

Confidentiality Requested:

Yes  No

KANSAS CORPORATION COMMISSION  
OIL & GAS CONSERVATION DIVISION

Form ACO-1

January 2018

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: \_\_\_\_\_

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

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
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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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## LOCATION AND LEGALS DATA

### WellSight Systems

Scale 1:240 (5"=100') Imperial  
Measured Depth Log

Well Name: Teten B 19  
API: 15-155-21793  
Location: W2 SE NE NE S12 T23S R4W  
License Number: 30878  
Spud Date: 12/14/22  
Surface Coordinates: 990' FNL 495' FEL

Region: Reno County, KS  
Drilling Completed: 12/18/22

Bottom Hole  
Coordinates:  
Ground Elevation (ft): 1495'      K.B. Elevation (ft): 1507'  
Logged Interval (ft): 2300'      To: 3485'      Total Depth (ft): 3485'  
Formation: Mississippi  
Type of Drilling Fluid: Chemical

Printed by MudLog from WellSight Systems 1-800-447-1534 [www.WellSight.com](http://www.WellSight.com)

#### OPERATOR

Company: Ressler Well Service, Inc.  
Address: PO Box 525  
Burrton, KS 67020

#### GEOLOGIST

Name: Brandon Wolfe  
Company: Lone Wolf Well Logging, LLC  
Address: 1016 N Biddle St  
Moline, KS 67353

#### CONTRACTORS

Drilling Rig: (Rig 1) Lighthouse Drilling  
Drilling FLuids: Mud Co  
Open Hole Logs: Midwest

#### COMMENTS





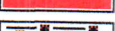

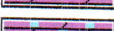



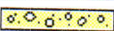



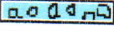


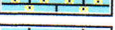
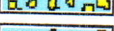



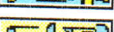



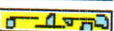






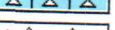
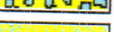

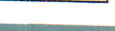
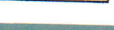








