



Confidentiality Requested:  
 Yes  No

KANSAS CORPORATION COMMISSION 1372796  
 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 Recompletion Date	Date Reached TD	Completion Date or Recompletion Date
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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: \_\_\_\_\_

1372796



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
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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				

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

<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> <i>(Submit ACO-4)</i>	<b>PRODUCTION INTERVAL:</b> 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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# Short Cuts

## TANK CAPACITY

BBLs. (42 gal.) equals  $D^2 \times 14xh$   
 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

620 202 6450

# Log Book

Well No. 10W

Farm Zumwallen

KS Crawford  
 (State) (County)

36 28 21  
 (Section) (Township) (Range)

For Town Oil Co  
 (Well Owner)

**Town Oil Company, Inc.**  
 16205 W. 287th St.  
 Paola, KS 66071  
 913-294-2125

Zumwiler Farm: Crawford County  
 KS State; Well No. 66

Elevation \_\_\_\_\_  
 Commenced Spuding 9-25 2017  
 Finished Drilling 10-31 2017  
 Driller's Name Scott Korteband  
 Driller's Name \_\_\_\_\_  
 Driller's Name \_\_\_\_\_  
 Tool Dresser's Name Derrick Holstein  
 Tool Dresser's Name \_\_\_\_\_  
 Tool Dresser's Name \_\_\_\_\_  
 Contractor's Name Town Oil Co.  
 36 28 21  
 (Section) (Township) (Range)

Distance from \_\_\_\_\_ line, \_\_\_\_\_ ft.  
 Distance from \_\_\_\_\_ line, \_\_\_\_\_ ft.

**CASING AND TUBING RECORD**

10" Set \_\_\_\_\_ 10" Pulled \_\_\_\_\_  
 8" Set \_\_\_\_\_ 8" Pulled \_\_\_\_\_  
 6 1/2" Set 20' 3 sets 6 1/2" Pulled \_\_\_\_\_  
 4" Set \_\_\_\_\_ 4" Pulled \_\_\_\_\_  
 2" Set 464.70 2" Pulled \_\_\_\_\_  
 2 7/8 grad upset

**CASING AND TUBING MEASUREMENTS**

Feet	In.	Feet	In.	Feet	In.
31	2				
28	1				
31	2				
31	2				
30	9				
31	2				
31	1				
31	2				
31	2				
31	2				
31	5				
31	2				
31	1				
31	7				
31	1				
464	70				

Thickness of Strata	Formation	Total Depth	Remarks
14	Soil & Clay	14	
2	gravel	16	
8	sandy or lime	24	
22	shale	46	
7	lime y sand	53	Heather
49	shale	102	
1	lime	103	
8	shale	111	
27	lime	138	
3	shale & slate	141	
1	lime	142	
24	shale	166	
61	sandy shale	227	w lime streaks
5	lime	232	sandy
8	shale & slate	240	
8	lime	248	
157	shale	405	
21	sand	426	Broken ok bleed & odor
44	shale	470	T.D.



RESSURE PUMPING LLC  
 J Box 884, Chanute, KS 66720  
 620-431-9210 or 800-467-8676

9355  
 9249

TICKET NUMBER 53882

LOCATION Ottawa KS

FOREMAN Fred Maden

FIELD TICKET & TREATMENT REPORT  
 CEMENT

Invoice #811635

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
10/31/17	7823	Zumwalten # 285 W-C NW 36		21	29	CR
CUSTOMER <u>Town Oil Co.</u>			TRUCK #	DRIVER	TRUCK #	DRIVER
MAILING ADDRESS <u>16205 W 287<sup>th</sup> St.</u>			712	Fred Mad		
CITY <u>Paola</u>			495	Nan Bee		
STATE <u>KS</u>			804	Mike Mad		
ZIP CODE <u>66071</u>						

JOB TYPE Log string HOLE SIZE 5 1/8 HOLE DEPTH 470 CASING SIZE & WEIGHT 2 3/8  
 CASING DEPTH 465 DRILL PIPE \_\_\_\_\_ TUBING \_\_\_\_\_ OTHER \_\_\_\_\_  
 SLURRY WEIGHT \_\_\_\_\_ SLURRY VOL \_\_\_\_\_ WATER gal/sk \_\_\_\_\_ CEMENT LEFT in CASING 2 1/2" Plug  
 DISPLACEMENT 2.7 BBL DISPLACEMENT PSI \_\_\_\_\_ MIX PSI \_\_\_\_\_ RATE 4 BPM

REMARKS: Hold safety meeting. Establish circulation - Mix Pump 100\*  
Gel Flush. Mix & Pump 76 SKs for bleed 1A Cement  
2 3/8 Gel. Cement to surface. Flush pump + 1 day clean.  
Displace 2 3/8" Rubber plug to casing TB. Pressure to 300\*  
PSI. Monitor pressure for 30 min MIT. Hold pressure.  
Release pressure to set float valve. Shut in casing.

Customer Supplied Water.

Fred Maden

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
CE0450	1	PUMP CHARGE	495	1500 <del>00</del>
CE0002	70 mi	MILEAGE	495	500 <del>50</del>
CE0711	1/2 Minimum	Ton Miles Delivery	604	300 <del>00</del>
		<u>sub Total</u>		<u>2330<del>50</del></u>
		<u>less 47%</u>		<u>1095.34</u>
CC5870	76 SKs	Por Bleed 1A Cement	1026 <del>00</del>	
CC5965	228*	Bentonite Gel	604 <del>00</del>	
CP6176	1	2 3/8" Rubber Plug	45 <del>00</del>	
		<u>Sub Total</u>		<u>1139<del>40</del></u>
		<u>less 47%</u>		<u>-535.52</u>
				<u>603<del>88</del></u>
			7.5%	SALES TAX <u>45<del>29</del></u>
				ESTIMATED TOTAL <u>1884<del>89</del></u>

Ravin 3737

AUTHORIZATION \_\_\_\_\_ TITLE \_\_\_\_\_ DATE (355525)

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