

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
--	---

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



CEMENT TREATMENT REPORT

Customer: TDR Construction	Well: West Rogers-Aikens LBT-1, LBT-2	Ticket: EP12818
City, State: Louisburg, KS	County: MI, KS	Date: 3/21/2024
Field Rep: Lane Town	S-T-R: 4-17-25	Service: Longstrings

Downhole Information		Calculated Slurry - Lead		Calculated Slurry - Tail	
Hole Size:	5 5/8 in	Blend:	Econobond	Blend:	
Hole Depth:	ft	Weight:	13.56 ppg	Weight:	ppg
Casing Size:	2 7/8 in	Water / Sx:	7.12 gal / sk	Water / Sx:	gal / sk
Casing Depth:	ft	Yield:	1.56 ft³ / sk	Yield:	ft³ / sk
Tubing / Liner:	in	Annular Bbbs / Ft.:	bbs / ft.	Annular Bbbs / Ft.:	bbs / ft.
Depth:	ft	Depth:	ft	Depth:	ft
Tool / Packer:		Annular Volume:	0.0 bbbs	Annular Volume:	0 bbbs
Tool Depth:	ft	Excess:		Excess:	
Displacement:	bbbs	Total Slurry:	bbbs	Total Slurry:	0.0 bbbs
		Total Sacks:	0 sks	Total Sacks:	0 sks

TIME	RATE	PSI	BBLs	TOTAL BBLs	REMARKS
12:00 PM			-	-	on location, held safety meeting
			-	-	
			-	-	#LBT-1 - TD 440' - PIPE 418.10'
	4.0		-	-	established circulation
	4.0		-	-	mixed and pumped 200# Bentonite Gel followed by 4 bbbs fresh water
	4.0		-	-	mixed and pumped 51 sks Econobond cement, cement to surface
	4.0		-	-	flushed pump clean
	1.0		-	-	pumped 2 7/8" rubber plug to casing TD w/ 2.42 bbbs fresh water
	1.0		-	-	pressured to 800 PSI, well held pressure
			-	-	released pressure to set float valve, float held
	4.0		-	-	washed up equipment
			-	-	
			-	-	#LBT-2 - TD 440 - PIPE 419.80'
	4.0		-	-	established circulation
	4.0		-	-	mixed and pump 200# Bentonite Gel followed by 4 bbbs fresh water
	4.0		-	-	mixed and pumed 51 sks Econobond cement, cement to surface
	4.0		-	-	flushed pump clean
	1.0		-	-	pumped 2 7/8" rubber plug to casing TD w/ 2.43 bbbs fresh water
	1.0		-	-	pressured to 800 PSI, well held pressure
			-	-	released pressure to set float valve, float held
	4.0		-	-	washed up equipment
			-	-	
1:30 PM			-	-	left location
			-	-	
			-	-	
			-	-	

CREW		UNIT	SUMMARY		
Cementer:	Casey Kennedy	931	Average Rate	Average Pressure	Total Fluid
Pump Operator:	Devin Katzer	239	3.1 bpm	- psi	- bbbs
Bulk:	Doug Gipson	248			
H2O:	Dan Detwiler	124			

Miami County, KS

Well: LBT-2

Lease Owner:

Town Oil Company, Inc

TDR Construction, Inc.

(913) 710-5400

Commenced Spudding:

03/20/24

Log Book

Well No. LBT-2

Farm West Rogers - Aikens

KS Miami
(State) (County)

4 17 25
(Section) (Township) (Range)

For Town Oil Company Inc.
(Well Owner)

Town Oilfield Services, Inc.

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

Thickness of Strata	Formation	Total Depth	Remarks
0-19	Soil / Clay	19	
21	Shale	40	
8	Lime	48	
6	Shale	54	
12	Sand	66	Grey. No oil
17	Shale	83	
2	Lime	85	
29	Shale	114	
11	Sand	125	Very little oil show
10	Shale	135	
11	Lime	146	
14	Shale	160	
31	Lime	191	
8	Shale	199	
22	Lime	221	
3	Shale	224	
11	Lime	235	Hertha
28	Shale	263	
7	Sand	270	Some oil show
74	Shale	344	
7	Sand	351	Some oil show.
28	Shale	379	
1	Sand	380	No oil show
3	Sand	383	Broken. Some oil show
2	Sand	385	Mostly Solid. Very good oil show.
3	Sand	388	Solid. Some oil shows. Water?
2	Sand	390	Broken. Some oil show.

