



KANSAS CORPORATION COMMISSION 1072025
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 #: _____

<u>12/1/2011</u>	<u>12/7/2011</u>	<u>1/12/2012</u>
Spud Date or Recompletion Date	Date Reached TD	Completion Date or Recompletion Date

API No. 15 - 15-059-25807-00-00

Spot Description: _____
NE NW NW SW Sec. 1 Twp. 16 S. R. 20 East West
2475 Feet from North / South Line of Section
4863 Feet from East / West Line of Section

Footages Calculated from Nearest Outside Section Corner:

- NE NW SE SW

County: Franklin
Lease Name: Ferguson Well #: 7
Field Name: Leloup

Producing Formation: Bartlesville
Elevation: Ground: 981 Kelly Bushing: 0
Total Depth: 798 Plug Back Total Depth: _____
Amount of Surface Pipe Set and Cemented at: 45 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: 45 w/ 11 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 Cantor Date: 01/25/2012



1072025

Operator Name: BG-5, Inc. Lease Name: Ferguson Well #: 7
 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 (Attach Additional Sheets)	<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
Cores Taken	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	GammaRay	Datum
Electric Log Run	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
Electric Log Submitted Electronically (If no, Submit Copy)	<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	45	Portland	11	50/50 POZ
Completion	5.6250	2.8750	8	756	Portland	130	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	711.0-720.0	2" DML RTG	9

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 Bbbls.	Gas Mcf	Water Bbbls.	Gas-Oil Ratio	Gravity

DISPOSITION OF GAS: <input type="checkbox"/> Vented <input type="checkbox"/> Sold <input type="checkbox"/> Used on Lease (If vented, Submit ACO-18.)	METHOD OF COMPLETION: <input type="checkbox"/> Open Hole <input type="checkbox"/> Perf. <input type="checkbox"/> Dually Comp. <input type="checkbox"/> Commingled (Submit ACO-5) (Submit ACO-4) <input type="checkbox"/> Other (Specify) _____	PRODUCTION INTERVAL: _____ _____
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Franklin County, KS
Well: Ferguson # 7
Lease Owner: BG-5

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

Commenced Spudding:
12/1/2011

WELL LOG

Thickness of Strata	Formation	Total Depth
45	Soil/Clay	45
19	Shale	64
6	Lime	70
2	Shale	72
17	Lime	89
6	Shale	95
12	Lime	107
7	Shale	114
18	Lime	132
31	Shale	163
2	Lime	165
11	Shale	176
27	Lime	203
7	Shale	210
2	Lime	212
57	Shale	269
24	Lime	293
13	Shale	306
6	Lime	312
25	Shale	337
23	Lime	360
15	Lime	375
9	Shale	384
2	Lime	386
2	Shale	388
8	Lime	396
2	Shale	398
3	Lime	401
10	Shale	411
1	Lime	412
3	Shale	415
18	Lime	433
4	Shale	437
4	Lime	441
2	Shale	443
5	Lime	448
132	Shale	580
16	Lime	596
5	Shale	601
16	Lime	617



CONSOLIDATED
Oil Well Services, LLC

TICKET NUMBER 33167

LOCATION Ottawa KS

FOREMAN Fred Maden

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

FIELD TICKET & TREATMENT REPORT
CEMENT

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
12/7/4	1564	Ferguson #7	SW 1	16	20	FR
CUSTOMER <u>BGS Inc.</u>			TRUCK #	DRIVER	TRUCK #	DRIVER
MAILING ADDRESS <u>3939 Ellis Rd</u>			506	FREMAN	Safety Way	
			495	HARBEL	NAIB	
			370	GARMOD	GM	
			503	HEIDET	RYACIN RD RC	
CITY	STATE	ZIP CODE				
Rantoul	KS	66079				
JOB TYPE <u>Logging</u>	HOLE SIZE <u>6 7/8</u>	HOLE DEPTH <u>780</u>	CASING SIZE & WEIGHT <u>4 1/2</u>			
CASING DEPTH <u>500</u>	DRILL PIPE <u>7 5/8</u>	TUBING _____	OTHER _____			
SLURRY WEIGHT <u>750</u>	SLURRY VOL _____	WATER gal/sk _____	CEMENT LEFT in CASING <u>4 1/2" Plug</u>			
DISPLACEMENT <u>12</u>	DISPLACEMENT PSI _____	MIX PSI _____	RATE <u>5BPM</u>			

REMARKS: Establish pump rate. Mix + Pump 100# Premium Gel Flush,
Mix + Pump 7 BBL Tell tale disp. Mix + Pump 130 SKS
50/50 Por Mix Cement 2% Gel 1 1/2" Plug Seal/sk. Flush pump +
lines clean. Displace 4 1/2" Rubber Plug to casing TO of 12 BALS
Fresh water. Pressure to 800²⁰ PSI. Release pressure to
Set float valve. Shut in casing.

TOS Drilling (Chad)

Fred Maden

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401	1	PUMP CHARGE	495	1030 ⁰⁰
5406	15	MILEAGE	496	600 ⁰⁰
5402	759	Casing footage		N/A
5407	Minimum	Ten Miles	503	360 ⁰⁰
55020	3 hrs	80 BBL Vac Truck	370	270 ⁰⁰
1124	130 SKS	50/50 Por Mix Cement		1423 ⁰⁰
1115B	319#	Premium Gel		66 ⁹⁹
1107A	65#	Plug Seal		83 ⁰⁰
4404	1	4 1/2" Rubber Plug		45 ⁰⁰
			7.8%	

SCANNED

Rsvn 9737

AUTHORIZATION Jim Patton TITLE _____ DATE _____
SALES TAX ESTIMATED TOTAL 3455⁶⁵

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 for