



KANSAS CORPORATION COMMISSION 1109147
 OIL & GAS CONSERVATION DIVISION

Form ACO-1
 June 2009
Form Must Be Typed
Form must be Signed
All blanks must be Filled

WELL COMPLETION FORM
WELL HISTORY - DESCRIPTION OF WELL & LEASE

OPERATOR: License # 32116
 Name: R.T. Enterprises of Kansas, Inc.
 Address 1: PO BOX 339
 Address 2: _____
 City: LOUISBURG State: KS Zip: 66053 + 0339
 Contact Person: Lance Town
 Phone: (913) 710-5400
 CONTRACTOR: License # 33715
 Name: Town Oilfield Service
 Wellsite Geologist: NA
 Purchaser: _____

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
 Conv. to GSW

Plug Back: _____ Plug Back Total Depth _____
 Commingled Permit #: _____
 Dual Completion Permit #: _____
 SWD Permit #: _____
 ENHR Permit #: _____
 GSW Permit #: _____

<u>12/28/2012</u>	<u>1/2/2013</u>	<u>1/5/2013</u>
Spud Date or Recompletion Date	Date Reached TD	Completion Date or Recompletion Date

API No. 15 - 15-045-21849-00-00

Spot Description: _____
SE SE NW SE Sec. 11 Twp. 15 S. R. 20 East West
1485 Feet from North / South Line of Section
1480 Feet from East / West Line of Section

Footages Calculated from Nearest Outside Section Corner:
 NE NW SE SW

County: Douglas
 Lease Name: Pearson Well #: 29
 Field Name: _____
 Producing Formation: Squirrel
 Elevation: Ground: 1055 Kelly Bushing: 0
 Total Depth: 960 Plug Back Total Depth: _____
 Amount of Surface Pipe Set and Cemented at: 65 Feet
 Multiple Stage Cementing Collar Used? Yes No
 If yes, show depth set: _____ Feet
 If Alternate II completion, cement circulated from: _____
 feet depth to: 65 w/ 35 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 #: _____

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.

Submitted Electronically

KCC Office Use ONLY

Letter of Confidentiality Received
 Date: _____

Confidential Release Date: _____

Wireline Log Received

Geologist Report Received

UIC Distribution

ALT I II III Approved by: Deanna Garrison Date: 01/24/2013



1109147

Operator Name: R.T. Enterprises of Kansas, Inc. Lease Name: Pearson Well #: 29
 Sec. 11 Twp. 15 S. R. 20 East West County: Douglas

INSTRUCTIONS: Show important tops and base 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. Attach complete copy of all Electric Wire-line Logs surveyed. Attach final geological well site report.

Drill Stem Tests Taken <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>(Attach Additional Sheets)</i> Samples Sent to Geological Survey <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Cores Taken <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Electric Log Run <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Electric Log Submitted Electronically <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <i>(If no, Submit Copy)</i> List All E. Logs Run: GammaRay/Neutron/CCL	<input type="checkbox"/> Log Formation (Top), Depth and Datum <input type="checkbox"/> Sample Name Top Datum GammaRay
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CASING RECORD <input checked="" 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	9	7	10	65	Portland	35	50/50 POZ
Completion	5.6250	2.8750	8	924	Portland	125	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	-			

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
3	840.0-862.0	2" DML RTG	22

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 (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> <i>(Submit ACO-4)</i> <input type="checkbox"/> Other (Specify) _____	PRODUCTION INTERVAL: _____ _____
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Douglas County, KS

Town Oilfield Service, Inc.

Commenced Spudding:

Well: Pearson 29

(913) 837-8400

12/28/2012

Lease Owner: R.T. Enterprises

WELL LOG

15-045-21849-00-00

Thickness of Strata	Formation	Total Depth
0-10	Soil-Clay	10
35	Sand	45
135	Shale	180
5	Lime	185
7	Sandy Shale	192
13	Lime	205
8	Shale	213
8	Lime	221
4	Shale	225
19	Shale	244
4	Shale	248
9	Sandy Shale	257
21	Sand	278
18	Lime	296
22	Sand	318
54	Shale	372
22	Lime	394
16	Shale	410
8	Lime	418
24	Shale	442
17	Lime	459
5	Shale	464
1	Lime	465
13	Shale	478
24	Lime	502
8	Shale	510
23	Lime	533
4	Shale	537
4	Lime	541
4	Shale	545
5	Lime	550
115	Shale	665
10	Sand	675
47	Shale	722
6	Lime	728
6	Shale	734
1	Lime	735
3	Shale	738
2	Shale	740
8	Lime	748

Short Cuts

TANK CAPACITY

BBLs. (42 gal.) equals $D^2 \times .14 \times h$
D equals diameter in feet.
h equals height in feet.

