate \_\_\_\_\_

Remarks Run 1" to bottom & filled with  
Class A cement to top.

Account Code	Quantity or Units	Description of Services or Product	Unit Price	Total
		Pump Charge		
		Cement Truck		
		Water Truck		
	<u>200 sacks</u>	Cement		
		Gel		
		Plug		
			Sales Tax	
Estimated Total				<u>1000</u>

Authorization [Signature] Title \_\_\_\_\_ Date 8-25-15

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.

