

Confidentiality Requested:

Yes  No

KANSAS CORPORATION COMMISSION 1355655  
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
-----------------------------------	-----------------	---

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: \_\_\_\_\_

1355655

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
--	---

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> _____ <input type="checkbox"/> Commingled <i>(Submit ACO-4)</i>	<b>PRODUCTION INTERVAL:</b> _____ _____
--	---	---



Linn County, KS  
Well: CK -1  
Lease Owner:Crude Kin

Town Oilfield Service, Inc.  
(913) 294-2125

Commenced Spudding:  
5/16/17

WELL LOG

Thickness of Strata	Formation	Total Depth
0-3	Soil-Clay	3
6	Lime	9
34	Shale	43
4	Lime	47
49	Shale	96
10	Lime	106
9	Shale	115
37	Lime	152
9	Shale	161
18	Lime	179
5	Shale	184
3	Lime	187
4	Shale	191
4	Lime	195
118	Shale	313
5	Sand	318
32	Shale	350
4	Lime	354
15	Shale	369
10	Lime	379
1	Shale	380
3	Lime	383
4	Shale	387
26	Sand	413
26	Shale	439
8	Lime	447
12	Shale	459
4	Lime	463
14	Shale	477
5	Sandy Lime	482
3	Shale	485
27	Lime	512
83	Shale	595
7	Sand	602
38	Shale	640
3	Sandy Shale	643
10	Shale	653
3	Sandy Shale	656
1	Sand	657
17	Core	674





# 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. CKI

Farm Piper

KS Linn  
(State) (County)

27 19 22  
(Section) (Township) (Range)

For Crude Kin Oil Company  
(Well Owner)

15-107-25179

## Town Oilfield Services, Inc.

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

Piper Farm: Linn County

KS State; Well No. CK 1

Elevation 988

Commenced Spuding 5-16-20 17

Finished Drilling 5-19-20 17

Driller's Name Wesley Dollard

Driller's Name

Driller's Name

Tool Dresser's Name Ryan Ward

Tool Dresser's Name

Tool Dresser's Name

Contractor's Name TOS

27 19 22

(Section) (Township) (Range)

Distance from line ft.

Distance from line ft.

3 sacks 2 7/8 casing  
1 coil

10 hrs

5 5/8 borehole

CASING AND TUBING RECORD

10" Set \_\_\_\_\_ 10" Pulled \_\_\_\_\_

8" Set \_\_\_\_\_ 8" Pulled \_\_\_\_\_

7" Set 20 6 1/2" Pulled \_\_\_\_\_

4" Set \_\_\_\_\_ 4" Pulled \_\_\_\_\_

2" Set \_\_\_\_\_ 2" Pulled \_\_\_\_\_

CASING AND TUBING MEASUREMENTS

Feet	In.	Feet	In.	Feet	In.
706	4	Baffle			
738	8	Float			
760	TD	2	7/8		



Thickness of Strata	Formation	Total Depth	Remarks
0-3	soil-clay	3	
6	Lime	9	
34	Shale	43	
4	Lime	47	
49	Shale	96	
10	Lime	106	
9	Shale	115	
37	Lime	152	
9	Shale	161	
18	Lime	179	
5	Shale	184	
3	Lime	187	
4	Shale	191	
4	Lime	195	Hertha
118	Shale	313	
5	sand	318	grey - no oil
32	shale	350	
4	Lime	354	sandy
15	shale	369	
10	Lime	379	
1	Shale	380	
3	Lime	383	
4	Shale	387	
26	sand	413	gas
26	Shale	439	
8	Lime	447	
12	Shale	459	

459

Thickness of Strata	Formation	Total Depth	Remarks
4	Lime	463	
14	Shale	477	
5	sandy Lime	482	
3	Shale	485	
27	Lime	512	
83	Shale	595	
7	Sand	602	broken - good Oil show
38	Shale	640	
3	sandy shale	643	
10	Shale	653	
3	sandy shale	656	
1	sand	657	brown - no Oil
17	lime	674	page 6
86	Shale	760	FB

Thickness of Strata	Formation	Total Depth	Remarks
		657	
1	sandy shale	658	
9	sand	667	broken - good oil - perf
3	shale	670	
3	sandy shale	673	
1	shale	674	

# 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
5-23-17		CK1 Piper	27	19	22	LN
Customer			Mailing Address			
			City	State	Zip Code	

Job Type long string Hole Size 5-5/8 Hole Depth 760 Casing Size & Weight 2 7/8  
 Casing Depth 738.8 Drill Pipe \_\_\_\_\_ Tubing \_\_\_\_\_ Other \_\_\_\_\_  
 Displacement \_\_\_\_\_ Displacement PSI \_\_\_\_\_ Mix PSI \_\_\_\_\_ Rate \_\_\_\_\_

Remarks \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Account Code	Quantity or Units	Description of Services or Product	Unit Price	Total
		Pump Charge		700
		Cement Truck		250
		Water Truck		0
	130	Cement	8	1040
		Gel		
		Plug		25
			Sales Tax	

Estimated Total 2015.00

Authorization [Signature] Title \_\_\_\_\_ Date 5-23-17

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.