

Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION

Form ACO-1

January 2018

Form must be Typed

Form must be Signed

All blanks must be Filled

WELL COMPLETION FORM
WELL HISTORY - DESCRIPTION OF WELL & LEASE

OPERATOR: License # _____

Name: _____

Address 1: _____

Address 2: _____

City: _____ State: _____ Zip: _____ + _____

Contact Person: _____

Phone: (_____) _____

CONTRACTOR: License # _____

Name: _____

Wellsite Geologist: _____

Purchaser: _____

Designate Type of Completion:

New Well Re-Entry Workover

Oil WSW SWD

Gas DH EOR

OG GSW

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 EOR Conv. to SWD
 Plug Back Liner Conv. to GSW Conv. to Producer

Commingled Permit #: _____

Dual Completion Permit #: _____

SWD Permit #: _____

EOR Permit #: _____

GSW Permit #: _____

Spud Date or Date Reached TD Completion Date or
Recompletion Date Recompletion Date

API No.: _____

Spot Description: _____

_____ - _____ - _____ Sec. _____ Twp. _____ S. R. _____ East West

_____ Feet from North / South Line of Section

_____ 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: _____

Lease Name: _____ Well #: _____

Field Name: _____

Producing Formation: _____

Elevation: Ground: _____ Kelly Bushing: _____

Total Vertical Depth: _____ Plug Back Total Depth: _____

Amount of Surface Pipe Set and Cemented at: _____ Feet

Multiple Stage Cementing Collar Used? Yes No

If yes, show depth set: _____ Feet

If Alternate II completion, cement circulated from: _____

feet depth to: _____ w/ _____ sx cmt.

Drilling Fluid Management Plan

(Data must be collected from the Reserve Pit)

Chloride content: _____ ppm Fluid volume: _____ bbls

Dewatering method used: _____

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

Confidentiality Requested

Date: _____

Confidential Release Date: _____

Wireline Log Received Drill Stem Tests Received

Geologist Report / Mud Logs Received

UIC Distribution

ALT I II III Approved by: _____ Date: _____

Operator Name: _____ Lease Name: _____ Well #: _____

Sec. _____ Twp. _____ S. R. _____ East West County: _____

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 <input type="checkbox"/> Yes <input type="checkbox"/> No <i>(Attach Additional Sheets)</i> Samples Sent to Geological Survey <input type="checkbox"/> Yes <input type="checkbox"/> No Cores Taken <input type="checkbox"/> Yes <input type="checkbox"/> No Electric Log Run <input type="checkbox"/> Yes <input type="checkbox"/> No Geologist Report / Mud Logs <input type="checkbox"/> Yes <input type="checkbox"/> No List All E. Logs Run:	<input type="checkbox"/> Log Formation (Top), Depth and Datum <input type="checkbox"/> Sample Name Top Datum
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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

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				

1. Did you perform a hydraulic fracturing treatment on this well? Yes No *(If No, skip questions 2 and 3)*
2. Does the volume of the total base fluid of the hydraulic fracturing treatment exceed 350,000 gallons? Yes No *(If No, skip question 3)*
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)*

Date of first Production/Injection or Resumed Production/Injection:	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-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>	PRODUCTION INTERVAL: Top Bottom
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Shots Per Foot	Perforation Top	Perforation Bottom	Bridge Plug Type	Bridge Plug Set At	Acid, Fracture, Shot, Cementing Squeeze Record <i>(Amount and Kind of Material Used)</i>

TUBING RECORD:	Size:	Set At:	Packer At:	
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Form	ACO1 - Well Completion
Operator	R.T. Enterprises of Kansas, Inc.
Well Name	Finnerty I-22
Doc ID	1137015

Perforations

Shots Per Foot	Perforation Record	Material Record	Depth
2	866-872	2" DML RTG	13

Douglas County, KS
 Well: Finnerty I-22
 Lease Owner: R.T. Enterprises

Town Oilfield Service, Inc.
 (913) 837-8400

Commenced Spudding:
 4-24-2013

WELL LOG

Thickness of Strata	Formation	Total Depth
		3
3	Soil/Clay	82
79	Sand	85
3	Lime	205
120	Shale	210
5	Lime	217
7	Shale	231
14	Lime	238
7	Shale	246
8	Lime	252
6	Shale	254
2	Lime	270
16	Shale & Shells	282
12	Shale	291
9	Sandy Shale & Sand	295
4	Shale	303
8	Sand	321
18	Lime	338
17	Sandy Shale & Sand	396
58	Shale	419
23	Lime	434
15	Shale	438
4	Shale & Lime	443
5	Lime	460
17	Shale	466
6	Sand	483
17	Lime	488
5	Shale	489
1	Lime	502
13	Shale	526
24	Lime	535
9	Shale	558
23	Lime	562
4	Shale	566
4	Lime	570
4	Shale	575
5	Lime	581
6	Shale	595
14	Sand	601
6	Sand & Shale	640
39	Shale	

