



Sec. \_\_\_\_\_ Twp. \_\_\_\_\_ S. R. \_\_\_\_\_ ☐ East ☐ West      County: \_\_\_\_\_

Final Radioactivity Log, Final Logs run to obtain Geophysical Data and Final Electric Logs must be emailed to [kcc-well-logs@kcc.ks.gov](mailto: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:					

<div style="text-align: center;"> <b>CASING RECORD</b>      <input type="checkbox"/> New    <input type="checkbox"/> Used            Report all strings set-conductor, surface, intermediate, production, etc.         </div>							
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: <input type="checkbox"/> Perforate <input type="checkbox"/> Protect Casing <input type="checkbox"/> Plug Back TD <input type="checkbox"/> Plug Off Zone	Depth Top Bottom	Type of Cement	# Sacks Used	Type and Percent Additives

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 (Explain) _____			
Estimated Production Per 24 Hours	Oil      Bbls.	Gas      Mcf	Water	Bbls.	Gas-Oil Ratio      Gravity

<p>DISPOSITION OF GAS:</p> <p><input type="checkbox"/> Vented    <input type="checkbox"/> Sold    <input type="checkbox"/> Used on Lease</p> <p><i>(If vented, Submit ACO-18.)</i></p>	<p>METHOD OF COMPLETION:</p> <p><input type="checkbox"/> Open Hole    <input type="checkbox"/> Perf.    <input type="checkbox"/> Dually Comp.    <input type="checkbox"/> Commingled</p> <p><i>(Submit ACO-5)</i>                      <i>(Submit ACO-5)</i>                      <i>(Submit ACO-4)</i></p>	<p>PRODUCTION INTERVAL:</p> <p>Top                      Bottom</p>	

Shots Per Foot	Perforation Top	Perforation Bottom	Bridge Plug Type	Bridge Plug Set At	Acid, Fracture, Shot, Cementing Squeeze Record (Amount and Kind of Material Used)

TUBING RECORD:	Size:	Set At:	Packer At:	
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Form	ACO1 - Well Completion
Operator	TGT Petroleum Corporation
Well Name	PYLE-TAYLOR A-3
Doc ID	1839547

#### Casing

Purpose Of String	Size Hole Drilled	Size Casing Set	Weight	Setting Depth	Type Of Cement	Number of Sacks Used	Type and Percent Additives
Surface	12.25	8.625	24	439	A	130	3
Production	7.875	5.50	15.5	5281	HALCO	275	10
Liner	7.875	4.50	11.35	5281	A	130	2



INVOICE NO.	Subject to Correction			FIELD ORDER	10159
Date 4-9-05	Lease PYLE-TAYLOR	Well # SWD	Legal 1-28-19		
Customer ID	County KTOWA	State KS.	Station PRATY/KS		
Corp.	Depth	Formation	Shoe Joint		
Casing 4 1/2	Casing Depth 5200'	TD	Job Type LOWER-OW		
Customer Representative Harold	Treater K. GORDLEY				

AFE Number	PO Number	Materials Received by	X <i>David L. Beehner</i>
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[illegible]



# TREATMENT REPORT

Customer ID		Date	
Customer <b>TGT</b>		4-9-05	
Lease <b>PYLE-TAYLOR</b>		Lease No.	Well # <b>SWD</b>
Field Order # <b>10159</b>	Station <b>PRATT, KS</b>	Casing <b>4 1/2</b>	Depth <b>5200'</b>
Type Job <b>LINER-OW</b>	Formation	County <b>ADWIA</b>	State <b>KS</b>
		Legal Description <b>1-28-19</b>	

PIPE DATA		PERFORATING DATA		FLUID USED		TREATMENT RESUME		
Casing Size <b>4 1/2</b>	Tubing Size	Shots/Ft		Acid		RATE	PRESS	ISIP
Depth <b>5200</b>	Depth	From	To	Pre Pad		Max		5 Min.
Volume	Volume	From	To	Pad		Min		10 Min.
Max Press	Max Press	From	To	Frac		Avg		15 Min.
Well Connection	Annulus Vol.	From	To			HHP Used		Annulus Pressure
Plug Depth <b>5200'</b>	Packer Depth	From	To	Flush		Gas Volume		Total Load

Customer Representative <b>Harold</b>	Station Manager <b>LAURIE</b>	Treater <b>CORDLEY</b>
Service Units	<b>120 226 303 522</b>	

Time	Casing Pressure	Tubing Pressure	Bbls. Pumped	Rate	Service Log
<b>1830</b>					<b>OW LOCATION</b>
					<b>CDSP - 5200'</b>
					<b>RUN 5200' 4 1/2 11.6" LINER</b>
					<b>INSIDE 5 1/2 CASING</b>
	<b>1100</b>		<b>45</b>	<b>1 1/2</b>	<b>BRUAL CIRC W/ H<sub>2</sub>O</b>
					<b>MIX CEMENT</b>
<b>2030</b>	<b>1100</b>		<b>50</b>	<b>1 1/2</b>	<b>130 SK. 1A-COW CEMENT</b>
					<b>2% CC, 3/10% CFR</b>
					<b>12.6", 2.17 #3</b>
					<b>STOP - WASH LINE - DROP PLUG</b>
	<b>0</b>		<b>0</b>	<b>2</b>	<b>START DISP.</b>
	<b>1300</b>		<b>42</b>	<b>2</b>	<b>LIFT CEMENT</b>
<b>2200</b>	<b>2800</b>		<b>82</b>	<b>1</b>	<b>PLUG DOWN - HOLD</b>
					<b>CIRC 20SK CEMENT TO SET</b>
<b>2230</b>					<b>JOB COMPLETE - THANKS - KEVIN</b>