5.5" production casing was set to further evaluate the Mississippi system



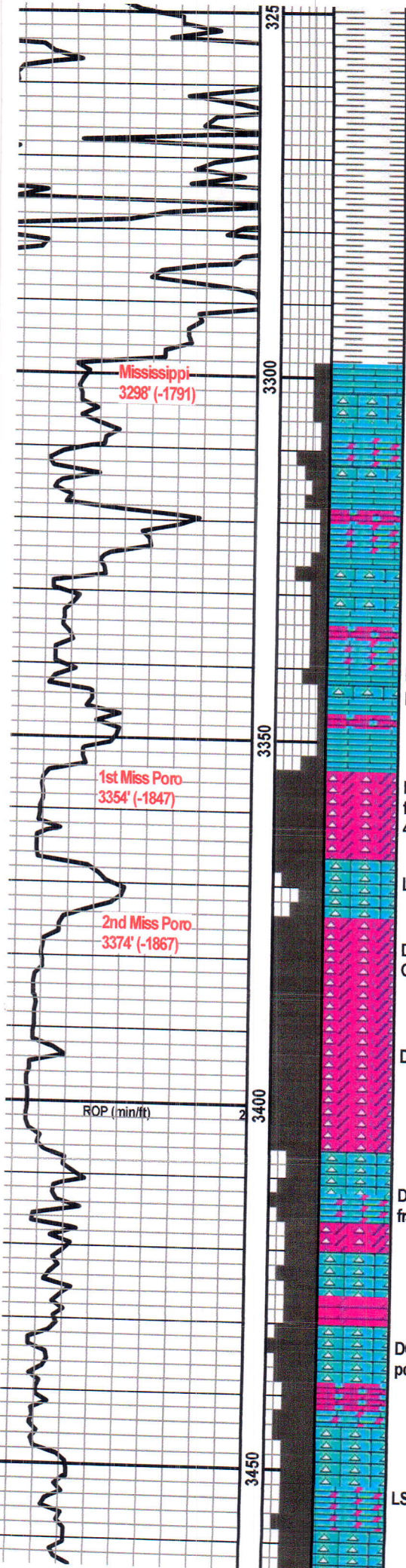
FormationSample TopsLog Tops

Heebner Sh	2367' (-860)	2367' (-860)
Lansing	2562' (-1055)	2560' (-1053)
Dennis	2890' (-1383)	2888' (-1381)
Stark Sh	2930' (-1423)	2928' (-1421)
Hush Sh	2963' (-1456)	2962' (-1455)
B/ Kansas City	3014' (-1507)	3012' (-1505)
Marmaton	3047' (-1540)	3045' (-1538)
Pawnee	3104' (-1597)	3102' (-1595)
Fort Scott	3137' (-1630)	3135' (-1628)
Cherokee	3152' (-1645)	3152' (-1645)
Mississippi	3292' (-1785)	3292' (-1785)
1st Miss Poro	3354' (-1847)	3354' (-1847)
2nd Miss Poro	3374' (-1867)	3373' (-1866)

## ROCK TYPES

	Anhydrite		Shaly_ss_ii		Cherty_dolo		Qtz_wash
	Arkose		Sandstone		Dolomite		Qtz_wash_ii
	Ark_shale		Shaly_limy_ss		Limy_dolo		Argil_qtz_wash
	Granite		Washy_limy_ss		Conglomerate		Ark_qtz_wash
	Coal		Limy_ss		Carb_wash		Sdy_gw
	Limy_sh		Sdy_ls		Sdy_carb_wash		Shaly_gw
	Shale		Limestone		Shaly_sdy_carb		Gw_a
	Hot_shale		Dolo_ls		Shaly_limy_qtz_w		Gw_b
	Hot_shale_ii		Shaly_ls		Shaly_limy_qtz_w		Gw_c
	Siltstone		Carb_shaly_ls		Limy_qtz_wash		Gw_d
	Siltstone_ii		Cherty_ls		Limy_qtz_wash_ii		
	Shaly_ss		Chert		Limy_qtz_wash_iii		





SH: gry, pyr.

SH: gry to drk gry, scat SS, silty, carb incl, mica, pyr

Mississippi  
3298' (-1791)

LS: cm to lt gry to off wht, med xln, dns, re xln, chrty, sli dolo, mstly pr to sm fr vis por, NS.

LS: off wht to cm, fn xln, dns, re xln, wthrd, chily, chrty, fr interxln por; scat bght flor, ft odor.

LS: cm to lt bm to sm off wht, fn to med xln, re xln, wthrd, sli suc, chrty, frsh cht, fr interxln por, scat bght flor, ft odor.

1st Miss Poro  
3354' (-1847)

DOLO LS: cm to lt bm to off wht, vry wthrd, suc, lam frsh cht, scat tripo cht, sndy, micro frac, grt interxln por, grt SFO & SGB, grt live stn, gd fst strmg cut w/ fr bght yllw res mg, 40-50% bght yllw/gm flor, vry strmg rich odor, could smell odor across location.

LS: cm to lt bm, med to fn xln, dns, chrty, dns, frsh cht to sm wthrd, pr vis por, NS.

2nd Miss Poro  
3374' (-1867)

DOLO LS: cm to lt bm, wthrd, suc sndy txt, chrty, pyr, grt interxln por, gd SFO and few GB, gd live stn, fr strmg cut, 25% bght gm flor, strmg rich odor

DOLO LS: AA w/ 5% bght flor, fr odor

ROP (min/ft)

DOLO LS: lt bm to buff, fn cln, wthrd, scat frsh cht, opaque, sli sndy, pyr, fr interxln por, frac por, scat bght flor, fr odor.

DOLO: lt bm to cm to off wht mott, suc, wthrd, frsh cht lam, pyr, occ gd interxln por, few pcs bght flor, ft odor

3450

LS: off wht to cm, fn to med xln, dns, re xln, wthrd, occ dolo, chrty, fr interxln por, NS.

