

Confidentiality Requested:

Yes  No

Received  
KANSAS CORPORATION COMMISSION  
OIL & GAS CONSERVATION DIVISION

Form ACO-1  
July 2014

AUG 08 2014

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

WELL COMPLETION FORM  
WELL HISTORY - DESCRIPTION OF WELL & LEASE  
CONSERVATION DIVISION  
WICHITA, KS

OPERATOR: License # 34869

Name: Buller Petroleum LLC

Address 1: 1246 Hodgins Rd.

Address 2: Po Box 1385

City: Van Alstyne State: TX Zip: 75495 +

Contact Person: Brad Buller

Phone: (972) 345-9195

CONTRACTOR: License # 34869

Name: Buller 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 #: \_\_\_\_\_

<u>9/23/2013</u>	<u>9/24/2013</u>	<u>9/24/2013</u>
Spud Date or	Date Reached TD	Completion Date or
Recompletion Date		Recompletion Date

API No. 15 - 091-24222-00-00

Spot Description: \_\_\_\_\_

NE\_SW\_SW\_SW Sec. 9 Twp. 14 S. R. 22  East  West

627 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. xxx.xxxxx)

(e.g. -xxx.xxxxx)

Datum:  NAD27  NAD83  WGS84

County: Johnson

Lease Name: Rankin Well #: 29

Field Name: Gardner

Producing Formation: Bartlesville

Elevation: Ground: 995 Kelly Bushing: 0

Total Vertical Depth: 920 Plug Back Total Depth: 898

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: 8/18/14

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 #: 29  
 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](mailto: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 GammaRay	Top Datum
Cores Taken	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
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	898	Portland	115	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 Specify Footage of Each Interval Perforated	Acid, Fracture, Shot, Cement Squeeze Record <i>(Amount and Kind of Material Used)</i>	Depth
4	839-851	2" DML RTG	12

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. 9/24/2013	Producing Method: <input type="checkbox"/> Flowing <input checked="" 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> <input type="checkbox"/> Other <i>(Specify)</i> _____	PRODUCTION INTERVAL: _____ _____
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**CONSOLIDATED**  
Oil Well Services, LLC

262605

TICKET NUMBER 42402  
LOCATION Ottawa, KS  
FOREMAN Casey 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
9/24/13	1476	Parkin # 29	SE 9	14	22	JO
CUSTOMER			TRUCK #	DRIVER	TRUCK #	DRIVER
Butler Petroleum LLC			481	Cashen	✓ Safety, cleaning	
MAILING ADDRESS			606	Carlton	✓	
PO Box 1385			558	Matrec	✓	
CITY	STATE	ZIP CODE	369	Dertner	✓	
Van Alstyne	TX	75495				
JOB TYPE	HOLE SIZE	HOLE DEPTH	CASING SIZE & WEIGHT			
longstring	5 7/8"	920'				
CASING DEPTH	DRILL PIPE	TUBING	OTHER			
898'						
SLURRY WEIGHT	SLURRY VOL	WATER gal/sk	CEMENT LEFT in CASING			
DISPLACEMENT	DISPLACEMENT PSI	MIX PSI	RATE			
5.2 bbls			4.5 bpm			

REMARKS: held safety meeting, established circulation, washed down 1 joint of casing, mixed & pumped 300 # Premium Gel followed by 10 bbls fresh water, mixed & pumped 115 sks OWC cement w/ 1/4 # Floeal, cement to surface, flushed pump clean, pumped 2 1/2" rubber plug to casing TB w/ 5.2 bbls fresh water, pressured to 800 PSI, released pressure, shut in casing.

*Casey Kennedy*

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401	1	PUMP CHARGE		1085.00
5406	30 mi	MILEAGE		126.00
5402	898'	casing footage		
5407	minimum	ton mileage		368.00
5502C	4 hrs	80 Uac		360.00
5609	2 hrs	misc pump (wash)		420.00
1126	115 sks	OWC cement		2271.25
1118B	300 #	Premium Gel		66.00
1107	29 #	Floeal		71.63
4402	1	2 1/2" rubber plug		29.50
				7.375%
				SALES TAX
				ESTIMATED TOTAL
				179.83
				4977.21

RECEIVED  
KANSAS CORPORATION COMMISSION  
JUL 28 2014  
CONSERVATION DIVISION  
WICHITA, KS

Revin 3737

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