



KANSAS CORPORATION COMMISSION 1099800
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 # 34753
Name: Bergman, Michael
Address 1: 28975 OXFORD RD
Address 2:
City: LOUISBURG State: KS Zip: 66053 +
Contact Person: Mike Bergman
Phone: (913) 568-6311
CONTRACTOR: License # 33715
Name: Town Oilfield Service
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 #:

10/18/2012 10/22/2012 10/22/2012

Spud Date or Date Reached TD Completion Date or Recompletion Date

API No. 15 - 15-121-29252-00-00

Spot Description:

NW SE SE NW Sec. 1 Twp. 17 S. R. 24 ☒ East ☐ West

3149 Feet from ☐ North / ☒ South Line of Section

3251 Feet from ☒ East / ☐ West Line of Section

Footages Calculated from Nearest Outside Section Corner:

☐ NE ☐ NW ☒ SE ☐ SW

County: Miami

Lease Name: Bergman Well #: G-1

Field Name: Louisburg

Producing Formation: Squirrel

Elevation: Ground: 1013 Kelly Bushing: 0

Total Depth: 599 Plug Back Total Depth:

Amount of Surface Pipe Set and Cemented at: 24 Feet

Multiple Stage Cementing Collar Used? ☐ Yes ☒ No

If yes, show depth set: Feet

If Alternate II completion, cement circulated from: 0

feet depth to: 24 w/ 6 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

☐ 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: 11/21/2012



1099800

Operator Name: Bergman, Michael Lease Name: Bergman Well #: G-1
 Sec. 1 Twp. 17 S. R. 24 ☒ East ☐ West County: Miami

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	24	Portland	6	50/50 POZ
Completion	5.6250	2.8750	8	555	Portland	93	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 <i>(Amount and Kind of Material Used)</i>	Depth
3	271.0-278.0	2" DML RTG	7

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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Miami County, KS
Well: Bergman G-1
Lease Owner: Bergman

Town Oilfield Service, Inc.
(913) 837-8400

Commenced Spudding:
10/18/2012

WELL LOG

Thickness of Strata	Formation	Total Depth
3	Soil/Clay	3
13	Lime	16
3	Sand	19
52	Shale	71
10	Lime	81
2	Shale	83
2	Sandy Shale	85
10	Sand	95
3	Lime	98
18	Shale	116
4	Lime	120
23	Shale	143
8	Sandy Shale	151
12	Shale	163
11	Lime	174
16	Shale	190
10	Lime	200
2	Shale	202
15	Lime	217
7	Shale	224
3	Lime	227
20	Lime	247
3	Shale	250
1	Slate	251
3	Lime	254
5	Shale	259
5	Lime	264
3	Shale	267
2	Lime	269
3	Shale	272
8	Sand	280
6	Sandy Shale	286
6	Shale	292
4	Sand	296
14	Sandy Shale	310
5	Sand	315
6	Sandy Shale	321
68	Shale	389
6	Sand	395
5	Sandy Shale	400

Miami County, KS

Well: Bergman G-1

Lease Owner: Bergman

Town Oilfield Service, Inc.

(913) 837-8400

Commenced Spudding:

10/18/2012

[illegible]



FIELD TICKET & TREATMENT REPORT

TICKET NUMBER 35075

LOCATION CH 9-29

FOREMAN Alma Mader

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
10-22-12	7984	Bergman 1	NW 1	17	24	Mi
CUSTOMER Town Oilfield Service						
MAILING ADDRESS P.O. Box 339						
CITY Louisburg	STATE KS	ZIP CODE 66005				
JOB TYPE long string	HOLE SIZE 6 3/4	HOLE DEPTH 580	CASING SIZE & WEIGHT 4 1/2			
CASING DEPTH 555	DRILL PIPE	TUBING	OTHER			
SLURRY WEIGHT	SLURRY VOL	WATER gal/sk	CEMENT LEFT in CASING			
DISPLACEMENT 8.7	DISPLACEMENT PSI 800	MIX PSI 200	RATE 4 ban			
			yes			

REMARKS: Established rate. Mixed & pumped 100th gal followed by 3 1/2 bbl dye marker. Mixed & pumped 93 sk 50/50 cement plus 270 gal. Circulated dye. Flushed pump. Pumped plus to casing TD. Well held 800 PST. Circulated 5 bbl cement returns. Set float. Closed valve.

TOS. C had

Alvin Mader

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401	1	PUMP CHARGE	368	1030.00
5406	40	MILEAGE	368	160.00
5402	555	casing footage	368	—
5707	mim	ten miles	503	350.00
5502C	2 1/2	80 vac	675	225.00
1124	93	50150 cement		1018.35
1118B	256 #	gel		53.76
4404	1	5 1/2 plug		45.00
			Sales Tax	84 25

Expo 387

AUTHORIZATION

TITLE

DATE _____

SALES TAX	84.35
ESTIMATED TOTAL	2 966.46

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:

253920