



KANSAS CORPORATION COMMISSION 1095393  
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 # 33711  
Name: B-C Steel, LLC  
Address 1: 209 N FRY ST  
Address 2: \_\_\_\_\_  
City: YATES CENTER State: KS Zip: 66783 + 1280  
Contact Person: Bert Carlson  
Phone: (620) 625-2999  
CONTRACTOR: License # 32701  
Name: C & G Drilling, Inc.  
Wellsite Geologist: Mark Brecheisen  
Purchaser: Coffeyville Resources

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>01/21/2012</u>	<u>01/25/2012</u>	<u>02/16/2012</u>
Spud Date or Recompletion Date	Date Reached TD	Completion Date or Recompletion Date

API No. 15 - 15-035-24463-00-00  
Spot Description: \_\_\_\_\_  
SE SE SW Sec. 20 Twp. 34 S. R. 7  East  West  
330 Feet from  North /  South Line of Section  
2970 Feet from  East /  West Line of Section

Footages Calculated from Nearest Outside Section Corner:

- NE     NW     SE     SW

County: Cowley  
Lease Name: Gammon Well #: 20-4

Field Name: \_\_\_\_\_  
Producing Formation: Altamont

Elevation: Ground: 1269 Kelly Bushing: 1273

Total Depth: 2609 Plug Back Total Depth: 2608

Amount of Surface Pipe Set and Cemented at: 300 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: 450 ppm Fluid volume: 300 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 Garrison Date: 10/22/2012



1095393

Operator Name: **B-C Steel, LLC**Lease Name: **Gammon**Well #: **20-4**Sec. **20** Twp. **34** S. R. **7**  East  WestCounty: **Cowley**

**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 (Attach Additional Sheets)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Log Formation (Top), Depth and Datum	<input type="checkbox"/> Sample
Samples Sent to Geological Survey	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Name	Top
Cores Taken	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Altamont	2536
Electric Log Run	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Datum
Electric Log Submitted Electronically (If no, Submit Copy)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		-1267
List All E. Logs Run:			
open hole			
cement bond			

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	12.25	8.625	36	300	pos mix	150	60/40
Long String	7.875	4.5	9.5	2607	thich set	110	kol-seal

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 (Amount and Kind of Material Used)	Depth
4	2549-2556	N2 Foam Frac	2549-2556

TUBING RECORD:	Size: 2.375	Set At: 2540	Packer At:	Liner Run: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Date of First, Resumed Production, SWD or ENHR. 04/15/2012	Producing Method: <input type="checkbox"/> Flowing <input checked="" type="checkbox"/> Pumping <input type="checkbox"/> Gas Lift <input type="checkbox"/> Other (Explain) _____			
Estimated Production Per 24 Hours	Oil Bbls. 15	Gas Mcf	Water Bbls. 15	Gas-Oil Ratio 41

DISPOSITION OF GAS: <input type="checkbox"/> Vented <input type="checkbox"/> Sold <input type="checkbox"/> Used on Lease (If vented, Submit ACO-18.)	METHOD OF COMPLETION: <input type="checkbox"/> Open Hole <input checked="" type="checkbox"/> Perf. <input type="checkbox"/> Dually Comp. <input type="checkbox"/> Commingled (Submit ACO-5) <input type="checkbox"/> Other (Specify) _____	PRODUCTION INTERVAL: _____ _____
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**CONSOLIDATED**  
Oil Well Services, LLC



**ENTERED**

TICKET NUMBER 33589

LOCATION Eueka

FOREMAN Rick Ledford

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

**FIELD TICKET & TREATMENT REPORT**

**CEMENT**

API# 15-035-24463

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
1/25/12	1152	Common Fossil 20-2 20-4	20	343	7E	Cowley
CUSTOMER			C&G Orig			
MAILING ADDRESS			TRUCK #	DRIVER	TRUCK #	DRIVER
B.C. Steel, LLC			445	Dave		
CITY			575	Calin		
STATE			637	Mecke		
ZIP CODE						
Yates Center						
KS						
66783						

JOB TYPE L/S 0 HOLE SIZE 7 7/8" HOLE DEPTH 2608' CASING SIZE & WEIGHT 4 1/2"  
 CASING DEPTH 2607' DRILL PIPE \_\_\_\_\_ TUBING \_\_\_\_\_ OTHER \_\_\_\_\_  
 SLURRY WEIGHT 13.6" SLURRY VOL 36 Bbl WATER gal/sk 9.0 CEMENT LEFT in CASING 0'  
 DISPLACEMENT 41.4 Bbl DISPLACEMENT PSI 750 PSI 1250 Bump plus RATE 5 BPM

REMARKS: Safety meeting. Rig up to 4 1/2" casing. Break circulation w/ 10 Bbl fresh water. Mixed 110 sacks thickset cement w/ 5# Kal-seal/sk @ 13.6"/gal yield 1.85. Washout pump + lines, shut down, release 4 1/2" rubber plug. Displace w/ 41.4 Bbl fresh water. Firm pump pressure 750 PSI. Bump plug to 1250 PSI wait 2 mins. release pressure, float + plug held. Good circulation @ all times while cementing + displacement of plug. Job complete. Rig down.  
Note: Plugged rat hole w/ 15 sacks

" Thank You "

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401	1	PUMP CHARGE	1030.00	1030.00
5406	70	MILEAGE	4.00	280.00
1126A	15 sacks	thickset cement (plug rat hole)	19.20	288.00
1126A	110 sacks	thickset cement	19.20	2112.00
1108A	525#	5# Kal-seal/sk	.46	264.50
5407A	6.87	ton mileage bulk/trk	1.34	644.41
5502C	5 hrs	80 Bbl WAG TRK	90.00	450.00
1123	3600 gals	city water	16.50/1000	49.50
4404	1	4 1/2" top rubber plug	45.00	45.00
			Subtotal	5163.41
			6.89% SALES TAX	187.60
			ESTIMATED TOTAL	5351.01

Revin 3737

247450

AUTHORIZATION Judd Gulick TITLE Treasurer C&G P13 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