CORRECTION #1

KOLAR Document ID: 1348396

KANSAS CORPORATION COMMISSION OIL & GAS CONSERVATION DIVISION

WELL COMPLETION FORM WELL HISTORY - DESCRIPTION OF WELL & LEASE

Form ACO-1
January 2018
Form must be Typed
Form must be Signed
All blanks must be Filled

	API No.:
Name:	Spot Description:
Address 1:	
Address 2:	Feet from North / South Line of Section
City: State: Zip:+	Feet from East / West Line of Section
Contact Person:	Footages Calculated from Nearest Outside Section Corner:
Phone: ()	□NE □NW □SE □SW
CONTRACTOR: License #	GPS Location: Lat:, Long:
Name:	(e.g. xx.xxxxx) (e.gxxx.xxxxx)
Wellsite Geologist:	Datum: NAD27 NAD83 WGS84
Purchaser:	County:
Designate Type of Completion:	Lease Name: Well #:
New Well Re-Entry Workover	Field Name:
☐ Oil ☐ WSW ☐ SWD	Producing Formation:
Gas DH EOR	Elevation: Ground: Kelly Bushing:
□ OG □ GSW	Total Vertical Depth: Plug Back Total Depth:
CM (Coal Bed Methane)	Amount of Surface Pipe Set and Cemented at: Feet
Cathodic Other (Core, Expl., etc.):	Multiple Stage Cementing Collar Used? Yes No
If Workover/Re-entry: Old Well Info as follows:	If yes, show depth set: Feet
Operator:	If Alternate II completion, cement circulated from:
Well Name:	feet depth to:w/sx cmt.
Original Comp. Date: Original Total Depth:	
☐ Deepening ☐ Re-perf. ☐ Conv. to EOR ☐ Conv. to SWD	Drilling Fluid Management Plan
☐ Plug Back ☐ Liner ☐ Conv. to GSW ☐ Conv. to Producer	(Data must be collected from the Reserve Pit)
Committed Downith the	Chloride content:ppm Fluid volume:bbls
Commingled Permit #: Dual Completion Permit #:	Dewatering method used:
SWD Permit #:	Location of fluid disposal if hauled offsite:
EOR Permit #:	·
GSW Permit #:	Operator Name:
	Lease Name: License #:
Spud Date or Date Reached TD Completion Date or	QuarterSecTwpS. R East West
Recompletion Date Recompletion Date	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

Confidentiality Requested:

Yes No

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 Approved by: Date:					

CORRECTION #1

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Operator Name: _				Lease Name	e:			Well #:	
SecTwp.	S. R.	Ea	st West	County:					
open and closed, f and flow rates if ga	lowing and shu as to surface te	t-in pressures, w st, along with fina	hether shut-in pre al chart(s). Attach	essure reached extra sheet if m	static lev	el, hydrosta ce is neede	tic pressures, d.	bottom hole tempe	val tested, time tool erature, fluid recovery, v. Digital electronic log
files must be subm	nitted in LAS ve	rsion 2.0 or newe	er AND an image	file (TIFF or PD	F).				
Drill Stem Tests Ta			Yes No		Log	Formatio	on (Top), Dept		Sample
Samples Sent to G	Geological Surv	ey	Yes No	ı	Name			Тор	Datum
Cores Taken Electric Log Run Geologist Report / List All E. Logs Ru	_		Yes No Yes No Yes No						
		Re	CASING eport all strings set-	RECORD	New [Used	on, etc.		
Purpose of Strin		Hole	Size Casing Set (In O.D.)	Weight Lbs. / Ft.		Setting Depth	Type of Cement	# Sacks Used	Type and Percent Additives
			ADDITIONAL	CEMENTING /	SQUEEZ	E RECORD			
Purpose:		epth Ty Bottom	pe of Cement	# Sacks Used	d		Туре а	and Percent Additives	
Perforate Protect Casi									
Plug Back TI Plug Off Zon									
Did you perform a Does the volume o Was the hydraulic	of the total base f	luid of the hydraulic	fracturing treatmen		-	Yes Yes Yes	No (If No	o, skip questions 2 an o, skip question 3) o, fill out Page Three (•
Date of first Producti Injection:	ion/Injection or Re	esumed Production	/ Producing Meth	nod:	Gas	Lift 🗆 C	other (Explain) _		
Estimated Production Per 24 Hours	on	Oil Bbls.			Water		bls.	Gas-Oil Ratio	Gravity
	SITION OF GAS:	on Lease	N Open Hole	METHOD OF COM	MPLETION		nmingled	PRODUCTIC Top	N INTERVAL: Bottom
(If vented,	Submit ACO-18.)			(St	ubmit ACO	-5) (Sub	mit ACO-4)		
Shots Per	Perforation	Perforation	Bridge Plug	Bridge Plug		Acid,		Cementing Squeeze	Record
Foot	Тор	Bottom	Type	Set At			(Amount and	Kind of Material Used)	
TUBING RECORD:	Size:	Set A	At:	Packer At:					

