

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

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 <i>(Attach Additional Sheets)</i>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Log	Formation (Top), Depth and Datum	<input type="checkbox"/> Sample
Samples Sent to Geological Survey	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Name	Top	Datum
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:					

<div style="text-align: center;"> CASING RECORD <input type="checkbox"/> New <input type="checkbox"/> Used </div> <div style="text-align: center;">Report all strings set-conductor, surface, intermediate, production, etc.</div>							
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 (Explain) _____			
Estimated Production Per 24 Hours	Oil Bbls.	Gas Mcf	Water	Bbls.	Gas-Oil Ratio Gravity

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

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:		

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	Weight	Setting Depth	Type Of Cement	Number of Sacks Used	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 Producing Method Pumping	No	8/19/2016 Yes
Save Link	../kcc/detail/operatorEditDetail.cfm?docID=1315171	../kcc/detail/operatorEditDetail.cfm?docID=1348396

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 # _____

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 ☐ SIOW
- ☐ 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 #: _____

Spud Date or
Recompletion Date

Date Reached TD

Completion Date or
Recompletion Date

API No. 15 - _____

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

☐ Geologist Report Received

☐ UIC Distribution

ALT ☐ I ☐ II ☐ III Approved by: _____ Date: _____

Franklin County, KS
Well: S. Fiehler # 3
Lease Owner: R.T.

Town Oilfield Service, Inc.
(913) 294-2125

Commenced Spudding:
8/17/16

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

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[illegible]

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 $BPH \times PSI \times .0004$

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. 3

Farm South Fiebler

KS

(State)

Franklin

(County)

8

(Section)

16

(Township)

21

(Range)

For R.T. Enterprises

(Well Owner)

API

15-059-27111

**Town Oilfield
Services, Inc.**

1207 N. 1st East

Louisburg, KS 66053

913-710-5400

Thickness of Strata	Formation	Total Depth	Remarks
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	no oil
60	Shale	217	
23	Lime	240	
27	Shale	267	some sand - no oil
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	Heilth
113	Shale	514	
12	sand	526	odor - no oil slow

[illegible]

Town Oilfield Service

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

Ticket Number _____
Location _____
Foreman _____

Field Ticket & Treatment Report Cement

Date	Customer#	Well Name & Number	Section	Township	Range	County
8-19-16		South Fichter 3	8	16	21	FR
Customer		Mailing Address				
		City State Zip Code				

Job Type long string Hole Size 5 5/8 Hole Depth 760 Casing Size & Weight 2 1/2
Casing Depth 742 Drill Pipe _____ Tubing _____ Other _____
Displacement _____ Displacement PSI _____ Mix PSI _____ Rate _____

Remarks _____

Account Code	Quantity or Units	Description of Services or Product	Unit Price	Total
		Pump Charge		600
		Cement Truck		250
		Water Truck		150
	132	Cement	9.25	1221
		Gel		
		Plug		25
			Sales Tax	
Estimated Total				2246

Authorization [Signature] 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.