

KCC WICHITA

MAR 04 2015

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Correction

Received
KANSAS CORPORATION COMMISSION

Confidentiality Requested:
Yes No

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

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

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 #: _____

<u>10/8/2013</u>	<u>10/9/2013</u>	<u>10/9/2013</u>
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. 33.23456) (e.g. -111.23456)

Datum: NAD27 NAD83 WGS84

County: Johnson

Lease Name: Rankin Well #: 1-5

Field Name: Gardner

Producing Formation: Barilesville

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 cm.

Drilling Fluid Management Plan
(Date must be collected from the Reserve Pd)

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 Approved by: NS 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. 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 Yes No Log Formation (Top), Depth and Datum Samples
 (Attach Additional Sheets)
 Samples Sent to Geological Survey Yes No Name GammaRay Top Datum
 Cores Taken Yes No
 Electric Log Run Yes No

List All E. Logs Run:
GammaRay/Neutron/CCL

CASING RECORD							
Report all strings set-conductor, surface, intermediate, production, etc.							
Purpose of String	Size Hole Drilled	Size Casing Set (In O.D.)	Weight Lbs./FL	Setting Depth	Type of Cement	# Sacks Used	Type and Percent Additives
Surface	12.75	7	28	21	Portland	6	50/50 POZ
Completion	6.75	2 8/7	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
Perforate				
Protect Casing				
Plug Back TD				
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)

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

TUBING RECORD: Size: Set At: Pecker 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 Mcl Water Bbls. Gas-Oil Ratio Gravity

DISPOSITION OF GAS: Ventd <input type="checkbox"/> Sold <input type="checkbox"/> Used on Lease <input type="checkbox"/> (If vented, Submit ACO-18.)	METHOD OF COMPLETION: Open Hole <input type="checkbox"/> Perf. <input type="checkbox"/> Dually Comp. (Submit ACO-5) Other (Specify) <input type="checkbox"/> Commingled (Submit ACO-4)	PRODUCTION INTERVAL:
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