



KANSAS CORPORATION COMMISSION 1096069  
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 # 33738  
Name: Burris, J. R.  
Address 1: 1902 HIGHWAY 54  
Address 2: BOX 345  
City: IOLA State: KS Zip: 66749 +  
Contact Person: J R Burris  
Phone: ( 620 ) 365-3181  
CONTRACTOR: License # 33738  
Name: Burris, J. R.  
Wellsite Geologist: None  
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 #: \_\_\_\_\_  
05/07/2012    05/08/2012    09/17/2012  
Spud Date or    Date Reached TD    Completion Date or  
Recompletion Date       Recompletion Date

API No. 15 - 15-001-30372-00-00

Spot Description: \_\_\_\_\_  
SE SW SW SW Sec. 1 Twp. 24 S. R. 18  East  West  
170 Feet from  North /  South Line of Section  
4700 Feet from  East /  West Line of Section

Footages Calculated from Nearest Outside Section Corner:

- NE     NW     SE     SW

County: Allen  
Lease Name: ALAN KETTLE Well #: 2A  
Field Name: \_\_\_\_\_

Producing Formation: Tucker  
Elevation: Ground: 969 Kelly Bushing: 3  
Total Depth: 950 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: \_\_\_\_\_ w/ \_\_\_\_\_ sx cmt.

**Drilling Fluid Management Plan**

(Data must be collected from the Reserve Pit)

Chloride content: 0 ppm Fluid volume: 0 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 Garriso Date: 10/11/2012



1096069

Operator Name: Burriss, J. R. Lease Name: ALAN KETTLE Well #: 2A  
 Sec. 1 Twp. 24 S. R. 18  East  West County: Allen

**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 type="checkbox"/> Yes <input checked="" type="checkbox"/> No Electric Log Submitted Electronically <input type="checkbox"/> Yes <input type="checkbox"/> No <i>(If no, Submit Copy)</i>  List All E. Logs Run:	<input type="checkbox"/> Log Formation (Top), Depth and Datum <input type="checkbox"/> Sample  <table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:60%;">Name</td> <td style="width:20%;">Top</td> <td style="width:20%;">Datum</td> </tr> <tr> <td>Tucker</td> <td>940</td> <td>950</td> </tr> </table>	Name	Top	Datum	Tucker	940	950
Name	Top	Datum					
Tucker	940	950					

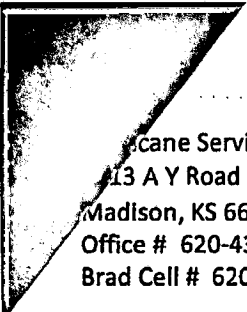
CASING RECORD <input type="checkbox"/> New <input checked="" type="checkbox"/> Used							
Report all strings set-conductor, surface, intermediate, production, etc.							
Purpose of String	Size Hole Drilled	Size Casing Set (In O.D.)	Weight Lbs. / Ft.	Setting Depth	Type of Cement	# Sacks Used	Type and Percent Additives
Surface	12	8.625	28	20	Portland	6	Portland
Production	6.75	4.5	10	940	Portland	139	Portland

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. <u>10/1/2012</u>		Producing Method: <input type="checkbox"/> Flowing <input checked="" type="checkbox"/> Pumping <input type="checkbox"/> Gas Lift <input type="checkbox"/> Other <i>(Explain)</i> _____	
Estimated Production Per 24 Hours	Oil Bbbs. <u>1</u>	Gas Mcf <u>0</u>	Water Bbbs. <u>2</u>
Gas-Oil Ratio <u>0</u>		Gravity <u>22</u>	

DISPOSITION OF GAS: <input checked="" type="checkbox"/> Vented <input type="checkbox"/> Sold <input type="checkbox"/> Used on Lease <i>(If vented, Submit ACO-18.)</i>	METHOD OF COMPLETION: <input checked="" 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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Cane Services, Inc.  
 13 A Y Road  
 Madison, KS 66860  
 Office # 620-437-2661  
 Brad Cell # 620-437-6765

Ticket Number 100086  
 Location Madison  
 Foreman Brad Butler

**Cement Service ticket**

Date	Customer #	Well Name & Number	Sec./Township/Range	County
5-11-12		Kettle # 2-A		Allen
Customer		Mailing Address	City	State Zip
T B & G LLC				

Job Type: <u>LongStems</u>	Truck #	Driver
Hole Size: <u>6 3/4"</u>	<u>201</u>	<u>Kelly</u>
Casing Size: <u>4 1/2" x 940'</u>	<u>203</u>	<u>Cody</u>
Hole Depth: <u>950'</u>	<u>106</u>	<u>Roger</u>
Casing Weight: <u>10.5 lb</u>		
Displacement: <u>14 1/2 Bbls</u>		
Displacement PSI: <u>450</u>		
Bridge Plug:		
Tubing:		
Cement Left in Casing: <u>20</u>		
Packer:		
PBTD:		

Quantity Or Units	Description of Services or Product	Pump charge	
<u>0</u>	Mileage <u>Trk. on location</u>	\$3.25/Mile	<u>MC</u>
<u>139</u> SACKS	<u>60/40 Pro mix cement</u>	<u>10.90</u>	<u>1515.10</u>
<u>239</u> lbs	<u>Gel 2%</u>	<u>.30</u>	<u>71.70</u>
<u>34</u> lbs	<u>Floccle 1/4" P/SK</u>	<u>1.85</u>	<u>62.90</u>
<u>250</u> lbs	<u>Gel &gt; Flush Ahead</u>	<u>.30</u>	<u>75.00</u>
<u>4</u> Hrs	<u>water Truck</u>	<u>84.00</u>	<u>336.00</u>
<u>1</u>	<u>Rental on swivel (wash head)</u>	<u>75.00</u>	<u>75.00</u>
<u>6.23</u> Tons	<u>Bulk Truck</u>	<u>\$1.15/Mile</u>	<u>322.40</u>
	Plugs		
		Subtotal	<u>3248.10</u>
		Sales Tax	<u>125.90</u>
		Estimated Total	<u>3374.00</u>

Remarks: Rig up to 4 1/2" casing, washed casing down to 940' (4 Joints), circulate hole clean.  
Pumped 10 Bbl. Gel Flush, circulated Gel around with water out of PT. Pumped 6 Bbl. Dry water Ahead  
Mixed 139 sacks 60/40 Pro mix cement w/ 2% Gel & 1/4" P/SK of Floccle. Displaced cement w/ 14 1/2 Bbls water.  
Final Pumping @ 450 PSI - check casing weight 20 lbs  
Good cement returns with 7 Bbl. Slurry

Job complete - Tear down  
"Thank you"

witnessed by Mark Bemis  
 Customer Signature