



KANSAS CORPORATION COMMISSION 1081458
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 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>9/2/2011</u>	<u>9/8/2011</u>	<u>9/8/2011</u>
Spud Date or Recompletion Date	Date Reached TD	Completion Date or Recompletion Date

API No. 15 - 15-059-25695-00-00

Spot Description:
SE SE NW NE Sec. 13 Twp. 18 S. R. 20 East West
1005 Feet from North / South Line of Section
1465 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 #: T103
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/ 4 sx cml.

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 Carrico Date: 05/21/2012



1081458

Operator Name: BG-5, Inc. Lease Name: Trent Burkdoll Well #: T103
 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
--	---

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	4	50/50 POZ
Completion	5.6250	2.8750	8	766	Portland	95	50/50 POZ

ADDITIONAL CEMENTING / SQUEEZE RECORD				
Purpose:	Depth Top Bottom	Type of Cement	# Sacks Used	Type and Percent Additives
<input type="checkbox"/> Perforate <input type="checkbox"/> Protect Casing <input type="checkbox"/> Plug Back TD <input type="checkbox"/> 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

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) (Submit ACO-4)</i> <input type="checkbox"/> Other (Specify) _____	PRODUCTION INTERVAL: _____ _____
---	--	--



CONSOLIDATED
Oil Well Services, LLC

TICKET NUMBER 32845
LOCATION Ottawa KS
FOREMAN Fred Mader

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
9/8/11	1564	Trent (Burkdoll) #103	NE 13	18	20	FR
CUSTOMER			TRUCK #			
B. G. S Inc.			DRIVER			
MAILING ADDRESS			TRUCK #			
3739 Ellis Rd			DRIVER			
CITY			TRUCK #			
Rantaul			DRIVER			
STATE			TRUCK #			
KS			DRIVER			
ZIP CODE			TRUCK #			
66079			DRIVER			

JOB TYPE Long HOLE SIZE 6 7/8 HOLE DEPTH 782 CASING SIZE & WEIGHT 4 1/2
 CASING DEPTH 566' DRILL PIPE _____ TUBING _____ OTHER _____
 SLURRY WEIGHT _____ SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT IN CASING 4 1/2" Plug
 DISPLACEMENT 12.16 DISPLACEMENT PSI _____ MIX PSI _____ RATE 4.13 PM

REMARKS: Establish pump rate. Mix Pump 100# Premium Gel Flush.
Mix Pump 8 BBL Treatate dye. Mix Pump 95 sls 50/50
per Mix Cement 27. Gal 1/2" Pheno Seal/sk. Flush pump & lines
clean. Displace 4 1/2" Rubber plug to casing TD w/ 12.16 BBL Fresh
water. Pressure to 700# PSI. Release pressure to set float
valve. Shut in casing.

Town Oil Co.
Rig Supplied Water Fred Mader

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401	1	PUMP CHARGE		975 ⁰⁰
5406	15 mi	MILEAGE		60 ⁰⁰
5402	766	Casing footage		N/C
5407	Minimum	Ten Miles		330 ⁰⁰
1124	95 sls	50/50 Per Mix Cement		992 ²⁵
1118B	260#	Premium Gel		52 ⁰⁰
1107A	48#	Pheno Seal		58 ⁵⁰
4404	1	4 1/2" Rubber plug		42 ⁰⁰
			7.8%	SALES TAX
				ESTIMATED
				TOTAL
				2599 ⁶⁵

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.

T-103

Thickness of Strata	Formation	Total Depth	Remarks
7	soil & clay	7	
2	lime	9	
3	shale	12	
11	lime	23	
8	shale	31	
22	lime	53	
18	shale	71	
4	lime	75	
13	shale	88	
30	lime	118	
78	shale	196	
22	lime	218	
21	shale	239	
21	sandy shale	260	gn. w/ lime streaks
5	red bedded shale	265	
15	shale	280	gn.
17	lime	297	Drum
10	shale	307	
26	lime	333	Winterset
8	shale & slate	341	
24	lime	365	Bethany Falls
4	shale & slate	369	
4	lime	373	K.C.
3	shale & slate	376	
4	lime	380	Heath
150	shale & slate	530	

530

T-103

Thickness of Strata	Formation	Total Depth	Remarks
5	Lime shells	535	Stopped at 540
5	shale	540	Pulled 7' out
14	Lime	554	
20	Shale	574	
11	sand	585	grey no show
13	sandy shale	658	
2	coal	660	
5	shale	665	
10	lime	675	
10	shale	685	
3	lime	688	Brn
12	shale	640	
3	lime	643	
11	sandy shale	654	
8	sandy lime	662	Brown no show
7	sandy shale	669	w/ lime strata
3	sand	672	broken good odor & bleed
6	sand	678	solid good color & bleed
2	sand	680	broken good bleed
8	sandy shale	688	slight bleed
41	sandy shale	729	grey no color or bleed
4	sand	733	broken slight show & bleed
7	sandy shale	740	
2	sand	742	broken good bleed & odor
3	sand	745	solid good bleed & odor
37	sandy shale	782	T.D.