

KCC WICHITA

MAR 04 2015

RECEIVED

Correction

Received
KANSAS CORPORATION COMMISSION

AUG 08 2014

Form ACO-1
July 2014

Confidentiality Requested:
Yes No

KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION

CONSERVATION DIVISION
WICHITA, KS
Form must be Typed
Form must be Signed
All blanks must be Filled

WELL COMPLETION FORM
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 (Coro, Expi, etc.):

API No. 15 - 091-24230-00-00
Spot Description:
NE, SW, SW, SW Sec. 9 Twp. 14 S. R. 22 East West
404 Feet from North South Line of Section
4.853 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 #: 1-6
Field Name: Gardner
Producing Formation: Bartlesville
Elevation: Ground: 992 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

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 #: _____
10/2/2013 10/2/2013 10/2/2013
Spud Date or Date Reached TD Completion Date or
Recompletion Date Recompletion Date

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 Approved by: NS Date: 8-8-14

Operator Name: **Butler Petroleum LLC** Lease Name: **Rankin** Well #: **1-6**
 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 Sample
 (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 New 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	7	28	21	Portland	7	50/50 POZ
Completion	6.75	2.87	10.5	938	Portland	140	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)

Shots Per Foot	PERFORATION RECORD - Bridge Plugs Set/Type Specify Footage of Each Interval Perforated	Acid, Fracture, Shot, Cement Squeeze Record (Amount and Kind of Material Used)	Depth
4	841-855	2" DML RTG	14

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: Ventd Sold Used on Lease Open Hole Other (Specify) _____
 (If vented, Submit KCO-1B)
 METHOD OF COMPLETION: Perf. Dually Comp. Cemented (Submit ACO-5)
 PRODUCTION INTERVAL: _____