

Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1367672
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: _____

1367672

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 _____	

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 17-6
Lease Owner: TOC

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

Commenced Spudding:
8/17/17

WELL LOG

Thickness of Strata	Formation	Total Depth
0-9	Soil-Clay	9
14	Sand	23
27	Shale	50
12	Lime	62
3	Shale	65
14	Lime	79
7	Shale	86
5	Lime	91
16	Shale	107
32	Lime	139
12	Sand	151
23	Lime	174
3	Shale	177
39	Lime	216
19	Shale	235
4	Lime	239
4	Shale	243
2	Lime	245
15	Shale	260
12	Lime	272
17	Shale	289
29	Lime	318
3	Shale	321
20	Lime	341
6	Shale	347
24	Lime	371
4	Shale	375
6	Lime	381
4	Shale	385
9	Lime	394
11	Shale	405
6	Sand	411
86	Shale	497
18	Sand	515
21	Shale	536
3	Lime	539
17	Shale	556
5	Lime	561
5	Shale	566
3	Lime	569

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. 17-6

Farm Breshers

KS Leavenworth
(State) (County)

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

For Town Oil Company
(Well Owner)

15-103-21454

Town Oilfield Services, Inc.

1207 N. 1st East

Louisburg, KS 66053

913-710-5400

Breshears Farm: Leavenworth County

KS State; Well No. 17-6

Elevation 858

Commenced Spuding 8-17 20 17

Finished Drilling 8-28 20 17

Driller's Name Wesley Dollard

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, 1811 ft.

Distance from E line, 886 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 _____

7 1/2" Set 40 6 1/2" Pulled _____

4" Set _____ 4" Pulled _____

2" Set _____ 2" Pulled _____

CASING AND TUBING MEASUREMENTS

Feet	In.	Feet	In.	Feet	In.
698.30		Baffle			
730.05		Float			
760 TD				27/8	

Thickness of Strata	Formation	Total Depth	Remarks
0-9	Soil-clay	9	
14	sand	23	no water
27	Shale	50	
12	Lime	62	sandy
3	Shale	65	
14	Lime	79	
7	Shale	86	
5	Lime	91	
16	Shale	107	
32	Lime	139	
12	sand	151	grey - no oil
23	Lime	174	
3	Shale	177	
39	Lime	216	
19	Shale	235	
4	Lime	239	
4	Shale	243	
2	Lime	245	
15	Shale	260	red bed
12	Lime	272	
17	Shale	289	
29	Lime	318	
3	Shale	321	
20	Lime	341	
6	Shale	347	
24	Lime	371	
4	Shale	375	

375

Thickness of Strata	Formation	Total Depth	Remarks
6	Lime	381	
4	Shale	385	
9	Lime	394	Mertha
11	Shale	405	
6	sand	411	grey - no oil
86	Shale	497	
18	sand	515	broken - good oil show
21	Shale	536	red bed
3	Lime	539	
17	Shale	556	
5	Lime	561	
5	Shale	566	
3	Lime	569	
8	Shale	577	
7	Lime	584	
17	Shale	601	
3	Lime	604	
6	Shale	610	
8	Lime	618	
13	Shale	631	red bed
2	Lime	633	
9	Shale	642	
6	Shale & Lime	648	
3	Shale	651	
1	Lime	652	
1	Shale	653	
1	sand	654	no show - odor

654

Thickness of Strata	Formation	Total Depth	Remarks
	Core		
1	sand	655	broken - not much oil
4	sand	659	mostly solid - good saturation
1	sand	660	no oil
5	sand	665	mostly solid - good saturation
7	sandy shale	672	
		672	
18	sandy shale	690	
70	shale	760	TD

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
8-28-17		Breshears 17-6	16	12	21	LV
Customer Lester Town			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 730 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
	108	Cement		1080
		Gel		
		Plug		35
			Sales Tax	
Estimated Total				2065

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.