Mississippi  
3298' (-1791)

Midnight Depth on 12/18/22: 3318'

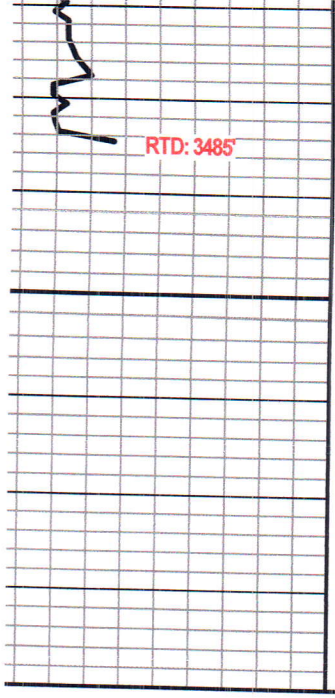
1st Miss Poro  
3354' (-1847)

- Great Show of Free Oil
- Show of Gas Bubbles
- Very Strong Rich Odor

2nd Miss Poro  
3374' (-1867)

- Good Show of Free Oil
- Sli Show of Gas Bubbles
- Strong Rich Odor

- Fair Odor



RTD: 3485'

3500



LS: AA.

RTD: 3485' @ 2:10AM on 12/18/22

Circ 1 hr. Wiper Trip to surface. Circ 2 hr. Come out sideways for logs.



RTD  
3485' (-1978)









*NEW WELL*  
*Production*

FIELD ORDER

N<sup>o</sup> C

60727

BOX 438 - HAYSVILLE, KANSAS 67060  
316-524-1225

DATE 18-Dec 20 22

IS AUTHORIZED BY: RESSLER WELL SERVICE

(NAME OF CUSTOMER)

Address \_\_\_\_\_ City \_\_\_\_\_ State KS

TO TREAT WELL AS FOLLOWS Lease TETEN Well No. B-19 Customer Order No. \_\_\_\_\_

Sec. Twp. \_\_\_\_\_ Range \_\_\_\_\_ County RENO State KS

CONDITIONS: As a part of the consideration hereof it is agreed that Copeland Acid is to service or treat at owners risk, the hereinbefore mentioned well and is not to be held liable for any damage that may accrue in connection with said service or treatment. Copeland Acid Service has made no representation, expressed or implied, and no representations have been relied on, as to what may be the results or effect of the servicing or treating said well. The consideration of said service or treatment is payable. There will be no discount allowed subsequent to such date. 5% interest will be charged after 60 days. Total charges are subject to correction by our invoicing department in accordance with latest published price schedules.

The undersigned represents himself to be duly authorized to sign this order for well owner or operator.

THIS ORDER MUST BE SIGNED BEFORE WORK IS COMMENCED

Well Owner or Operator

By

Agent

CODE	QUANTITY	DESCRIPTION	UNIT COST	AMOUNT
20.0002	20	Mileage P.T.		
20.0007	1	Pump Charge Long String	\$6.00	\$120.00
20.1001	300	Common Cement Sack	\$1,650.00	\$1,650.00
20.1008	150	C-41P per lb. Defoamer	\$16.75	\$5,025.00
20.1009	50	C-12 per lb. Fluid Loss	\$4.00	\$600.00
20.101	150	C-37 per lb. Friction Reducer	\$6.50	\$325.00
20.1015	1500	Fine Salt per lb.	\$4.25	\$637.50
20.1016	1200	Gilsonite per lb.	\$0.30	\$450.00
20.1018	600	Mud Flush per gal	\$0.80	\$960.00
20.2002	6	5 1/2" Turbo-Centralizer	\$1.00	\$600.00
20.2006	2	5 1/2" Basket	\$85.00	\$510.00
20.2009	1	Latch Down Plug & Baffle	\$155.00	\$310.00
20.2011	1	Auto Fill Assembly	\$175.00	\$175.00
20.2012	1	Insert Float Shoe	\$70.00	\$70.00
			\$285.00	\$285.00
20.0011	361	Bulk Charge		
20.0012	156.3	Bulk Truck Miles	\$1.25	\$451.25
		Process License Fee on	\$1.10	\$171.93
		Gallons		
<b>TOTAL BILLING</b>				<b>\$12,340.68</b>

I certify that the above material has been accepted and used; that the above service was performed in a good and workmanlike manner under the direction, supervision and control of the owner, operator or his agent, whose signature appears below.

Copeland Representative GREG C.

Station GB

LARRY RESSLER

Well Owner, Operator or Agent

Remarks \_\_\_\_\_

**NET 30 DAYS**