Form	ACO1 - Well Completion
Operator	R.T. Enterprises of Kansas, Inc.
Well Name	SOUTH FIEHLER 3
Doc ID	1348396

Perforations

Shots Per Foot	Perforation Record	Material Record	Depth
3	668-654	2" DML RTG	14

Form	ACO1 - Well Completion
Operator	R.T. Enterprises of Kansas, Inc.
Well Name	SOUTH FIEHLER 3
Doc ID	1348396

Casing

Purpose Of String	Size Hole Drilled	Size Casing Set		Setting Depth	Type Of Cement		Type and Percent Additives
Surface	9	7	10	21	Portland	3	50/50 POZ
Production	5.625	2.875	8	738	Portland	132	50/50 POZ

Summary of Changes

Lease Name and Number: SOUTH FIEHLER 3

API/Permit #: 15-059-27111-00-00

Doc ID: 1348396

Correction Number: 1

Approved By: Karen Ritter

Field Name	Previous Value	New Value
Approved Date	09/13/2016	03/15/2017
Date of First or Resumed Production or SWD or Enhr		8/19/2016
Producing Method Pumping	No	Yes
Save Link	//kcc/detail/operatorE ditDetail.cfm?docID=13 15171	//kcc/detail/operatorE ditDetail.cfm?docID=13 48396



Confidentiality Requested:

Yes No

Kansas Corporation Commission Oil & Gas Conservation Division

1315171

Form ACO-1 August 2013 Form must be Typed Form must be Signed All blanks must be Filled

CONFIDENTIAL WELL COMPLETION FORM WELL HISTORY - DESCRIPTION OF WELL & LEASE

OPERATOR: License #			API No. 15
Name:			Spot Description:
Address 1:			Sec TwpS. R
Address 2:			Feet from North / South Line of Section
City: Sta	ate: Zi	p:+	Feet from East / West Line of Section
Contact Person:			Footages Calculated from Nearest Outside Section Corner:
Phone: ()			□ NE □ NW □ SE □ SW
CONTRACTOR: License #			GPS Location: Lat:, Long:
Name:			(e.g. xx.xxxxx) (e.gxxx.xxxxxx)
Wellsite Geologist:			Datum: NAD27 NAD83 WGS84
Purchaser:			County:
Designate Type of Completion:			Lease Name: Well #:
New Well Re-l	Entry	Workover	Field Name:
			Producing Formation:
☐ Oil ☐ WSW ☐ D&A	☐ SWD	∐ SIOW □ SIGW	Elevation: Ground: Kelly Bushing:
☐ Gas ☐ D&A ☐ OG	GSW	Temp. Abd.	Total Vertical Depth: Plug Back Total Depth:
CM (Coal Bed Methane)	d3vv	remp. Abu.	Amount of Surface Pipe Set and Cemented at: Fee
Cathodic Other (Core,	. Expl., etc.);		Multiple Stage Cementing Collar Used? Yes No
If Workover/Re-entry: Old Well Info			If yes, show depth set: Feet
Operator:			If Alternate II completion, cement circulated from:
Well Name:			feet depth to:w/sx cmt
Original Comp. Date:			·
Deepening Re-perf.	Conv. to E	NHR Conv. to SWD	Drilling Fluid Management Plan
☐ Plug Back	Conv. to G	SW Conv. to Producer	(Data must be collected from the Reserve Pit)
O constituents at	D		Chloride content: ppm Fluid volume: bbls
CommingledDual Completion			Dewatering method used:
SWD			Location of fluid disposal if hauled offsite:
☐ ENHR			Location of hala disposal in fladica offsite.
☐ GSW			Operator Name:
_			Lease Name: License #:
Spud Date or Date Read	ched TD	Completion Date or	QuarterSecTwpS. R East Wes
Recompletion Date		Recompletion Date	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				
Geologist Report Received				
UIC Distribution				
ALT I II Approved by: Date:				

