



KANSAS CORPORATION COMMISSION 1108965
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 #: _____

12/19/2012	12/21/2012	12/22/2012
Spud Date or Recompletion Date	Date Reached TD	Completion Date or Recompletion Date

API No. 15 - 15-045-21844-00-00
Spot Description: _____
SW NW NE SE Sec. 11 Twp. 15 S. R. 20 East West
2120 Feet from North / South Line of Section
1160 Feet from East / West Line of Section
Footages Calculated from Nearest Outside Section Corner:
 NE NW SE SW
County: Douglas
Lease Name: Pearson Well #: 24
Field Name: _____
Producing Formation: Squirrel
Elevation: Ground: 1091 Kelly Bushing: 0
Total Depth: 1000 Plug Back Total Depth: _____
Amount of Surface Pipe Set and Cemented at: 94 Feet
Multiple Stage Cementing Collar Used? Yes No
If yes, show depth set: _____ Feet
If Alternate II completion, cement circulated from: _____
feet depth to: 94 w/ 45 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: 01/23/2013



1108965

Operator Name: R.T. Enterprises of Kansas, Inc. Lease Name: Pearson Well #: 24
 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	94	Portland	45	50/50 POZ
Completion	5.6250	2.8750	8	968	Portland	144	50/50 POZ

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
3	890.0-910.0	2" DML RTG	20

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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Douglas County, KS
Well: Pearson 24
Lease Owner: R.T Enterprises

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

Commenced Spudding:
12/19/2012

WELL LOG

15-045-21844-00-00

Thickness of Strata	Formation	Total Depth
0-10	Soil-Clay	10
80	Sand	91
123	Shale	213
5	Lime	218
6	Sandy Shale	224
14	Lime	238
7	Shale	245
9	Lime	254
5	Shale	259
18	Shale	277
13	Shale	290
21	Sand	311
18	Lime	329
15	Sand	344
59	Shale	403
23	Lime	426
12	Shale	438
6	Shale	444
7	Lime	451
22	Shale	473
17	Lime	490
5	Shale	495
1	Lime	496
13	Shale	509
22	Lime	531
9	Shale	540
23	Lime	563
4	Shale	567
4	Lime	571
4	Shale	575
4	Lime	579
117	Shale	696
9	Sand	705
5	Sandy Shale	710
42	Shale	752
6	Lime	758
5	Shale	763
2	Lime	765
6	Shale	771
6	Shale	777

Short Cuts

TANK CAPACITY

BBLs. (42 gal.) equals $D^2 \times 1.4 \times h$
 D equals diameter in feet.
 h equals height in feet.

BARRELS PER DAY

Multiply gals. per minute x 34.2

HP equals BPH x PSI x .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. 24

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
0-10	Soil - clay	10	
80	sand	90	60' - water
123	shale	213	
5	Lime	218	
6	sandy shale	224	
14	Lime	238	
7	shale - slate	245	
9	Lime	254	
5	shale	259	
18	shale & shells	277	
13	shale	290	
21	sand & sandy shale	311	no oil
18	lime & shells	329	
15	sand & sandy shale	344	no oil
59	shale	403	
23	Lime	426	
12	shale	438	
6	shale & lime	444	
7	Lime	451	
22	shale	473	
17	Lime	490	
5	shale	495	
1	Lime	496	
13	shale	509	
22	shale Lime	531	531
9	shale - slate	540	
23	Lime	563	

563

Thickness of Strata	Formation	Total Depth	Remarks
4	shale - slate	567	
4	lime	571	
4	shale	575	
4	lime	579	Heather
117	shale	696	
9	sand	705	no oil
5	sandy shale	710	
42	shale	752	
6	lime	758	
5	shale	763	
2	lime	765	
6	shale & lime	771	
6	shale	777	
11	shale & lime	788	
12	shale	800	
3	lime	803	
18	shale	821	
3	lime	824	
26	shale	850	
1	lime	851	
3	shale	854	
7	sandy shale	861	
3	sand	864	no oil
8	sand	872	broken 25% oil
7	sand	879	broken - mostly solid
19	core	898	
14	sand	912	solid oil



CONSOLIDATED
SOU WMS Services, LLC

TICKET NUMBER 39033

LOCATION Lawrence

FOREMAN Alan Maden

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
12-21-12		Pe arson #24	SF 11	15	20	06
CUSTOMER			TRUCK #	DRIVER	TRUCK #	DRIVER
Drenco			516	Ala Mad	Safety	Meet
MAILING ADDRESS			368	Al Mad	Al Mad	
120 Shoreline Dr			675	Ke Det	Ke	
CITY	STATE	ZIP CODE	558	Brenan	Bm	
Houtsburg	KS	66053	CASING SIZE & WEIGHT: 2 7/8			
JOB TYPE <u>log string</u>	HOLE SIZE <u>5 7/8</u>	HOLE DEPTH <u>1000</u>	OTHER <u>Double 1938</u>			
CASING DEPTH <u>968</u>	DRILL PIPE	TUBING	CEMENT LEFT IN CASING <u>yes</u>			
SLURRY WEIGHT	SLURRY VOL	WATER gal/sk	RATE <u>76pm</u>			
DISPLACEMENT	DISPLACEMENT PSI <u>800</u>	MIX PSI <u>200</u>				
REMARKS: <u>held crew meet. Established rate Mixed & pumped 100% gel followed by 144 sk 50/50 cement plus 2 7/8 gel. Circulated cement. Flushed pump pumped plug 4p baffle. Well held 800 PSI. Set float closed valve.</u>						

703, was

Alan Maden

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401	1	PUMP CHARGE	368	1030.00
5406	20	MILEAGE	368	20.00
5402	968	casing footage	368	
5407	1/8 mls	don miles	558	175.00
55026	1 1/2	80 Jac	675	135.00
1124	144	50/50 Cement		1576.80
11183	348	gel		73.08
4402	1	2 7/8 plug		28.00
SALES TAX ESTIMATED TOTAL				112.48
				3220.36

Rev'n 0757

NO COMPANY VCP

AUTHORIZATION Jim DKS 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.

255594