



KANSAS CORPORATION COMMISSION 1072030
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 SIOW
 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 #: _____
11/22/2011 11/25/2011 1/12/2012
Spud Date or Date Reached TD Completion Date or
Recompletion Date Recompletion Date

API No. 15 - 15-059-25795-00-00
Spot Description: _____
NE NE NW SW Sec. 1 Twp. 16 S. R. 20 East West
2484 Feet from North / South Line of Section
4184 Feet from East / West Line of Section
Footages Calculated from Nearest Outside Section Corner:
 NE NW SE SW
County: Franklin
Lease Name: Ferguson Well #: 9
Field Name: Leloup
Producing Formation: Bartlesville
Elevation: Ground: 990 Kelly Bushing: 0
Total Depth: 798 Plug Back Total Depth: _____
Amount of Surface Pipe Set and Cemented at: 0 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: 42 w/ 8 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

Letter of Confidentiality Received
Date: _____
 Confidential Release Date: _____
 Wireline Log Received
 Geologist Report Received
 UIC Distribution
ALT I II III Approved by: Deanna Garbow Date: 01/25/2012



1072030

Operator Name: BG-5, Inc. Lease Name: Ferguson Well #: 9
 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 <i>(Attach Additional Sheets)</i>	<input type="checkbox"/> Yes <input checked="" 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 checked="" type="checkbox"/> No	Name	Top Datum
Cores Taken	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	GammaRay	
Electric Log Run	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
Electric Log Submitted Electronically <i>(If no, Submit Copy)</i>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
List All E. Logs Run:			
GammaRay/Neutron/CCL			

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	42	Portland	8	50/50 POZ
Completion	5.6250	2.8750	8	782	Portland	120	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 <i>(Amount and Kind of Material Used)</i>	Depth
3	705.0-722.0	2" DML RTG	17

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 <i>(Explain)</i> _____	
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-1B.)</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> <input type="checkbox"/> Other <i>(Specify)</i> _____	PRODUCTION INTERVAL: _____ _____
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Franklin County, KS
Well: Ferguson # 9
Lease Owner: BG-5

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

Commenced Spudding:
11/22/2011

WELL LOG

Thickness of Strata	Formation	Total Depth
0-37	Soil/Clay	37
25	Shale	62
6	Lime	68
4	Shale	72
15	Lime	87
7	Shale	94
10	Lime	104
8	Shale	112
17	Lime	129
42	Shale	171
27	Lime	198
70	Shale	268
27	Lime	295
9	Shale	304
5	Lime	309
45	Shale	354
3	Lime	357
11	Shale	368
4	Lime	372
2	Shale	374
8	Lime	382
3	Shale	385
13	Lime	398
8	Shale	406
30	Lime	436
4	Shale	440
11	Lime	451
119	Shale	570
2	Lime	572
23	Shale	595
9	Lime	604
4	Shale	608
7	Lime	615
18	Shale	633
11	Lime	644
8	Shale	652
13	Lime	665
3	Shale	668
12	Lime	680
2	Shale	682



CONSOLIDATED
Oil Well Services, LLC

PO Box 884, Chanute, KS 66720
620-431-9210 or 800-467-8676

TICKET NUMBER 33123
LOCATION Ottawa KS
FOREMAN Fred Maden

FIELD TICKET & TREATMENT REPORT
CEMENT

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
11/25/11	1504 1604	Ferguson # 9	SW 1	16	20	FR
CUSTOMER B.G. 5 Inc			TRUCK #	DRIVER	TRUCK #	DRIVER
MAILING ADDRESS 3939 Ellis Rd			506	FREMAD	Safety	WY
CITY Rantool			STATE KS	ZIP CODE 66079	369	510 495 AKAMAD AM
			495	HARDEC	HAB	
			495	CASKEN	CK	

JOB TYPE Long string HOLE SIZE 6 3/4 HOLE DEPTH 798 CASING SIZE & WEIGHT 9 1/2
 CASING DEPTH 782 DRILL PIPE _____ TUBING _____ OTHER _____
 SLURRY WEIGHT _____ SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT in CASING 9 1/2" Plug
 DISPLACEMENT 12.4 BBL DISPLACEMENT PSI _____ MIX PSI _____ RATE 4BPM

REMARKS: Establish pump rate. Mix Pump 100# Premium Gel Flush
Mix Pump 120 sks 50/50 Por Mix Cement 270 Gal 1/2"
Phena Seal/sk. Flush pump & lines clean. Displace 4 1/2" Plug
to casing TD w/ 12.4 BBL Fresh Water. Pressure to 700# PSI
Release pressure to Set Head Valve. Check plug depth w/
wireline. Shut in casing.

TAS Drilling

Fred Maden

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401	1	PUMP CHARGE	495	975.00
5406	15	MILEAGE	495	60.00
5402	782	Casing footage		NK
5407	Minimum	Ten Miles	510	330.00
55020	2 1/2 hrs	40 BBL Vac Truck	369	225.00
1124	120 sks	50/50 Por		1254.00
111B3	302*	Premium Gel		60.40
1107A	60*	Phena Seal		73.30
4404	1	4 1/2 Rubber Plug		45.00
			7.8%	SALES TAX
				ESTIMATED
				TOTAL

246150
SCANNED

AUTHORIZATION [Signature] TITLE _____ DATE _____
 TOTAL 3134.34

I acknowledge that the payment terms, unless specifically amended in writing on the front of the form or in the customer's account records, at our office, and conditions of service on the back of this form are in effect for services identified on this fo