

Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1364567
OIL & GAS CONSERVATION DIVISION

Form ACO-1
November 2016

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

Gas DH EOR

OG GSW

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 EOR Conv. to SWD
 Plug Back Liner Conv. to GSW Conv. to Producer

Commingled Permit #: _____

Dual Completion Permit #: _____

SWD Permit #: _____

EOR Permit #: _____

GSW Permit #: _____

Spud Date or Date Reached TD Completion Date or Recompletion Date
Recompletion Date

API No.: _____

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 Drill Stem Tests Received

Geologist Report / Mud Logs Received

UIC Distribution

ALT I II III Approved by: _____ Date: _____

1364567

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 <i>(Attach Additional Sheets)</i>	<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			
Geologist Report / Mud Logs	<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:	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)*

Date of first Production/Injection or Resumed Production/Injection:	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>	PRODUCTION INTERVAL: Top _____ Bottom _____
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Shots Per Foot	Perforation Top	Perforation Bottom	Bridge Plug Type	Bridge Plug Set At	Acid, Fracture, Shot, Cementing Squeeze Record <i>(Amount and Kind of Material Used)</i>

TUBING RECORD:	Size:	Set At:	Packer At:
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Leavenworth County, KS
Well: Breshears 17-2
Lease Owner: Town Oil

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

Commenced Spudding:
8/14/17

WELL LOG

Thickness of Strata	Formation	Total Depth
0-15	Soil-Clay	15
10	Sand	25
37	Shale	62
4	Lime	66
11	Shale	77
14	Lime	91
6	Shale	97
6	Lime	103
16	Shale	119
31	Lime	150
6	Sand	156
31	Lime	187
3	Shale	190
39	Lime	229
19	Shale	248
4	Lime	252
4	Shale	256
2	Lime	258
15	Shale	273
13	Lime	286
15	Shale	301
12	Lime	313
1	Shale	314
1	Lime	315
2	Shale	317
14	Lime	331
4	Shells	335
19	Lime	354
5	Shale	359
24	Lime	383
3	Shale	386
6	Lime	392
3	Shale	395
10	Lime	405
6	Shale	411
10	Sand	421
9	Shale	430
8	Sand	438
10	Shale	448
22	Sandy Shale	470

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. 17-2

Farm Breshers

KS
(State)

Leavenworth
(County)

16
(Section)

12
(Township)

21
(Range)

For Town Oil Company
(Well Owner)

15-103-21451

Town Oilfield Services, Inc.

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

Breshears Farm: Leavenworth County

KS State; Well No. 17-2

Elevation 891

Commenced Spuding 8-14 .20 17

Finished Drilling 8-18 .20 17

Driller's Name Wesley Dallard

Driller's Name Ryan Ward

Driller's Name

Tool Dresser's Name Drake Williams

Tool Dresser's Name

Tool Dresser's Name

Contractor's Name TOS

16 12 21

(Section) (Township) (Range)

Distance from S line, 1491 ft.

Distance from E line, 466 ft.

5 sacks 2 7/8 casing

1 core

12 hrs

5 5/8 bore hole

CASING AND TUBING

RECORD

10" Set _____ 10" Pulled _____

8" Set _____ 8" Pulled _____

6 1/4" Set 39 6 1/4" Pulled _____

4" Set _____ 4" Pulled _____

2" Set _____ 2" Pulled _____

CASING AND TUBING MEASUREMENTS

Feet	In.	Feet	In.	Feet	In.
728.05		Baffle			
759.70		Float			
780 TID				2 7/8	

Thickness of Strata	Formation	Total Depth	Remarks
0-15	Soil-clay	15	
10	sand	25	water
37	Shale	62	
4	Lime	66	
11	Shale	77	
14	Lime	91	
6	Shale	97	
6	Lime	103	
16	Shale	119	
31	Lime	150	
6	sand	156	grey - no oil
31	Lime	187	
3	Shale	190	
39	Lime	229	
19	Shale	248	
4	Lime	252	
4	Shale	256	
2	Lime	258	
15	Shale	273	redbed
13	Lime	286	
15	Shale	301	
12	Lime	313	
1	Shale	314	
1	Lime	315	
2	Shale	317	
14	Lime	331	
4	Shells	335	

335

Thickness of Strata	Formation	Total Depth	Remarks
19	Lime	354	
5	Shale	359	
24	Lime	383	
3	Shale	386	
6	Lime	392	
3	Shale	395	
10	Lime	405	Halting
6	Shale	411	
10	sand	421	grey - no oil
9	shale	430	
8	sand	438	grey - no oil
10	Shale	448	
22	sandy shale	470	
40	shale	510	
7	sand	517	broken - slight oil show
3	shale	520	
10	sand & shale	530	broken - good oil show
19	shale	549	redbed
4	Lime	553	
17	Shale	570	
5	Lime	575	
5	Shale	580	
3	Lime	583	
9	Shale	592	
3	Lime	595	
20	Shale	615	
3	Lime	618	

618

Thickness of Strata	Formation	Total Depth	Remarks
6	Shale	624	
9	Lime	633	
13	Shale	646	red bed
1	Lime	647	
13	Shale	660	
6	Shale & Lime	666	
2	sandy shale	668	
20	core	688	page 6
12	sandy shale	700	FD
80	Shale	780	FD

Thickness of Strata	Formation	Total Depth	Remarks
	Core		
		668	
1.5	sand & sandy shale	669.5	broken - good saturation
1.5	sandy lime	671	no oil
8	sand	679	mostly solid - great saturation
4	sand	683	laminated - not much oil
5	sandy shale	688	no oil

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
8-19-17		Breshears 17-2	16	12	21	LV
Customer Lester Town		Mailing Address				
		City	State	Zip Code		

Job Type long string Hole Size 5 5/8 Hole Depth 780 Casing Size & Weight 2 1/2
 Casing Depth 759 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		500	
		Cement Truck		250	
		Water Truck		0	
	128	Cement	10	1280	
		Gel			
		Plug		25	
			Sales Tax		
				Estimated Total	2055

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 form.