



KANSAS CORPORATION COMMISSION 1108957
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 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>12/21/2012</u>	<u>12/27/2012</u>	<u>1/4/2013</u>
Spud Date or Recompletion Date	Date Reached TD	Completion Date or Recompletion Date

API No. 15 - 15-045-21843-00-00

Spot Description: _____

SE NE NW SE Sec. 11 Twp. 15 S. R. 20 East West

2120 Feet from North / South Line of Section

1480 Feet from East / West Line of Section

Footages Calculated from Nearest Outside Section Corner:

- NE NW SE SW

County: Douglas

Lease Name: Pearson Well #: 23

Field Name: _____

Producing Formation: Squirrel

Elevation: Ground: 1084 Kelly Bushing: 0

Total Depth: 980 Plug Back Total Depth: _____

Amount of Surface Pipe Set and Cemented at: 109 Feet

Multiple Stage Cementing Collar Used? Yes No

If yes, show depth set: _____ Feet

If Alternate II completion, cement circulated from: _____

feet depth to: 109 w/ 40 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 Gantson Date: 01/23/2013



1108957

Operator Name: R.T. Enterprises of Kansas, Inc. Lease Name: Pearson Well #: 23
 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	109	Portland	40	50/50 POZ
Completion	5.6250	2.8750	8	960	Portland	145	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	894.0-904.0	2" DML RTG	10

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

Town Oilfield Service, Inc.

Commenced Spudding:

Well: Pearson 23

(913) 837-8400

12/21/2012

Lease Owner: R.T. Enterprises

WELL LOG

15-045-21843-00-00

Thickness of Strata	Formation	Total Depth
0-12	Soil-Clay	12
79	Sand	91
129	Sandy Shale	220
5	Lime	225
7	Sandy Shale	232
14	Lime	246
7	Shale	253
9	Lime	262
5	Shale	267
18	Shale	285
13	Shale	298
21	Sand	319
18	Lime	337
16	Sand	353
59	Shale	412
22	Lime	434
13	Shale	447
6	Shale	453
7	Lime	460
23	Shale	483
16	Lime	499
5	Shale	504
1	Lime	505
13	Shale	518
23	Lime	541
9	Shale	550
23	Lime	573
4	Shale	577
4	Lime	581
3	Shale	584
5	Lime	589
119	Shale	708
2	Sandy Shale	710
7	Sand	717
6	Sandy Shale	723
42	Shale	765
6	Lime	771
6	Shale	777
1	Lime	778
4	Shale	782

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. 23

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
0-12	soil-clay	12	
74	sand	91	65' - water
129	sandy shale	220	
5	lime	225	
7	sandy shale	232	
14	lime	246	
7	shale-slate	253	
9	lime	262	
5	shale	267	
18	shale & shells	285	
13	shale	298	
21	sand & sandy shale	319	no O.I
18	lime & shells	337	
16	sand & sandy shale	353	no O.I
59	shale	412	
22	lime	434	
13	shale	447	
6	shale & lime	453	
7	lime	460	
23	shale	483	
16	lime	499	
5	shale	504	
1	lime	505	
13	shale	518	
23	lime	541	
9	shale-slate	550	
23	lime	573	

573

Thickness of Strata	Formation	Total Depth	Remarks
4	shale - slate	577	
4	Lime	581	
3	Shale	584	
5	Lime	589	Heistha
119	shale	708	
2	sandy shale	710	
7	sand	717	no O.I
6	sandy shale	723	
42	shale	765	
6	Lime	771	
6	Shale	777	
1	Lime	778	
4	shale & lime	782	
10	shale	792	
3	Lime	795	
146	shale	813	
3	Lime	816	
13	shale	829	
2	Lime	831	
5	shale	836	
1	Lime	837	
2	shale	839	
1	Lime	840	
24	shale - red bed	864	
2	Lime	866	
10	shale	876	
2	sandy shale	878	

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CONSOLIDATED
Oil Well Services, LLC

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

TICKET NUMBER 39071
LOCATION Ottawa
FOREMAN Alan Maden

FIELD TICKET & TREATMENT REPORT
CEMENT

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
12-21-12		Pearson # 23	SE 11	15	20	DL
CUSTOMER <u>Otenroc</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 9 HOLE DEPTH 111 CASING SIZE & WEIGHT 7"
 CASING DEPTH 109 DRILL PIPE _____ TUBING _____ OTHER _____
 SLURRY WEIGHT _____ SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT IN CASING yes
 DISPLACEMENT 4 DISPLACEMENT PSI 100 MIX PSI — RATE 4 bpm

REMARKS: held meeting. Established rate. Mixed & pumped 40.55 50/50 cement plus 29 gal. Circulated cement. Displaced casing with 455 clean water. closed valve

TOS, Utes

Alan Maden

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
57015	<u>1</u>	PUMP CHARGE	<u>368</u>	<u>825.00</u>
5706	<u>1</u>	MILEAGE	<u>368</u>	<u>—</u>
5702	<u>109</u>	casing footage	<u>368</u>	<u>—</u>
5707	<u>1/2 mi</u>	ton miles	<u>358</u>	<u>175.00</u>
5502	<u>1</u>	80 vac	<u>675</u>	<u>90.00</u>
1124	<u>40</u>	50/50 cement		<u>438.00</u>
1183	<u>67#</u>	gel		<u>14.07</u>
CANNED				
SALES TAX				<u>33.00</u>
ESTIMATED TOTAL				<u>1575.07</u>

Rev'n 3787

NO COMPANY REP

AUTHORIZATION Jim DKD 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.



CONSOLIDATED
Oil Well Services, LLC

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

FIELD TICKET & TREATMENT REPORT
CEMENT

TICKET NUMBER 39009
LOCATION Ottawa, KS
FOREMAN Casper Kennedy

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
12/27/12		Pearson # 23	SE 11	15	20	D6
CUSTOMER			TRUCK #	DRIVER	TRUCK #	DRIVER
Oleuroc			481	Caslen	✓ Safety Meeting	
MAILING ADDRESS			6666	KeiCar	✓	
120 Shoreline Dr			503	Dan Det	✓	
CITY	STATE	ZIP CODE	505-7106	Jas Ric	✓	
Louisburg	KS	66053				
JOB TYPE	HOLE SIZE	HOLE DEPTH	CASING SIZE & WEIGHT			
Logging	5 1/8"	980'	2 1/2" EUE			
CASING DEPTH	DRILL PIPE	TUBING	OTHER			
960'		battle - 930				
SLURRY WEIGHT	SLURRY VOL	WATER gal/sk	CEMENT LEFT in CASING			
			30'			
DISPLACEMENT	DISPLACEMENT PSI	MIX PSI	RATE			
5.38 bbls			4.5 gpm			

REMARKS: held safety meeting, established circulation, mixed & pumped 100 # Premium Gel followed by 10 bbls fresh water, mixed & pumped 145 sks 50/50 Pozmix cement w/ 2% gel per sk, cement to surface. flushed pump clean, pumped 2 1/2" rubber plug to battle w/ 5.28 bbls fresh water, pressured to 800 PSI, released pressure, shut in casing.

BT

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401	1	PUMP CHARGE		1030.00
5406	20 mi	MILEAGE		80.00
5402	960'	casing footage		
5407	1/2 minimum	ton mileage		175.00
5501C	1.5 hrs	Transport		118.00
1124	145 sks	50/50 Pozmix cement		1587.75
1118B	344 #	Premium Gel		72.24
4402	1	2 1/2" rubber plug		28.00
			7.3%	SALES TAX
				ESTIMATED TOTAL
				123.22
				3264.21

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.

255630