



KANSAS CORPORATION COMMISSION 1072028
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	11/29/2011	1/12/2012
Spud Date or Recompletion Date	Date Reached TD	Completion Date or Recompletion Date

API No. 15 - 15-059-25808-00-00
Spot Description: _____
NW NE NW SW Sec. 1 Twp. 16 S. R. 20 East West
2475 Feet from North / South Line of Section
4514 Feet from East / West Line of Section
Footages Calculated from Nearest Outside Section Corner:
 NE NW SE SW
County: Franklin
Lease Name: Ferguson Well #: 8
Field Name: Leloup
Producing Formation: Bartlesville
Elevation: Ground: 984 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/ 6 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 Corcoran Date: 01/25/2012



1072028

Operator Name: BG-5, Inc. Lease Name: Ferguson Well #: 8
 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
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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	6	50/50 POZ
Completion	5.6250	2.8750	8	751	Portland	129	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	712.0-720.0	2" DML RTG	8

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
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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: _____ _____
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Franklin County, KS
Well: Ferguson # 8
Lease Owner: BG-5

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

Commenced Spudding:
11/22/2011

WELL LOG

Thickness of Strata	Formation	Total Depth
45	Soil/Clay	45
24	Shale	69
14	Lime	93
6	Shale	99
13	Lime	112
6	Shale	118
16	Lime	134
49	Shale	183
25	Lime	208
68	Shale	275
22	Lime	297
15	Shale	312
7	Lime	319
27	Shale	346
6	Lime	352
11	Shale	363
2	Lime	365
16	Shale	381
5	Lime	386
3	Shale	389
3	Lime	392
3	Shale	395
6	Lime	401
11	Shale	412
21	Lime	433
5	Shale	438
2	Lime	440
3	Shale	443
6	Lime	449
149	Shale	580
15	Lime	595
6	Shale	601
7	Lime	608
10	Shale	618
11	Lime	629
9	Shale	637
5	Lime	642
8	Shale	650
6	Lime	656
15	Shale	671



CONSOLIDATED
Oil Well Services, LLC

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

TICKET NUMBER 33129

LOCATION Ottawa KS

FOREMAN Fred Maden

FIELD TICKET & TREATMENT REPORT
CEMENT

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
11/29/11	1564 1684	Ferguson # 8	NW 1	16	20	FR
CUSTOMER			TRUCK#	DRIVER	TRUCK#	DRIVER
B G-S Inc.			506	FRE MAD	Safety	Wdy
MAILING ADDRESS			495	HAR BEC	MAD	J
3939 Ellis Rd			370	GAR MOO	GM	
CITY	STATE	ZIP CODE	548	KEICAR	KC	
Rantoul	KS	66079				

JOB TYPE longstring HOLE SIZE 6 3/4 HOLE DEPTH 798' CASING SIZE & WEIGHT 4 1/2"
 CASING DEPTH 751' DRILL PIPE _____ TUBING _____ OTHER _____
 SLURRY WEIGHT _____ SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT in CASING 4 1/2" Plug
 DISPLACEMENT 11.9 BBL DISPLACEMENT PSI _____ MIX PSI _____ RATE 5 BPM

REMARKS: Establish pump rate. Mix+ Pump 100# Premium Gel Flush
Mix+ Pump 7 BBLs Tektal dye. Mix+ Pump 129 sks
50/50 Por Mix Cement 270 Gal 4 1/2" Pheno Seal/sk Flush pump +
lines clean. Displace 4 1/2" Rubber Plug to casing TD w/ BBLs
fresh water. Pressure to 250# PSI. Release pressure to set float
value. Check Plug depth w/ wireline. Shut in casing.

TOS Drilling

Fred Maden

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401	1	PUMP CHARGE	495	925 ⁰⁰
5406	15 mi	MILEAGE		60 ⁰⁰
5402	751'	Casing footage		N/C
5407	Minimum	Ton Miles		380 ⁰⁰
5502C	1 1/2 hrs	80 BBL Vac Truck		120 ⁰⁰
1124	129 sks	50/50 Por Mix Cement		1348 ⁰⁰
1118B	317#	Premium Gel		1024 ⁰⁰
1107A	65#	Pheno Seal		78 ⁰⁰
4404	1	4 1/2" Rubber Plug		45 ⁰⁰
			7.5%	SALES TAX
				ESTIMATED TOTAL
				119 ⁰⁰
				3155 ⁵⁵

246157
SCANNED

AUTHORIZATION [Signature] TITLE _____ DATE _____

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 form.