

KANSAS CORPORATION COMMISSION  
OIL & GAS CONSERVATION DIVISION

AUG 08 2014

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

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

Confidentiality Requested:

Yes  No

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  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  
 Plug Back  Conv. to GSW  Conv. to Producer

Commingled Permit #: \_\_\_\_\_

Dual Completion Permit #: \_\_\_\_\_

SWD Permit #: \_\_\_\_\_

ENHR Permit #: \_\_\_\_\_

GSW Permit #: \_\_\_\_\_

10/8/2013 10/9/2013 10/9/2013  
Spud Date or Date Reached TD Completion Date or  
Recompletion Date Recompletion Date

API No. 15 - 091-24233-00-00

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

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

1,829 Feet from  North /  South Line of Section

4,856 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 #: 1-5

Field Name: Gardner

Producing Formation: Barliesville

Elevation: Ground: 993 Kelly Bushing: 0

Total Vertical Depth: 920 Plug Back Total Depth: \_\_\_\_\_

Amount of Surface Pipe Set and Cemented at: 21 Feet

Multiple Stage Cementing Collar Used?  Yes  No

If yes, show depth set: \_\_\_\_\_ Feet

If Alternate II completion, cement circulated from: \_\_\_\_\_

feet depth to: 21 w/ 7 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: [Signature] Date: 8-14

Operator Name: Butler Petroleum LLC Lease Name: Rankin Well #: I-5  
 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: <b>GammaRay/Neutron/CCL</b>			

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	21	Portland	6	50/50 POZ
Completion	6.75	4.5	10.5	915	Portland	103	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)*

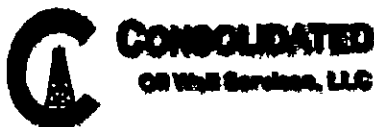
Shots Per Foot	PERFORATION RECORD - Bridge Plugs Set/Type Specify Footage of Each Interval Perforated	Acid, Fracture, Shot, Cement Squeeze Record <i>(Amount and Kind of Material Used)</i>	Depth
4	832-844	2" DML RTG	12

TUBING RECORD: Size: \_\_\_\_\_ Set At: \_\_\_\_\_ Packer At: \_\_\_\_\_ Liner Run:  Yes  No

Date of First, Resumed Production, SWD or ENHR: \_\_\_\_\_ Producing Method:  Flowing  Pumping  Gas Lift  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 <i>(Specify)</i> _____	PRODUCTION INTERVAL: _____ _____
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263010

TICKET NUMBER 44730  
 LOCATION Ottawa KS  
 FOREMAN Fred Mader

PO Box 884, Chanute, KS 68720  
 620-431-9210 or 800-497-8678

FIELD TICKET & TREATMENT REPORT  
 CEMENT

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
10-7-13	1476	Rankin I. 5	S819	14	22	50
CUSTOMER			TRUCK #	DRIVER	TRUCK #	DRIVER
Butler Petroleum, LLC			495	Harber		
MAILING ADDRESS			675	Kidder		
P.O. Box 1385			558	Matt Co		
CITY	STATE	ZIP CODE	712	Fred Mader		
Van Alstyne	KY	75495				

JOB TYPE long string HOLE SIZE 5 7/8 HOLE DEPTH 990 CASING SIZE & WEIGHT 2 7/8 EUE  
 CASING DEPTH 895' DRILL PIPE \_\_\_\_\_ TUBING \_\_\_\_\_ OTHER \_\_\_\_\_  
 SLURRY WEIGHT \_\_\_\_\_ SLURRY VOL \_\_\_\_\_ WATER gal/Wk \_\_\_\_\_ CEMENT LEFT IN CASING 2 1/2" Plug  
 DISPLACEMENT 5.2 BBL DISPLACEMENT PSI \_\_\_\_\_ MIX PSI \_\_\_\_\_ RATE 5 BPM

REMARKS: Hold a new safety meeting. Establish pump rate. Mix Pump  
100# Gal Flush. Mix + Pump 105 sks. OWC Cement  
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. Hold + monitor pressure for 30 min. MIT.  
Release pressure to set float valve. Shut in casing.

*Fred Mader*

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401	1	PUMP CHARGE	495	1085 <sup>00</sup>
5406	30mi	MILEAGE	495	12690
5402	895'	Casing footage		NK
5407	M Insurance	Tax Miles	558	368 <sup>00</sup>
5502C	1 1/2 hrs	60 BBL Vac Truck	675	1012 <sup>50</sup>
1726	105 SKS	OWC Cement		20732 <sup>5</sup>
111513	100#	Premium Gal		22 <sup>00</sup>
1107	27#	Flo Seal		66 <sup>69</sup>
4402	1	2 1/2" Rubber Plug		29 <sup>50</sup>
RECEIVED KANSAS CORPORATION COMMISSION				
JUL 28 2014				
CONSERVATION DIVISION WICHITA, KS				
7.375%				
			SALES TAX	161 <sup>85</sup>
			ESTIMATED	
			TOTAL	4067 <sup>60</sup>

Form 5757

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.