



KANSAS CORPORATION COMMISSION 1095335
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: Richard Burris
Phone: (620) 365-3181
CONTRACTOR: License # 33738
Name: Burris, J. R.
Wellsite Geologist: Richard Burris
Purchaser:

API No. 15 - 15-001-30391-00-00
Spot Description: _____
NE SW SW SW Sec. 1 Twp. 24 S. R. 18 East West
500 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 #: 2B
Field Name: _____
Producing Formation: Tucker

- 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.): _____

Elevation: Ground: 972 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.

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 #: _____
5/8/2012 5/9/2012 9/17/2012
Spud Date or Date Reached TD Completion Date or Recompletion Date

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: NAOMI JAMES Date: 10/09/2012



1095335

Operator Name: Burris, J. R. Lease Name: Alan Kettle Well #: 2B
 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 checked="" 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	934	Portland	58	Portland

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 <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> <i>(Submit ACO-4)</i> <input type="checkbox"/> Other (Specify) _____	PRODUCTION INTERVAL: _____
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Services, Inc.
 Road
 Jison, KS 66860
 Office # 620-437-2661
 Brad Cell # 620-437-6765

Ticket Number 100089
 Location Madison
 Foreman Brad Butler

Cement Service ticket

Date	Customer #	Well Name & Number	Sec./Township/Range	County
5-14-12		Alko Kettle #2-B		Allen
Customer	Mailing Address	City	State	Zip
TB*G, LLC	308 Fairway Ave	Iola	Ks.	66749

Job Type:	Truck #	Driver
LongString	201	Kelby
Hole Size: 6 3/4"	203	Cody
Casing Size: 4 1/2" x 933"	105	Justin
Displacement: 14 1/2 Bbls		Jeny
Hole Depth:		
Casing Weight: 10.5		
Displacement PSI: 450		
Bridge Plug:		
Tubing:		
Cement Left in Casing: 20"		
Packer:		
PBTD:		

Quantity Or Units	Description of Services or Product	Pump charge	
0	Mileage Trk. to Location	\$3.25/Mile	790.00 N/C
143 SACKS	60/40 Pozmix cement	10.90	1558.70
245 lbs	Gel 22	.30	73.50
34 lbs	Flocate	1.85	62.90
250 lbs	Gel > Flush Ahead	.30	75.00
3 1/2 Hrs	Water Truck	84.00	294.00
	Rental on steel (washline)		75.00
6.4 Tons	Bulk Truck	\$1.15/Mile	331.20
	Plugs		
	Subtotal		3260.30
	Sales Tax		129.21
	Estimated Total		3389.51

Remarks: Rig up to 4 1/2" casing - washed casing down to 933" (6 Joints), circulate hole clean, Pumped 10 Bbls Gel Flush, circulate Gel around to condition hole. Pumped 6 Bbls Dry water Ahead, Mixed 143 Sks 60/40 Pozmix cement with 22 Gel + Flocate. Displaced cement with 14 1/2 Bbls water. Final Pumping @ 450 PSI. Close casing w/ 300 PSI. Good cement returns w/ 7 Bbls slurry.

Job complete - Tracked

"Thank you"

Witnessed by Richard Burns
 Customer Signature