BARRELS PER DAY

Multiply gals. per minute x 34.2

HP equals BPH x PSI x .0004

BPH - barrels per hour

PSI - pounds square inch

TO FIGURE PUMP DRIVES

- * D - Diameter of Pump Sheave
- * d - Diameter of Engine Sheave
- SPM - Strokes per minute
- RPM - Engine Speed
- R - Gear Box Ratio
- *C - Shaft Center Distance

D - $RPM \times d$ over $SPM \times R$

d - $SPM \times R \times D$ over RPM

SPM - $RPM \times D$ over $R \times d$

R - $RPM \times D$ over $SPM \times d$

$$\text{BELT LENGTH} = 2C + 1.57(D + d) + \frac{(D-d)^2}{4C}$$

* Need these to figure belt length

$$\text{TO FIGURE AMPS: } \frac{\text{WATTS}}{\text{VOLTS}} = \text{AMPS}$$

746 WATTS equal 1 HP

Log Book

Well No. 29

Farm Pearson

KS Douglas
(State) (County)

11 15 20
(Section) (Township) (Range)

For R.T. Enterprises
(Well Owner)

Town Oilfield Services, Inc.

1207 N. 1st East

Louisburg, KS 66053

913-710-5400

Pearson Farm Douglas County
 KS 29 State: Well No. 29

Elevation 1055

Commenced Spuding Dec 28 2012

Finished Drilling Jan 2 2013

Driller's Name Wesley Dallard

Driller's Name

Driller's Name

Tool Dresser's Name Ryan Ward

Tool Dresser's Name Colt Stone

Tool Dresser's Name

Contractor's Name TOS
 11 15 20

(Section) (Township) (Range)
 Distance from S line, 1485 ft.

Distance from E line, 1480 ft.

17 hrs

CASING AND TUBING MEASUREMENTS

Feet	In.	Feet	In.	Feet	In.
894.8		Baffle			
924.2		Float			
				27	18

CASING AND TUBING RECORD

10" Set _____ 10" Pulled _____
 8" Set _____ 8" Pulled _____
 7 1/4" Set 65" 6 1/4" Pulled _____
 4" Set _____ 4" Pulled _____
 2" Set _____ 2" Pulled _____

Thickness of Strata	Formation	Total Depth	Remarks
0-10	soil - clay	10	
35	sand	45	18' - water
135	shale	180	
5	Lime	185	
7	sandy shale	192	
13	Lime	205	
8	shale - slate	213	
8	Lime	221	
4	shale	225	
19	shale & shells	244	
4	shale & lime	248	
9	sandy shale	257	
21	sand & sandy shale	278	no Oil
18	Lime & shells	296	
22	sand & sandy shale	318	no Oil
54	shale	372	
22	Lime	394	
16	shale	410	
8	Lime	418	
24	shale	442	
17	Lime	459	
5	shale	464	
1	Lime	465	
13	shale	478	
24	Lime	502	
8	shale - slate	510	
23	Lime	533	

533

Thickness of Strata	Formation	Total Depth	Remarks
4	Shale-slate	537	
4	Lime	541	
4	Shale	545	
5	Lime	550	Heitha
115	Shale	665	
10	sand	675	slight show
47	Shale	722	
6	Lime	728	
6	Shale	734	
1	Lime	735	
3	Shale	738	
2	Shale & lime	740	
8	Shale	748	
2	Lime	750	
21	Shale & lime	771	
3	Lime	774	
18	Shale	792	
2	Lime	794	
27	Shale-redbed	821	
1	Lime	822	
16	Shale	838	
2	sandy shale	840	
23	sand	863	solid - good saturation
97	Shale	960	TD



CONSOLIDATED
Oil Well Services, LLC

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

TICKET NUMBER 39061

LOCATION Ottawa KS

FOREMAN Fred Mader

FIELD TICKET & TREATMENT REPORT
CEMENT

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
12/28/12		Pearson # 29	SE 11	15	20	DG
CUSTOMER Oienrac			TRUCK #	DRIVER	TRUCK #	DRIVER
MAILING ADDRESS 120 Shoreline Dr			506	Fred Mad	Safety	MLK
CITY Louisburg	STATE KS	ZIP CODE 66053	495	Har Bec	H13	
JOB TYPE <u>Surf Job</u>			369	Dex Mas	DM	
HOLE SIZE <u>9 7/8</u>			510	Set Tac	ST	
HOLE DEPTH <u>65'</u>			CASING SIZE & WEIGHT <u>7"</u>			
CASING DEPTH <u>65'</u>			OTHER _____			
SLURRY WEIGHT _____			CEMENT LEFT in CASING <u>10'</u>			
SLURRY VOL _____			RATE <u>4 BPM</u>			
WATER gal/sk _____			MIX PSI _____			
DISPLACEMENT <u>2 BBL</u>			DISPLACEMENT PSI _____			

REMARKS: Establish pump rate thru 7" casing. Mix Pump 35 gals
50/50 Per Mix Cement 290 gal. Cement to surface. Displace
7" casing clean w/ 2 BBL water. Shut in casing.

TOS Drilling - Wesley

Fred Mader

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
54015	1	PUMP CHARGE Surface Cement	495	825 ⁰⁰
5406	-	MILEAGE		N/C
5402	65'	Casing Footage		N/C
5407	1/2 minimum	Tax Miles	510	175 ⁰⁰
5502C	2 hrs	80 BBL Vac Truck	369	180 ⁰⁰
1124	355 kls	50/50 Per Mix Cement		383 ²⁵
118B	59#	Premium Gel		1239
SCANNED				
			7.37%	SALES TAX
				28 ⁸²
				ESTIMATED TOTAL
				1604 ⁵²

Ravin 9737

AUTHORIZATION Wesley Dollard

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.

