

Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1367660
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

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: _____

1367660

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 Geologist Report / Mud Logs <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				

1. Did you perform a hydraulic fracturing treatment on this well? Yes No *(If No, skip questions 2 and 3)*
2. Does the volume of the total base fluid of the hydraulic fracturing treatment exceed 350,000 gallons? Yes No *(If No, skip question 3)*
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> <i>(Submit ACO-4)</i>	PRODUCTION INTERVAL: Top Bottom
---	---	------------------------------------

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:	
----------------	-------	---------	------------	--

Leavenworth County, KS
Well: Breshears 17-1
Lease Owner: Town Oil

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

Commenced Spudding:
8/30/17

WELL LOG

Thickness of Strata	Formation	Total Depth
0-9	Soil-Clay	9
15	Sand	24
38	Shale	62
5	Lime	67
5	Shale	72
2	Lime	74
3	Shale	77
15	Lime	92
6	Shale	98
6	Lime	104
15	Shale	119
34	Lime	153
7	Shale	160
30	Lime	190
3	Shale	193
41	Lime	234
16	Shale	250
5	Lime	255
4	Shale	259
2	Lime	261
14	Shale	275
12	Lime	287
16	Shale	303
21	Lime	324
2	Shale	326
32	Lime	358
6	Shale	364
24	Lime	388
4	Shale	392
18	Lime	410
5	Shale	415
10	Sand	425
96	Shale	521
12	Sand	533
23	Shale	556
3	Lime	559
16	Shale	575
6	Lime	581
5	Shale	586
4	Lime	590

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. 17-1

Farm Breacheds

KS Leavenworth
(State) (County)

16 12 21
(Section) (Township) (Range)

For Town Oil Company
(Well Owner)

15-103-21452

Town Oilfield Services, Inc.

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

Brashear's Farm: Lawrence County

KS State; Well No. 17-1

Elevation 881

Commenced Spudding 8-30 20 17

Finished Drilling 9-8 20 17

Driller's Name Wesley Dollard

Driller's Name

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, 1421 ft.

Distance from E line, 46 ft.

4 sacks

9 hrs

5 7/8 borehole

2 7/8 casing

CASING AND TUBING RECORD

10" Set _____ 10" Pulled _____

8" Set _____ 8" Pulled _____

7" Set 40 6 1/2" Pulled _____

4" Set _____ 4" Pulled _____

2" Set _____ 2" Pulled _____

CASING AND TUBING MEASUREMENTS

Feet	In.	Feet	In.	Feet	In.
730	10	Ball	1c		
761	85	Float			
780	TD		2 7/8		

Thickness of Strata	Formation	Total Depth	Remarks
0-9	Soil - clay	9	
15	sand	24	water
38	Shale	62	
5	Lime	67	
5	Shale	72	
2	Lime	74	
3	Shale	77	
15	Lime	92	
6	Shale	98	
6	Lime	104	
15	Shale	119	
34	Lime	153	
7	Shale	160	
30	Lime	190	
3	Shale	193	
41	Lime	234	
16	Shale	250	
5	Lime	255	
4	Shale	259	
2	Lime	261	
14	Shale	275	red bed
12	Lime	287	
16	Shale	303	
21	Lime	324	
2	Shale	326	
32	Lime	358	
6	Shale	364	

364

Thickness of Strata	Formation	Total Depth	Remarks
24	Lime	388	
4	Shale	392	
18	Lime	410	Heather
5	Shale	415	
10	sand	425	no oil
96	Shale	521	
12	sand	533	broken - good oil show
23	Shale	556	red bed
3	Lime	559	
16	Shale	575	
6	Lime	581	
5	Shale	586	
4	Lime	590	
6	Shale	596	
9	Lime	605	
17	Shale	622	
3	Lime	625	
6	Shale	631	
8	Lime	639	
13	Shale	652	
2	Lime	654	
7	Shale	661	
7	Shale & Lime	668	
6	Shale	674	
1	sandy shale	675	
1	sand	676	broken - not much oil
1	sandy Lime	677	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
9-8-17		Bresheers 17-1	16	12	21	LU
Customer			Mailing Address			
			City	State	Zip Code	

Job Type Long String Hole Size 5 5/8 Hole Depth 780 Casing Size & Weight 2 7/8
 Casing Depth 741 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		25
		Water Truck		0
	136	Cement		1360
		Gel		
		Plug		45
			Sales Tax	
Estimated Total				2355

Authorization [Signature] 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.