

KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION

Form ACO-1
September 1999
Form Must Be Typed

WELL COMPLETION FORM
WELL HISTORY - DESCRIPTION OF WELL & LEASE

Operator: License # 31473
Name: BGS INC
Address: 3939 ELLIS Rd
City/State/Zip: KANTON, KS 66079
Purchaser: CRUDE MARKETING
Operator Contact Person: JIM PATTON
Phone: (785) 241-4016
Contractor: Name: TOWN OIL CO
License: 6142
Wellsite Geologist: _____

Designate Type of Completion:

☒ New Well ☐ Re-Entry ☐ Workover
☒ Oil ☐ SWD ☐ SLOW ☐ Temp. Abd.
☐ Gas ☐ ENHR ☐ SIGW
☐ Dry ☐ Other (Core, WSW, Expl., Cathodic, etc)

If Workover/Re-entry: Old Well Info as follows:

Operator: _____

Well Name: _____

Original Comp. Date: _____ Original Total Depth: _____

☐ Deepening ☐ Re-perf. ☐ Conv. to Enhr./SWD
☐ Plug Back ☐ Plug Back Total Depth
☐ Commingled ☐ Docket No. _____
☐ Dual Completion ☐ Docket No. _____
☐ Other (SWD or Enhr.?) ☐ Docket No. _____

Spud Date or 7-7-2004
Recompletion Date Completion Date or
Recompletion Date

API No. 15 - 659-24988-00-00
County: FRANKLIN
SE-SE-NE Sec. 7 Twp. 18 S. R. 21 East ☐ West ☐
2505 feet from S (N) (circle one) Line of Section
165 feet from (E) W (circle one) Line of Section

Footages Calculated from Nearest Outside Section Corner:

(circle one) (NE) SE NW SW
Lease Name: TALKMAN Well #: T136

Field Name: KANTON

Producing Formation: 1ST SQUIRREL

Elevation: Ground: GL Kelly Bushing: _____

Total Depth: 715 Plug Back Total Depth: _____

Amount of Surface Pipe Set and Cemented at 20 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 No.: _____

Quarter _____ Sec. _____ Twp. _____ S. R. _____ East ☐ West ☐

County: _____ Docket No.: _____

INSTRUCTIONS: An original and two copies of this form shall be filed with the Kansas Corporation Commission, 130 S. Market - Room 2078, Wichita, Kansas 67202, within 120 days of the spud date, recompletion, workover or conversion of a well. Rule 82-3-130, 82-3-106 and 82-3-107 apply. Information of side two of this form will be held confidential for a period of 12 months if requested in writing and submitted with the form (see rule 82-3-107 for confidentiality in excess of 12 months). One copy of all wireline logs and geologist well report shall be attached with this form. ALL CEMENTING TICKETS MUST BE ATTACHED. Submit CP-4 form with all plugged wells. Submit CP-111 form with all temporarily abandoned wells.

If 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.

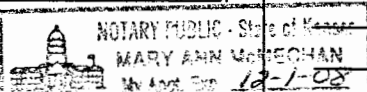
Signature: Trust Burkhardt
Title: Owner Date: 3-10-05

Subscribed and sworn to before me this 10th day of March

2005

Notary Public: Mary Ann McMechan

Notary Commission Expires: December 1, 2008



KCC Office Use ONLY

NO Letter of Confidentiality Attached

If Denied, Yes ☐ Date: _____

Wireline Log Received

Geologist Report Received

UIC Distribution

50460

Side Two

Operator Name: BG-5 Lease Name: JACKMAN Well #: TBL
 Sec. 7 Twp. 18 S. R. 21 ☒ East ☐ West County: FRANKLIN Co

INSTRUCTIONS: Show important tops and base 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. Attach copy of all Electric Wireline Logs surveyed. Attach final geological well site report.

Drill Stem Tests Taken

☐ Yes ☒ No

(Attach Additional Sheets)

Samples Sent to Geological Survey

☐ Yes ☒ No

Cores Taken

☒ Yes ☐ No

Electric Log Run

☒ Yes ☐ No

(Submit Copy)

List All E. Logs Run:

LAMMA Ray/NEUTRON/CCL☒ Log

Formation (Top), Depth and Datum

☐ Sample

Name

15 Squirrel

Top

644

Datum

654

CASING RECORD

☐ New ☐ 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	# Sacs Used	Type and Percent Additives
	<u>6 3/4</u>	<u>4 1/2"</u>		<u>7 11</u>	<u>50/50 portland 81</u>		

ADDITIONAL CEMENTING / SQUEEZE RECORD

Purpose:	Depth Top Bottom	Type of Cement	#Sacks Used	Type and Percent Additives
☐ Perforate				
☐ Protect Casing				
☐ Plug Back TD				
☐ Plug Off Zone				

Shots Per Foot	PERFORATION RECORD - Bridge Plugs Set/Type Specify Footage of Each Interval Perforated	Acid, Fracture, Shot, Cement Squeeze Record (Amount and Kind of Material Used)	Depth
<u>2</u>	<u>644-654.0</u>	<u>30/40. 500#</u>	
		<u>12/20 1500#</u>	
		<u>8/25 1000#</u>	

TUBING RECORD

Size

Set At

Packer At

Liner Run

☐ Yes☒ No

Date of First, Resumed Production, SWD or Enhr.

Producing Method

☐ Flowing☒ Pumping☐ Gas Lift☐ Other (Explain)

Estimated Production Per 24 Hours

Oil

Bbls.

Gas

Mcf

Water

Bbls.

Gas-Oil Ratio

Gravity

Disposition of Gas

METHOD OF COMPLETION

Production Interval

☒ Vented ☐ Sold ☐ Used on Lease
 (If vented, Sumit ACO-18.)

☐ Open Hole ☒ Perf. ☐ Dually Comp. ☐ Commingled
☐ Other (Specify)