

KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION

AUG 08 2014

Form ACO-1
July 2014

Form must be Typed
Form must be Signed
All blanks must be Filled

Confidentiality Requested:
 Yes No

WELL COMPLETION FORM
WELL HISTORY - DESCRIPTION OF WELL & LEASE

CONSERVATION DIVISION
WICHITA, KS

OPERATOR: License # 34869
Name: Butler Petroleum LLC
Address 1: 1246 Hodgins Rd.
Address 2: Po Box 1385
City: Van Alstyne State: TX Zip: 75495 +
Contact Person: Brad Butler
Phone: (972) 345-9195
CONTRACTOR: License # 34869
Name: Butler Petroleum LLC
Wellsite Geologist: NA
Purchaser: NA

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
 Plug Back Conv. to GSW Conv. to Producer
 Commingled Permit #: _____
 Dual Completion Permit #: _____
 SWD Permit #: _____
 ENHR Permit #: _____
 GSW Permit #: _____

9/17/2013 9/18/2013 9/18/2013
Spud Date or Data Reached TD Completion Date or
Recompletion Date Recompletion Date

API No. 15 - 091-24221-00-00
Spot Description: _____
NE_NW_SW_SW Sec. 9 Twp. 14 S. R. 22 East West
1,089 Feet from North / South Line of Section
627 Feet from East / West Line of Section
Footages Calculated from Nearest Outside Section Corner:
 NE NW SE SW
GPS Location: Lat: _____, Long: _____
(e.g. xx.xxxxx) (e.g. -xxx.xxxxx)
Datum: NAD27 NAD83 WGS84
County: Johnson
Lease Name: Rankin Well #: 20
Field Name: Gardner
Producing Formation: Bartlesville
Elevation: Ground: 997 Kelly Bushing: 0
Total Vertical Depth: 910 Plug Back Total Depth: 904
Amount of Surface Pipe Set and Cemented at: 20 Feet
Multiple Stage Cementing Collar Used? Yes No
If yes, show depth set: _____ Feet
If Alternate II completion, cement circulated from: _____
feet depth to: 20 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 #: _____

INSTRUCTIONS: The original form shall be filed with the Kansas Corporation Commission, 130 S. Market - Room 2078, Wichita, Kansas 67202, within 120 days of the spud date, recompletion, workover or conversion of a well. If confidentiality is requested and approved, side two of this form will be held confidential for a period of 2 years. Rules 82-3-130, 82-3-106 and 82-3-107 apply. Drill Stem Test, Cement Tickets and Geological Well Report must be attached.

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.

Signature: [Signature]
Title: Agent Date: 8/8/14

KCC Office Use ONLY

Confidentiality Requested
Date: _____
 Confidential Release Date: _____
 Wireline Log Received
 Geologist Report Received
 UIC Distribution
ALT I II III Approved by: NJ Date: 8-7-14

Operator Name: Butler Petroleum LLC Lease Name: Rankin Well #: 20
 Sec. 9 Twp. 14 S. R. 22 East West County: Johnson

INSTRUCTIONS: Show important tops 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.

Final Radioactivity Log, Final Logs run to obtain Geophysical Data and Final Electric Logs must be emailed to kcc-well-logs@kcc.ks.gov. Digital electronic log files must be submitted in LAS version 2.0 or newer AND an image file (TIFF or PDF).

Drill Stem Tests Taken <i>(Attach Additional Sheets)</i>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Log	Formation (Top), Depth and Datum	<input type="checkbox"/> Sample
Samples Sent to Geological Survey	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Name	Top	Datum
Cores Taken	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	GammaRay		
Electric Log Run	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
List All E. Logs Run:				
GammaRay/Neutron/CCL				

CASING RECORD <input 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	12.75	8.6250	28	20	Portland	6	50/50 POZ
Completion	6.75	4.5	10.5	904	Portland	120	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				

Did you perform a hydraulic fracturing treatment on this well? Yes No *(If No, skip questions 2 and 3)*
 Does the volume of the total base fluid of the hydraulic fracturing treatment exceed 350,000 gallons? Yes No *(If No, skip question 3)*
 Was the hydraulic fracturing treatment information submitted to the chemical disclosure registry? Yes No *(If No, fill out Page Three of the ACO-1)*

Shots Per Foot	PERFORATION RECORD - Bridge Plugs Set/Type		Acid, Fracture, Shot, Cement Squeeze Record		Depth
	Specify Footage of Each Interval Perforated		Amount and Kind of Material Used		
4	847-857		2" DML RTG		10

TUBING RECORD:	Size:	Set At:	Packer At:	Liner Run:	<input type="checkbox"/> Yes <input type="checkbox"/> No
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Date of First, Resumed Production, SWD or ENHR. 9/18/2013	Producing Method: <input type="checkbox"/> Flowing <input checked="" 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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CONSOLIDATED
Oil Well Services, LLC

262562

TICKET NUMBER 42524
LOCATION Ottawa KS
FOREMAN Fred Madu

PO Box 884, Chanute, KS 68720
620-431-9210 or 800-467-8676

FIELD TICKET & TREATMENT REPORT
CEMENT

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY	
9/9/13	1476	Rankin # 20	SE	14	22	JO	
CUSTOMER Butler Petroleum LLC			TRUCK #	DRIVER	TRUCK #	DRIVER	
MAILING ADDRESS P.O. Box 1385			712	Fred Mad			
CITY Van Houten			495	Har Bee			
STATE TX			505/1106	Jas Ric			
ZIP CODE 75495			555	Max Cas			
JOB TYPE	Long string	HOLE SIZE	6 3/4 x 5 7/8	HOLE DEPTH	910'	CASING SIZE & WEIGHT	2 1/8 EUC
CASING DEPTH	904'	DRILL PIPE		TUBING		OTHER	
SLURRY WEIGHT		SLURRY VOL		WATER gal/sk		CEMENT LEFT in CASING	2 1/2" Plug
DISPLACEMENT	5.2568	DISPLACEMENT PSI		MIX PSI		RATE	5 RPM

REMARKS: Hold crew safety Meeting. Establish pump rate. Mix Pump 100# Gel Flush. Mix Pump 120 sks OWC Cement w/ 1/4" Flo Seal/sk. Cement to surface. Flush pump & lines clean. Displace 2 1/2" Rubber plug to casing TD. Pressure to 800# PSI. Release pressure to set float valve. Shut in casing.

Fred Madu

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401	1	PUMP CHARGE	495	1085 ⁰⁰
5406	30mi	MILEAGE	495	126 ⁰⁰
5402	904'	Casing footage		N/C
5407	Minimum	Ten Miles	555	568 ⁰⁰
5501C	1 1/2 hr	Transport	505/1106	181 ⁰⁰
1126	120 sks	OWC Cement		2370 ⁰⁰
1118B	100#	Premium Gel		22 ⁰⁰
1107	30#	Flo Seal		741 ⁰⁰
4402	1	2 1/2" Rubber Plug		29 ⁰⁰
RECEIVED KANSAS CORPORATION COMMISSION				
JUL 28 2014				
CONSERVATION DIVISION WICHITA, KS				
			7.375%	SALES TAX
				ESTIMATED
				TOTAL
				4438 ⁶⁵

Ravin 9737

AUTHORIZATION Brandon 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.