

KANSAS CORPORATION COMMISSION **AUG 08 2014**
OIL & GAS CONSERVATION DIVISION
WELL COMPLETION FORM
WELL HISTORY - DESCRIPTION OF WELL & LEASE

Form ACO-1
July 2014
Form must be Typed
Form must be Signed
All blanks must be Filled

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 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 #:

2/17/2014 2/17/2014 2/17/2014
Spud Date or Date Reached TD Completion Date or
Recompletion Date Recompletion Date

API No. 15 - 091-24279-00-00
Spot Description:
NE NE NE SW Sec. 9 Twp. 14 S. R. 22 East West
2,475 Feet from North / South Line of Section
2,475 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 #: WSW-1
Field Name: Gardner

Producing Formation: Bartlesville
Elevation: Ground: 1011 Kelly Bushing: 0

Total Vertical Depth: 940 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: Geologist 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: NS Date: 8-7-14

Operator Name: Butler Petroleum LLC Lease Name: Rankin Well #: WSW-1
 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 No log | Top Datum |
| Cores Taken | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | |
| Electric Log Run | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | |
| List All E. Logs Run: | | | |

| 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 | 7 | 50/50 POZ |
| Completion | 6.75 | 4.5 | 10.5 | 1120 | Portland | 190 | 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 |
|----------------|---|--|-------|
| | | | |
| | | | |
| | | | |
| | | | |

| | | | | |
|----------------|-------|---------|------------|---|
| 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 <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-1B.)</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: _____ _____ |
|---|---|--|



CONSOLIDATED
Oil Well Services, LLC

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

TICKET NUMBER 42642

LOCATION Ottawa KS

FOREMAN Cassey Kennedy

FIELD TICKET & TREATMENT REPORT
CEMENT

| DATE | CUSTOMER # | WELL NAME & NUMBER | SECTION | TOWNSHIP | RANGE | COUNTY |
|---------|------------|--------------------|---------|----------|-------|--------|
| 2/17/14 | 1476 | Rankin # WSW1 | SW9 | 14 | 22 | JO |

CUSTOMER
Butler Petroleum

MAILING ADDRESS
PO Box 1385

CITY
Van Alstyne

STATE
TX

ZIP CODE
75495

| TRUCK # | DRIVER | TRUCK # | DRIVER |
|---------|---------|---------|----------------|
| 729 | Cashen | ✓ | Safety Meeting |
| 6666 | Gar Moo | ✓ | |
| 503 | Mat Coc | ✓ | |
| 369 | Dorkas | ✓ | 370 Jas Ric ✓ |

JOB TYPE long string HOLE SIZE 6 3/4" HOLE DEPTH 1140' CASING SIZE & WEIGHT 4 1/2"

CASING DEPTH 1120' DRILL PIPE _____ TUBING _____ OTHER _____

SLURRY WEIGHT _____ SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT in CASING _____

DISPLACEMENT 17.86 bbls DISPLACEMENT PSI _____ MIX PSI _____ RATE 5 bpm

REMARKS: held safety meeting, established circulation, washed casing down from 300' to 1120', mixed + pumped 200 # Premium Gel, mixed + pumped 12 bbls dye marker, mixed + pumped 190 sks OWC cement w/ 1/4 # Floreal per per sk, flushed pump clean, pumped 4 1/2" rubber plug to casing TD w/ 17.86 bbls fresh water, pressured to 803 PSI, released pressure, washed up equipment.

| 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 | 1120' | casing footage | | |
| 5407 | minimum | ton mileage | | 368.00 |
| 5502C | 5.5 hrs | 80 Vac | JUL 28 2014 | 495.00 |
| 5502C | 5.5 hrs | 80 Vac | CONSERVATION DIVISION | 495.00 |
| 5404 | 4 hrs | Stand-by on location (2 people) | WICHITA, KS | 360.00 |
| 5609 | 2 hrs | Misc Pump (wash) | | 420.00 |
| 1126 | 190 sks | OWC cement | | 3752.50 |
| 1118B | 200 # | Premium Gel | | 44.00 |
| 1107 | 48 # | Floreal | | 118.56 |
| 4404 | 1 | 4 1/2" rubber plug | | 47.25 |
| | | | 7.375% | SALES TAX |
| | | | | ESTIMATED TOTAL |
| | | | | 292.22 |
| | | | | 7603.53 |

SCANNED

Ravin 3737

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