WELL LOG

Thickness of Strata	Formation	Total Depth
0-14	Soil-Clay	14
21	Lime	35
7	Shale	42
12	Lime	54
3	Shale	57
22	Lime	79
52	Shale	131
8	Lime	139
18	Sand	157
60	Shale	217
23	Lime	240
27	Shale	267
6	Lime	273
23	Shale	296
5	Lime	301
12	Shale	313
3	Lime	316
15	Shale	331
22	Lime	353
9	Shale	362
22	Lime	384
4	Shale	388
4	Lime	392
4	Shale	396
5	Lime	401
113	Shale	514
12	Sand	526
37	Shale	563
7	Lime	570
9	Shale	579
8	Lime	587
8	Shale	595
4	Lime	599
14	Shale	613
4	Lime	617
5	Shale	622
12	Lime	634
14	Shale	648
1	Lime	649
······································		
4	Shale	653

Franklin County, KS Town Oilfield Service, Inc. Commenced Spudding: 8/17/16

8/17/16

1	Sand	654
7	Sand	661
2	Sandy Lime	663
5	Sand	668
7	Sandy Shale	675
85	Shale	760-TD
	0.000	
		<u> </u>

Short Cuts

TANK CAPACITY

BBLS. (42 gal.) equals D2x.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 - RPMxd over SPMxR

d - SPMxRxD over RPM

SPM - RPMXD over RxD

R - RPMXD over SPMxD

BELT LENGTH - 2C + 1.57(D + d) + $(D-d)^2$

* Need these to figure belt length

WATTS = AMPS

TO FIGURE AMPS:

VOLTS

746 WATTS equal 1 HP

Log Book

Well No		
Farm Soul	th Fiel	nler
KS	Fa	anklin
(State)	(Township)	(County)
(Section)		
For R.T.	(Well Owner)	e 5

API 15-059-27111

> **Town Oilfield** Services, Inc.

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

South	1						
South Fighter Farm: Franklin County KS State: Well No.	1	CA	SING A	ND TUBING	MEAS	UREMENTS	
0.000			Τ,	, , , , , , , , , , , , , , , , , , ,	Ι,	II = .	Т.
Elevation 972		Feet	ln.	Feet	ln.	Feet	ln.
Commenced Spuding 8-17 20 16	t.	7/0	~7X	DU	P. 1.		
Finished Drilling 8-18 29 6		110.	70	Dal	8 1	<u> </u>	
Driller's Name Wesley Dollard		742	40	Pla	1	1	
Driller's Name		7 (00.	,,	, 0,	~/	7/	
Driller's Name		760	TD	-	2	11/	
Tool Dresser's Name Ryan Ward		-				10	
Tool Dresser's Name							
Tool Dresser's Name							V./
Contractor's Name		2/		Le 14	ک	where.	
8 16 21				s.pe	9.	50 %	سرخرسه
(Section) (Township) (Range)							
c 2cac							
Distance from line, &805ft.							
Distance from E line, 4455 ft.							
3 sacks							
8415							
55/6 borebole							
27/8 casing							
CASING AND TUBING							
RECORD							
NEGOND							
10" Set 10" Pulled	· · ·						
8" Set 8" Pulled							
7 6%" Set 20 6¼" Pulled							····
4" Set 4" Pulled	·						
2" Set 2" Pulled				4			

