



KANSAS CORPORATION COMMISSION 1071684
OIL & GAS CONSERVATION DIVISION

Form ACO-1
June 2009
Form Must Be Typed
Form must be Signed
All blanks must be Filled

WELL COMPLETION FORM
WELL HISTORY - DESCRIPTION OF WELL & LEASE

OPERATOR: License # 31473
Name: BG-5, Inc.
Address 1: 3939 ELLIS RD
Address 2: _____
City: RANTOUL State: KS Zip: 66079 + 9090
Contact Person: Scott Burkdoll
Phone: (785) 869-3860
CONTRACTOR: License # 31473
Name: BG-5, Inc.
Wellsite Geologist: NA
Purchaser: _____

Designate Type of Completion:
 New Well Re-Entry Workover
 Oil WSW SWD SLOW
 Gas D&A ENHR SIGW
 OG GSW Temp. Abd.
 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 ENHR Conv. to SWD
 Conv. to GSW
 Plug Back: _____ Plug Back Total Depth _____
 Commingled Permit #: _____
 Dual Completion Permit #: _____
 SWD Permit #: _____
 ENHR Permit #: _____
 GSW Permit #: _____

| | | |
|-----------------------------------|-------------------|---|
| <u>11/15/2011</u> | <u>11/17/2011</u> | <u>1/11/2012</u> |
| Spud Date or Recompletion Date | Date Reached TD | Completion Date or Recompletion Date |

API No. 15 - 15-059-25791-00-00
Spot Description: _____
NE SW SW NW Sec. 1 Twp. 16 S. R. 20 East West
3118 Feet from North / South Line of Section
4673 Feet from East / West Line of Section

Footages Calculated from Nearest Outside Section Corner:
 NE NW SE SW
County: Franklin
Lease Name: Seyler Well #: 4
Field Name: Leloup
Producing Formation: Squirrel
Elevation: Ground: 968 Kelly Bushing: 0
Total Depth: 780 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: 0
feet depth to: 44 w/ 3 sx cmt.

Drilling Fluid Management Plan
(Data must be collected from the Reserve Pit)
Chloride content: 1500 ppm Fluid volume: 80 bbls
Dewatering method used: Evaporated
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 | |
|--|--|
| <input type="checkbox"/> Letter of Confidentiality Received | Date: _____ |
| <input type="checkbox"/> Confidential Release Date: _____ | |
| <input checked="" type="checkbox"/> Wireline Log Received | |
| <input type="checkbox"/> Geologist Report Received | |
| <input type="checkbox"/> UIC Distribution | |
| ALT <input type="checkbox"/> I <input checked="" type="checkbox"/> II <input type="checkbox"/> III | Approved by: <u>Deanna Gerrard</u> Date: <u>01/18/2012</u> |



1071684

Operator Name: BG-5, Inc. Lease Name: Seyler Well #: 4
 Sec. 1 Twp. 16 S. R. 20 East West County: Franklin

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 complete copy of all Electric Wire-line Logs surveyed. Attach final geological well site report.

| | |
|--|---|
| Drill Stem Tests Taken <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>(Attach Additional Sheets)</i> Samples Sent to Geological Survey <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Cores Taken <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Electric Log Run <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Electric Log Submitted Electronically <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <i>(If no, Submit Copy)</i> List All E. Logs Run: GammaRay/Neutron/CCL | <input type="checkbox"/> Log Formation (Top), Depth and Datum <input type="checkbox"/> Sample Name Top Datum GammaRay |
|--|---|

| CASING RECORD <input checked="" 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 |
| Surface | 9 | 7 | 10 | 44 | Portland | 3 | 50/50 POZ |
| Completion | 5.6250 | 2.8750 | 8 | 754 | Portland | 125 | 50/50 POZ |
| | | | | | | | |

| 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 |
|----------------|---|---|-------|
| 3 | 681.0-696.0 | 2" DML RTG | 15 |
| | | | |
| | | | |
| | | | |

| | |
|---|---|
| TUBING RECORD: Size: _____ Set At: _____ Packer At: _____ | Liner Run: <input type="checkbox"/> Yes <input type="checkbox"/> No |
|---|---|

| | |
|---|---|
| Date of First, Resumed Production, SWD or ENHR. _____ | 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 Bbbs. _____ Gas Mcf _____ Water Bbbs. _____ 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) (Submit ACO-4)</i> <input type="checkbox"/> Other (Specify) _____ | PRODUCTION INTERVAL: _____ _____ |
|---|--|--|

Franklin County, KS
Well: Seyler # 4
Lease Owner: BG-5

Town Oilfield Service, Inc.
(913) 837-8400

Commenced Spudding:
11/15/2011

WELL LOG

| Thickness of Strata | Formation | Total Depth |
|---------------------|-------------|-------------|
| 0-31 | Soil-Clay | 31 |
| 12 | Shale | 43 |
| 4 | Lime | 47 |
| 5 | Shale | 52 |
| 15 | Lime | 67 |
| 6 | Shale | 73 |
| 9 | Lime | 84 |
| 7 | Shale | 91 |
| 17 | Lime | 108 |
| 42 | Shale | 150 |
| 30 | Lime | 180 |
| 64 | Shale | 244 |
| 23 | Lime | 267 |
| 15 | Shale | 282 |
| 6 | Lime | 288 |
| 26 | Shale | 314 |
| 8 | Lime | 322 |
| 11 | Shale | 333 |
| 2 | Lime | 335 |
| 13 | Shale | 348 |
| 12 | Lime | 360 |
| 2 | Shale | 362 |
| 8 | Lime | 370 |
| 7 | Shale | 377 |
| 25 | Lime | 402 |
| 3 | Shale | 405 |
| 11 | Lime | 416 |
| 12 | Shale | 428 |
| 12 | Sandy Shale | 448 |
| 135 | Shale | 575 |
| 2 | Sand | 592 |
| 15 | Shale | 595 |
| 3 | Lime | 616 |
| 21 | Shale | 619 |
| 3 | Lime | 637 |
| 18 | Shale | 639 |
| 2 | Lime | 654 |
| 15 | Shale | 658 |
| 4 | Lime | 679 |
| 21 | Shale | 688 |

