



KANSAS CORPORATION COMMISSION 1107261
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 # 32116
Name: R.T. Enterprises of Kansas, Inc.
Address 1: PO BOX 339
Address 2: _____
City: LOUISBURG State: KS Zip: 66053 + 0339
Contact Person: Lance Town
Phone: (913) 710-5400
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 #: _____

12/13/2012	12/17/2012	12/18/2012
Spud Date or Recompletion Date	Date Reached TD	Completion Date or Recompletion Date

API No. 15 - 15-045-21842-00-00

Spot Description: _____
NE NW NE SE Sec. 11 Twp. 15 S. R. 20 East West
2440 Feet from North / South Line of Section
840 Feet from East / West Line of Section

Footages Calculated from Nearest Outside Section Corner:
 NE NW SE SW

County: Douglas
Lease Name: Pearson Well #: 22
Field Name: Baldwin
Producing Formation: Squirrel
Elevation: Ground: 1087 Kelly Bushing: 0
Total Depth: 980 Plug Back Total Depth: _____
Amount of Surface Pipe Set and Cemented at: 90 Feet
Multiple Stage Cementing Collar Used? Yes No
If yes, show depth set: _____ Feet
If Alternate II completion, cement circulated from: _____
feet depth to: 90 w/ 44 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: 01/16/2013



1107261

Operator Name: R.T. Enterprises of Kansas, Inc. Lease Name: Pearson Well #: 22
 Sec. 11 Twp. 15 S. R. 20 East West County: Douglas

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 checked="" type="checkbox"/> Yes <input 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	90	Portland	44	50/50 POZ
Completion	5.6250	2.8750	8	953	Portland	126	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
2	876.0-900.0	2" DML RTG	24

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 <i>(Explain)</i> _____	
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 <i>(Specify)</i> _____	PRODUCTION INTERVAL: _____ _____
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Douglas County, KS
 Well: Pearson 22
 Lease Owner: R.T. Enterprises

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

Commenced Spudding:
 12/13/2012

WELL LOG

Thickness of Strata	Formation	Total Depth
0-21	Soil-Clay	21
50	Sand-Water	71
139	Shale	210
5	Lime	215
6	Sandy Shale	221
14	Lime	235
7	Shale	242
8	Lime	250
5	Shale	255
18	Shale	273
16	Shale	289
19	Sand and Sandy Shale	308
18	Lime	326
6	Sandy Shale	332
12	Sand and Sandy Shale	344
56	Shale	400
22	Lime	422
13	Shale	435
5	Shale	440
7	Lime	447
22	Shale	469
17	Lime	486
5	Shale	491
1	Lime	492
13	Shale	505
5	Lime	510
18	Lime	528
8	Shale	536
23	Lime	559
4	Shale	563
4	Lime	567
4	Shale	571
5	Lime	576
117	Shale	693
10	Sand	703
9	Sandy Shale	712
37	Shale	749
7	Lime	756
6	Shale	762
6	Lime	768

Core

854

6

Sand & Shale

860

14

Sand

874

Short Cuts

TANK CAPACITY

BBLs. (42 gal.) equals $D^2 \times .14 \times h$

D equals diameter in feet.

h equals height in feet.

BARRELS PER DAY

Multiply gals. per minute x 34.2

HP equals $BPH \times PSI \times .0004$

BPH - barrels per hour

PSI - pounds square inch

TO FIGURE PUMP DRIVES

* D - Diameter of Pump Sheave

* d - Diameter of Engine Sheave

SPM - Strokes per minute

RPM - Engine Speed

R - Gear Box Ratio

*C - Shaft Center Distance

D - $RPM \times d$ over $SPM \times R$

d - $SPM \times R \times D$ over RPM

SPM - $RPM \times D$ over $R \times d$

R - $RPM \times D$ over $SPM \times d$

BELT LENGTH - $2C + 1.57(D + d) + \frac{(D-d)^2}{4C}$

* Need these to figure belt length

TO FIGURE AMPS: $\frac{WATTS}{VOLTS} = AMPS$

746 WATTS equal 1 HP

Log Book

Well No. 22

Farm Pearson

KS Douglas
(State) (County)

11 15 20
(Section) (Township) (Range)

For R.T. Enterprises
(Well Owner)

Town Oilfield Services, Inc.

1207 N. 1st East

Louisburg, KS 66053

913-710-5400

Thickness of Strata	Formation	Total Depth	Remarks
0-21	soil - clay	21	
50	sand - water	71	
139	shale	210	
5	lime	215	
6	sandy shale	221	
14	lime	235	
7	shale - slate	242	
8	lime	250	
5	shale	255	
18	shale & shells	273	
16	shale & red bed	289	
19	sand & sandy shale	308	no oil
18	lime & shells	326	
6	sandy shale	332	
12	sand & sandy shale	344	no oil
56	shale	400	
22	lime	422	
13	shale	435	
5	shale & lime	440	
7	lime	447	
22	shale	469	
17	lime	486	
5	shale	491	
1	lime	492	
13	shale	505	
5	lime	510	
18	lime	528	oil - Heavy bleed

528

Thickness of Strata	Formation	Total Depth	Remarks
8	shale	536	
23	Lime	559	
4	Shale - slate	563	
4	Lime	567	
4	shale	571	
5	Lime	576	Heather
117	shale	693	
10	sand	703	slight show
9	sandy shale	712	
37	shale	749	
7	Lime	756	
6	shale	762	
6	Lime	768	
5	Shale	773	
1	Lime	774	
22	shale & lime	796	
2	Lime	798	
17	shale	815	
3	Lime	818	
25	shale	843	
1	Lime	844	
2	shale	846	
7	sand	853	no oil
1	sand	854	broken
20	Core	874	
11	sand	885	solid - poor saturation
5	sand & sandy shale	890	broken - good oil
14	sand	904	solid - good oil
2	sandy lime	906	no oil
74	shale	980	TD



CONSOLIDATED
Oil Well Services, LLC

TICKET NUMBER 39055
LOCATION Offawa, KS
FOREMAN Cassey Kennedy

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
12/13/12		Pearson # 22	SE 11	15	20	DG
CUSTOMER <u>Olenroc</u>			TRUCK #			
MAILING ADDRESS <u>120 Shoreline Dr</u>			DRIVER			
CITY <u>Louisburg</u>			TRUCK #			
STATE <u>KS</u>			DRIVER			
ZIP CODE <u>66053</u>			TRUCK #			
			DRIVER			

JOB TYPE Surface HOLE SIZE 10" HOLE DEPTH 90' CASING SIZE & WEIGHT 7", 20#
 CASING DEPTH 90' DRILL PIPE _____ TUBING _____ OTHER _____
 SLURRY WEIGHT _____ SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT IN CASING 6'
 DISPLACEMENT 3.4 bbls DISPLACEMENT PSI _____ MIX PSI _____ RATE 4.5 bpm

REMARKS: held safety meeting, established circulation, mixed & pumped 44 sks
50/50 Perm mix cement w/ 2 Premium Gal per sk, cement to surface,
displaced cement w/ 3.4 bbls fresh water, shut in casing.

(Handwritten signature)

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
54015	1	PUMP CHARGE		825.00
5406	20 mi	MILEAGE		80.00
5402	90'	casing footage		
5407	minimum	ton mileage		350.00
5502C	2.5 hrs	80 Uac		225.00
1124	44 sks	50/50 Perm mix cement		481.80
1118B	74 #	Premium Gal		15.54
SCANNED				
		7.3%	SALES TAX	36.31
			ESTIMATED TOTAL	2013.65

AUTHORIZATION No Co. Rep. on location 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