



KANSAS CORPORATION COMMISSION 1109124
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: _____

API No. 15 - 15-045-21851-00-00
Spot Description: _____
SE SW NE SE Sec. 11 Twp. 15 S. R. 20 East West
1485 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 #: 31
Field Name: _____

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.): _____

Producing Formation: Squirrel
Elevation: Ground: 1072 Kelly Bushing: 0
Total Depth: 959 Plug Back Total Depth: _____
Amount of Surface Pipe Set and Cemented at: 86 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: 86 w/ 43 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 #: _____
1/3/2013 1/7/2013 1/10/2013
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: 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 Gantson Date: 01/23/2013



1109124

Operator Name: R.T. Enterprises of Kansas, Inc. Lease Name: PEARSON Well #: 31
 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 Wireline 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	86	Portland	43	50/50 POZ
Completion	5.6250	2.8750	8	933	Portland	129	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 (Amount and Kind of Material Used)	Depth
3	868.0-888.0	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) (Submit ACO-4)</i> <input type="checkbox"/> Other (Specify) _____	PRODUCTION INTERVAL: _____ _____
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Douglas County, KS
Well: Pearson 31
Lease Owner: R.T. Enterprises

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

Commenced Spudding:
1/3/2013

15-045-21851-00-00

WELL LOG

Thickness of Strata	Formation	Total Depth
2	Soil-Clay	2
60	Sandstone	62
136	Shale	198
6	Lime	204
6	Shale	210
13	Lime	223
8	Shale	231
8	Lime	239
5	Shale	244
19	Shale	263
17	Shale	280
17	Sand	297
19	Lime	315
18	Sandy Shale	333
57	Shale	390
22	Lime	412
14	Shale	426
3	HS	429
7	Lime	436
24	Shale	460
15	Lime	475
6	Shale	481
1	Lime	482
13	Shale	495
23	Lime	518
8	Shale	526
24	Lime	550
3	Shale	553
5	Lime	558
4	Shale	562
5	Lime	567
3	Shale	570
10	Sand	580
17	Shale	597
5	Sandy Shale	602
8	Shale	610
11	Sandy Shale	621
11	Sand	632
26	Sandy Shale	658
27	Shale	685

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 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. 31

Farm Pearson

KS Douglas
(State) (County)

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

For RJ Enterprises
(Well Owner)

Town Oilfield Services, Inc.

1207 N. 1st East

Louisburg, KS 66053

913-710-5400

Dawson Farm: Douglas County

KS State; Well No. 31

Elevation 1072

Commenced Spuding 1-3 2017

Finished Drilling 1-7 2013

Driller's Name Clud Wagon

Driller's Name _____

Driller's Name _____

Tool Dresser's Name Sid Holcom

Tool Dresser's Name _____

Tool Dresser's Name _____

Contractor's Name TOS

11 15 20

(Section) (Township) (Range)

Distance from S line, 1495 ft.

Distance from E line, 940 ft.

0873 - 0947 - NW15

cemented by Consolidated
**CASING AND TUBING
RECORD**

10" Set _____ 10" Pulled _____

7 7/8" Set 86 8" Pulled _____

6 1/2" Set _____ 6 1/2" Pulled _____

4" Set _____ 4" Pulled _____

2 7/8" Set _____ 2" Pulled _____

935 3
904 2 R. K. C. L. e
950 10

CASING AND TUBING MEASUREMENTS

Feet	In.	Feet	In.	Feet	In.
<u>904</u>	<u>2</u>	<u>R. K. C. L. e</u>			
<u>933</u>	<u>3</u>	<u>R. K. C. L. e</u>	<u>= 1108</u>		

Thickness of Strata	Formation	Total Depth	Remarks
2	soil/sky	2	
60	sandstone	62	water 40'
136	shale	198	
6	lime	204	
6	shale	210	
13	lime	223	
8	shale	231	
8	lime	239	
5	shale	244	
19	shale + shells	263	
17	shale	280	
17	sand + shale	297	oil
19	lime	315	
18	shale	333	with some sand, oil
57	shale	390	
22	lime	412	
14	shale	426	
3	shale + lime	429	
7	lime	436	
24	shale	460	
15	lime	475	
6	shale	481	
1	lime	482	
13	shale	495	
23	lime	518	
8	shale	526	
24	lime	550	

Thickness of Strata	Formation	Total Depth	Remarks
		550	
3	shale	553	
5	lime	558	
4	shale	562	
5	lime	567	Mertha
3	shale	570	
10	sand	580	grey, no oil
17	shale	597	
5	sandy shale	602	
8	shale	610	
11	sandy shale	621	
11	sand	632	grey, no oil
26	sandy shale	658	
27	shale	685	
10	sand	695	grey, no oil
-	sandy shale	700	
37	shale	737	
5	lime	742	
8	shale	750	
6	lime + shale	756	
4	shale	762	
11	lime shale	773	
11	shale	784	
3	lime	787	
4	shale	791	
5	sand	796	Brown sandy, no oil
2	sandy shale	798	
7	shale	805	

805

Thickness of Strata	Formation	Total Depth	Remarks
2	lime	807	
22	shale	829	red bed - "413-417"
2	lime	831	
5	shale	836	
6	sand	842	sandy, no c. l.
6	sand	848	10% c. l.
10	sand	858	50% c. l. shaly bedded
6	sandy lime	864	no c. l.
24	sand	888	10% sand, good bedding
2	sandy lime	890	10% c. l.
2	sandy lime	892	no c. l.
69	shale	959	TD



CONSOLIDATED
Oil Well Services, LLC

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

TICKET NUMBER 39081
LOCATION Ottawa
FOREMAN Alan Mader

FIELD TICKET & TREATMENT REPORT
CEMENT

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
1-7-13		Pearson #31	SE 11	15	20	D6
CUSTOMER <u>OTENCO</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 long string HOLE SIZE 5 3/8 HOLE DEPTH 959 CASING SIZE & WEIGHT 2 1/8
 CASING DEPTH 933 DRILL PIPE _____ TUBING _____ OTHER buttle 904
 SLURRY WEIGHT _____ SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT in CASING yes
 DISPLACEMENT _____ DISPLACEMENT PSI 800 MIX PSI 200 RATE 4 bpm

REMARKS: Held meeting. Established rate. Mixed & pumped 100 # gel followed by 129 sk 50/50 cement plus 2 1/2 gal. Circulated cement. Flushed pump. Pumped plug to buttle. Well held 800 PST. Set float. Closed valve.

TDS, Chad

Alan Mader

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
3401	1	PUMP CHARGE	368	1030.00
5406	20	MILEAGE	368	80.00
5402	933	casing footage	368	—
3407	min	ten miles	510	350.00
5502C	2	80 val	369	180.00
1124	129	50/50 cement		1412.55
1118B	317 #	gel		66.57
4402	1	2 1/2 plug		28.00
SALES TAX ESTIMATED TOTAL				110.02

Revin 3737

NO COMPANY REP

AUTHORIZATION Jim Okid

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