



KANSAS CORPORATION COMMISSION 1081461
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: Jimmie Patton
Phone: (785) 869-3860
CONTRACTOR: License # 6142
Name: Town Oil Company 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>09/13/2011</u>	<u>09/15/2011</u>	<u>09/15/2011</u>
Spud Date or Recompletion Date	Date Reached TD	Completion Date or Recompletion Date

API No. 15 - 15-059-25692-00-00

Spot Description:
SW NE SE NE Sec. 13 Twp. 18 S. R. 20 East West
1680 Feet from North / South Line of Section
445 Feet from East / West Line of Section

Footages Calculated from Nearest Outside Section Corner:
 NE NW SE SW

County: Franklin
Lease Name: Trent Burkdoll Well #: T65
Field Name: Paola-Rantoul
Producing Formation: Squirrel
Elevation: Ground: 1054 Kelly Bushing: 0
Total Depth: 782 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: 20 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 Carrico</u> Date: <u>05/21/2012</u>



1081461

Operator Name: BG-5, Inc. Lease Name: Trent Burkdoll Well #: T65
 Sec. 13 Twp. 18 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	20	Portland	3	50/50 POZ
Completion	5.6250	2.8750	8	775	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

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 Bbls.	Gas Mcf	Water Bbls. 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)</i> <input type="checkbox"/> Other (Specify) _____	PRODUCTION INTERVAL: _____ _____
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CONSOLIDATED
Oil Well Services, LLC

TICKET NUMBER 32862
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
9/15/11	1564	T. Burkdale # T-65	NE 13	18	20	FR
CUSTOMER		BG-S Inc.				
MAILING ADDRESS		3939 Ellis Rd				
CITY		STATE	ZIP CODE			
Randall		KS	66079			
		TRUCK #	DRIVER	TRUCK #	DRIVER	
		506	FREMAD	Safety	Mxj	
		364	KENHAM	KH	J	
		503	DERMAS	DM		

JOB TYPE Long string HOLE SIZE 6 3/4 HOLE DEPTH 782' CASING SIZE & WEIGHT 4 1/2"
CASING DEPTH 775' DRILL PIPE _____ TUBING _____ OTHER _____
SLURRY WEIGHT _____ SLURRY VOL _____ WATER gal/ok _____ CEMENT LEFT IN CASING 4" Plug
DISPLACEMENT 12.3 BBL DISPLACEMENT PSI _____ MIX PSI _____ RATE 4BPM

REMARKS: Establish pump rate. Mix + Pump 100# Premium Gel Flush.
Mix + Pump 8 BBLs Tell tale dye. Mix + Pump 120 SKS
50/50 Por Mix Cement 2 1/2 Gal 1/2" Pheno Seal/sk. Flush pump lines
clean. Displace 4" Rubber plug to casing TO w/ 12.4 BBL fresh
water. Pressure to 600# PSI. Release pressure to set float
valve. Check plug depth w/ wireline.

Rig Supplied H2O
Thorn Oil Co. Fred Maden

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5701	1	PUMP CHARGE	368	975 ⁰⁰
5706	15 mi	MILEAGE	368	60 ⁰⁰
5402	775	Casing footage		NK
5407	Minimum	Ton Miles	503	330 ⁰⁰
1124	120 SKS	50/50 Por Mix Cement		1254 ⁰⁰
118B	302#	Premium Gel		60 ⁴⁰
1107A	60#	Pheno Seal		73 ²⁰
4404	1	4 1/2" Rubber Plug		412 ⁰⁰
			7.870	SALES TAX
				ESTIMATED
				TOTAL
				11157
				2906 ¹¹

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.

Short Cuts

TANK CAPACITY

BBLs. (42 gal.) equals $D^2 \times 14 \times h$

D equals diameter in feet.

h equals height in feet.

BARRELS PER DAY

Multiply gals. per minute x 34.2

HP equals BPH x PSI x .0004

BPH – barrels per hour

PSI – pounds square inch

TO FIGURE PUMP DRIVES

* D – Diameter of Pump Sheave

* d – Diameter of Engine Sheave

SPM – Strokes per Minute

RPM – Engine Speed

R – Gear Box Ratio

* C – Shaft Center Distance

D – $RPM \times d$ over $SPM \times R$

d – $SPM \times R \times D$ over RPM

SPM – $RPM \times D$ over $R \times D$

R – $RPM \times d$ over $SPM \times D$

BELT LENGTH – $2C + 1.57(D + d) + \frac{(D - d)^2}{4C}$

*Need these to figure belt length

TO FIGURE AMPS: $\frac{WATTS}{VOLTS} = AMPS$

746 WATTS equal 1 HP

Log Book

Well No. T-65

Farm Trent Burkdoll

Ks

(State)

Franklin

(County)

13

(Section)

18

(Township)

20E

(Range)

For B-G-5
(Well Owner)

TOWN OIL CO.

Route 4

Paola, Kansas 66071

913-294-2125

Thickness of Strata	Formation	Total Depth	Remarks
7	soil & clay	7	
6	Lime	13	
5	Shale	18	
12	Lime	30	
6	Shale	36	
20	Lime	56	
38	sandy shale	94	w- lime streaks
31	Lime	125	
76	Shale	201	
21	Lime	222	
20	Shale	242	
9	Lime	251	
36	Shale	287	w lime streaks
14	Lime	301	Drum
10	slate & shale	311	
30	Lime	341	winterset
7	shale & slate	348	
21	Lime	369	Bethany Falls
5	shale & slate	374	
4	Lime	378	K.C.
2	shale & slate	380	
6	Lime	386	Henthig
23	slate & shale	409	
8	sand	417	gray, no show, broken
13	Shale	430	
9	sand	439	green no show Solid

439

Thickness of Strata	Formation	Total Depth	Remarks
64	Sandy shale	503	grey
8	SAND	511	no show, green
23	sandy shale	534	green
15	shale & shells	549	
13	Lime	562	
20	sandy shale	582	
16	SAND	598	green no show
13	Sandy shale	611	grey
7	Lime	618	
13	Shale	631	
2	Lime	633	Brown - Hard
18	shale	651	w-lime streaks
12	Lime shells	663	
6	Lime	669	
9	Shale w lime	678	
Pert 13	SAND	691	good odor & Bleed, Broken
43	sandy shale	734	grey
4	SAND	738	Broken slight odor & show
8	sandy shale	746	grey no show
Pert 8	SAND	754	solid excellent Bleed & odor-
1	sandy shale	755	
1	SAND	756	Slight bleed
26	SANDY shale	782	T.O