-1-

2" Set

Thickness of	Formation	Total	Remarks
Strata		Depth 1U	Kenans
0-14	Soil-clay	1/	,
21	Lime	35	
7	Shale	42	
12	Lime	54	
3	Shale	57	**.
22	Lime	79	
52	She C	13/	
8	Lime	139	-
18	sand	157	no Oil
60	Shall	217	
23	Lim-e	240	
27	Shale	267	Some sand - no Oil
(0	Lime	273	
23	Shell	296	
5	Lime	301	
12	Shele	313	
3	Lime	316	
15	Shale	33/	
22	Lime	353	· .
9	Shele	3/a2	
22	Lime	384	
4	Shale	388	
-4	Line	392	
	Shale	396	
	lime	401	Heitha
1/3	Shale	514	
12	Sand	526	ador-no oil slow
	-2-		-3-

		52G	_
Thickness of Strata	Formation	Total Depth	Remarks
37	Shale	563	-S
7	Lime	570	
9	Shale	579	
8	Lime	587	
<u> </u>	Shale	595	
4	Lime	599	
14	Shale	613	
4	lime	617	
<u> </u>	Shele	622	
	Lim e	634	
14	Shale	648	
/	Lime	649	
4	Shale	653	
/	Sand	654	no oil
	Sand	661	mostly solid - OK setwation
2	Sandy Lime	663	no Oil
5	Sand	666	-broken- great saturation
7	sandy shall	675	
85	Shale	760	TD
P-0			
			** -
		<u> </u>	
			1
	1		

.....

-5-

Town Official Service

P.O Box 339 Louisburg, Ks 66053 913-837-8400

Ticket Number
Location
Foreman

Field Ticket & Treatment Report

Cement

	Customer#	Well Name	& Number	Section	Township	Range	County
8-19-16	South,	Fichler	_3	8	16	21	FR
Customer			Mailing Ad				
	T 1 (FEE), rathermore sectors recommended the feel place and		City		State	Zip Code	المراجعة والمراجعة والمراج
ob Type <i>lang</i>	5/mg Hole Size	55/8	Hole Dept	n 760	Casing Size	& Weight <u>2</u>	1/2
lasing Depth Z	42 Drill Pipe_		Tubing	······	Other	and the second s	na anno maria da caracana da da
Displacement	Displaceme	nt PSI	Mix PSI		Rate		
Remarks	······	a makamar ya manasha shumun mbakasa shi ku bibila a wanda ngandaka, k	······································		anna a sa ya ya manana wa mana wa manaka wa manaka wa mana a m		·
			<u>-,</u>	•			
		- No.				,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
							· · · · · · · · · · · · · · · · · · ·
,							
·							
count Code	Quantity or Uni	its (Description o	f Services o	r Product	Unit Price	Total
count Code	Quantity or Uni	(Description o		r Product		
count Code	Quantity or Uni	[•					600
count Code	Quantity or Uni	F	ump Charge				600
count Code		F	Yump Charge Cement Truck				600 250 150
count Code	Quantity or Uni	F C	Pump Charge Cement Truck Vater Truck				600 250 150
count Code		F C C C C C	Pump Charge Cement Truck Vater Truck Cement				600 250 150
count Code		F C C C C C	Pump Charge Cement Truck Vater Truck Cement Gel				400 250 150 122
count Code		F C C C C C	Pump Charge Cement Truck Vater Truck Cement Gel				400 250 150 122
count Code		F C C C C C	Pump Charge Cement Truck Vater Truck Cement Gel				250 150 122 25

Orization

Title

Date

Lacknowledge 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.