Douglas County, KS
Well: Finnerty I-22
Lease Owner: R.T. Enterprises

Town Oilfield Service, Inc.
(913) 837-8400

Commenced Spudding:
4-24-2013

33	Sandy Shale	673
21	Shale	694
13	Sand	707
6	Sandy Shale	713
34	Shale	747
7	Lime	754
7	Shale	761
1	Lime	762
4	Shale	766
3	Shale & Lime	769
4	Shale	773
10	Shale & Lime	783
12	Shale	795
3	Lime	798
6	Shale	804
6	Sandy Shale	810
6	Shale	816
4	Lime	820
23	Shale	843
2	Lime	845
9	Shale	854
4	Sandy Shale	858
4	Sandy Shale	862
4	Sandy Shale	866
7	Sandy Shale	873
1	Sandy Shale	874
4	Sandy Shale	878
40	Shale	918
12	Sandy Shale	930
50	Shale	980

Short Cuts

TANK CAPACITY

BBLS. (42 gal.) equals $D^2 \times 14xh$

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 $SPM \times d$

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

* Need these to figure belt length

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

746 WATTS equal 1 HP

Log Book

Well No. 1-22

Farm Cummins

KS Drewles
(State) (County)

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

For Center Drives
(Well Owner)

Town Oilfield Services, Inc.

1207 N. 1st East
Louisburg, KS 66053
913-710-5400



CONSOLIDATED
Oil Well Services, LLC

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

TICKET NUMBER 41809

LOCATION Ottawa KS

FOREMAN Fred Mader

FIELD TICKET & TREATMENT REPORT
CEMENT

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
5/24/13	5954	Finnerly # J-22	NE 11	15	20	06
CUSTOMER <u>Olsen rec</u>			TRUCK #			
MAILING ADDRESS <u>120 Shoreline Dr</u>			DRIVER			
CITY <u>Hopisburg</u>			TRUCK #			
STATE <u>KS</u>			DRIVER			
ZIP CODE <u>66053</u>			TRUCK #			
			DRIVER			

JOB TYPE Surface HOLE SIZE 9 7/8 HOLE DEPTH 90 CASING SIZE & WEIGHT 7"
 CASING DEPTH 89 DRILL PIPE _____ TUBING _____ OTHER _____
 SLURRY WEIGHT _____ SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT in CASING 10'
 DISPLACEMENT 2.75 BBL DISPLACEMENT PSI _____ MIX PSI _____ RATE 5 BPM

REMARKS: Hold crew meeting. Establish circulation thru 7" casing.
Mix & Pump 49 sks 50/50 por Mix Cement 2% Gel. Cement
to surface. Displace 7" casing clean w/ 2.75 BBL water.
Shot in casing

TOS Drilling

Fred Mader

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
54015	1	PUMP CHARGE Surface Cement	495	870 ⁰⁰
5406	-	MILEAGE		NIC
5402	89	Casing footage		NIC
5407	1/2 minimum	Ton Miles	545	184 ⁰⁰
5502C	2 1/2 hrs	80 BBL Vac Truck	370	225 ⁰⁰
1124	49 sks	50/50 Por Mix Cement		563 ⁵⁰
1118B	83 #	Premium Gel.		18 ²⁶
			7.3%	SALES TAX
				ESTIMATED TOTAL
				1903 ²³

AUTHORIZATION Stephen Saw

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.



CONSOLIDATED
Oil Well Services, LLC

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

TICKET NUMBER 41764

LOCATION Ottawa, KS

FOREMAN Cathy Kennedy

FIELD TICKET & TREATMENT REPORT
CEMENT

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
4/25/13	5954	Finnerty #I-22	SE 11	15	20	DG

CUSTOMER
Ojeuroc
MAILING ADDRESS
120 Shoreline Dr
CITY
Louisburg STATE
KS ZIP CODE
66053

TRUCK #	DRIVER	TRUCK #	DRIVER
481	Casken	✓	Safety Meeting
6666	Gar Moo	✓	
558	Jas Ric	✓	
675	Kei Det	✓	

JOB TYPE Logging HOLE SIZE 5 1/8" HOLE DEPTH 980' CASING SIZE & WEIGHT 2 7/8" EUE
CASING DEPTH 953' DRILL PIPE _____ TUBING baffle - 920' OTHER _____
SLURRY WEIGHT _____ SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT in CASING 31'
DISPLACEMENT 5.34 Hls DISPLACEMENT PSI _____ MIX PSI _____ RATE 4.5 bpm

REMARKS: held safety meeting, established circulation, mixed & pumped 200# Premium Gel followed by 10 bbls fresh water, mixed & pumped 146 sks 5950 Pozmix cement w/ 2 1/2 gal per sk, cement to surface, flushed pump clean, pumped 2 1/2" rubber plug to baffle w/ 5.34 bbls fresh water, pressured to 800 PSI, released pressure, shut in casing.

[Handwritten signature]

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401	1	PUMP CHARGE		1085.00
54006	20 mi	MILEAGE		84.00
5402	953'	casing footage		
5409	1/2 minimum	ton mileage		184.00
5502C	2 hrs	80 Vac		180.00
1124	146 sks	5950 Pozmix cement		1679.00
118B	445 #	Premium Gel		97.96
4402	1	2 1/2" rubber plug		29.50
			7.390	SALES TAX
				ESTIMATED
				TOTAL

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.