

## Kansas Corporation Commission Oil & Gas Conservation Division

1060555

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 #	API No. 15
Name:	Spot Description:
Address 1:	Sec Twp S. R 🗌 East 🗌 West
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 #	County:
Name:	Lease Name: Well #:
Wellsite Geologist:	Field Name:
Purchaser:	Producing Formation:
Designate Type of Completion:	Elevation: Ground: Kelly Bushing:
☐ New Well ☐ Re-Entry ☐ Workover	Total Depth: Plug Back Total Depth:
☐ Oil         ☐ WSW         ☐ SIOW           ☐ Gas         ☐ D&A         ☐ ENHR         ☐ SIGW           ☐ OG         ☐ GSW         ☐ Temp. Abd.           ☐ CM (Coal Bed Methane)         ☐ Cathodic         ☐ Other (Core, Expl., etc.):	Amount of Surface Pipe Set and Cemented at: Feet  Multiple Stage Cementing Collar Used?
If Workover/Re-entry: Old Well Info as follows:	·
Operator: Well Name:	Drilling Fluid Management Plan (Data must be collected from the Reserve Pit)
Original Comp. Date: Original Total Depth: Conv. to ENHR	Chloride content: ppm Fluid volume: bbls  Dewatering method used:
Plug Back: Plug Back Total Depth	Location of fluid disposal if hauled offsite:
Commingled Permit #:	Operator Name:
Dual Completion Permit #:	Lease Name: License #:
SWD Permit #:	Quarter Sec TwpS. R
☐ ENHR         Permit #:           ☐ GSW         Permit #:	County: Permit #:
Spud Date or Date Reached TD Completion Date or Recompletion Date  Recompletion Date  Recompletion Date	

### **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: Date:

Side Two



Operator Name:				_ Lease N	lame:			Well #:		
Sec Twp	S. R	East	West	County:						
INSTRUCTIONS: Sh time tool open and clo recovery, and flow rate line Logs surveyed. A	osed, flowing and shu es if gas to surface te	t-in pressures, st, along with f	whether sh inal chart(s	nut-in press	ure reach	ed static level,	hydrostatic pres	sures, bottom h	ole temp	erature, fluid
Drill Stem Tests Taker (Attach Additional S		Yes	No		Log	y Formation	n (Top), Depth a	nd Datum		Sample
Samples Sent to Geo	logical Survey	Yes	No		Name			Тор	I	Datum
Cores Taken Electric Log Run Electric Log Submitte (If no, Submit Copy	d Electronically	Yes Yes Yes	☐ No ☐ No ☐ No							
List All E. Logs Run:										
		Report all	CASING I		New	Used mediate, producti	on, etc.			
Purpose of String	Size Hole Drilled	Size Ca Set (In C	sing	Weigi Lbs. /	ht	Setting Depth	Type of Cement	# Sacks Used	, ,,	and Percent dditives
		AI	DDITIONAL	CEMENTIN	G / SQUE	EZE RECORD				
Purpose:  Perforate Protect Casing Plug Back TD Plug Off Zone	Depth Top Bottom	Type of Co	ement	# Sacks	Used		Type and	Percent Additives		
Shots Per Foot	PERFORATI Specify I	ON RECORD - Footage of Each	Bridge Plugs Interval Perfo	s Set/Type orated			cture, Shot, Cemei mount and Kind of N		d	Depth
TUBING RECORD:	Size:	Set At:		Packer At:		Liner Run:				
Date of First, Resumed	Production, SWD or EN		ducing Meth	od:		as Lift C	Yes No	0		
Estimated Production Per 24 Hours	Oil	Bbls.		Mcf	Water		ols.	Gas-Oil Ratio		Gravity
DISPOSITIO	ON OF GAS:		M	IETHOD OF	COMPLET	ION:		PRODUCTIO	ON INTER	VAL:
Vented Sold	Used on Lease	Open	Hole (Specify)	Perf.	Dually ( (Submit AC		nmingled mit ACO-4)			

Town Oil Company, Inc.
(913) 294-2125 Commenced Spudding: 5/24/2011

Miami County, KS Well: Hunt # 1-W Lease Owner: TOC

## WELL LOG

Thickness of Strata	Formation	Total Depth
4	Soil and Clay	4
13	Lime	17
93	Shale	110
17	Lime	127
25	Shale	152
5	Lime	157
45	Shale	202
16	Lime	218
10	Shale	228
28	Lime	256
9	Shale	265
20	Lime	285
6	Shale	291
4	Lime	295
2	Shale	297
5	Lime	302
134	Shale	436
4	Red Bed	440
4	Lime	444
5	Sandy Lime	449
2	Shale	451
9	Sandy Shale	460
14	Lime	474
48	Shale	522
7	Lime	529
12	Shale	541
2	Lime	543
14	Shale	557
5	Lime	562
11	Shale	573
4	Red Bed	577
12	Shale	589
6	Lime	595
9	Shale	604
13	Sand	617
59	Sandy Shale	676
8	Sand	684
58	Sandy Shale	742-TD

Miami County, KS Well: Hunt # 1-W Lease Owner: TOC

# Town Oil Company, Inc. Commenced Spudding: 5/24/2011

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HT 15-121-28892-00-00 CONSOLIDATED Oil Well Services, LLC

LOCATION

31983 TICKET NUMBER FOREMAN

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

FIELD TICKET & TREATMENT REPORT CEMENT

0176-164-070	0/00-104-000 10 0176-164-070		CEMEN	1			
DATE	CUSTOMER #	WELL NAME & NUMBER	3ER	SECTION	TOWNSHIP	RANGE	COUNTY
11-1-9	7823	Hunt to In		SE 24	17	10	Mi
CUSTOMER	9		AND STATE OF				
1050	1:0			TRUCK#	, DRIVER	TRUCK#	DRIVER
MAILING ADDRESS		Ŧ		50	BlanM	Sutet	Meet
16208	V 287	47		764	Lasey K	. 70	
CITY		STATE ZIP CODE		510	Derex M	u, e	
Paple	17	1/00/11 571					
JOB TYPE /6	10na (Shim	HOLE SIZE 55K	HOLE DEPTH 742	742	CASING SIZE & WEIGHT	IEIGHT 23	8/18
CASING DEPTH	736	DRILL PIPE	TUBING			OTHER D'A	731
SLURRY WEIGHT	1	SLURRY VOL	WATER gallsk		CEMENT LEFT IN CASING VES	CASING VE	2
DISPLACEMENT		DISPLACEMENT PSI	MIX PSI		RATE		
REMARKS: [7]	eld ereu	teld erew meeting.	Esta blished	1:Shed	rate. 1	N. Kol	÷
Dumber	A001 1	arl 40 - 11.	u hole	e 40110	was by	95	S K
150150	002 29	pael. P. rous	ated	ated comen	A. Flu	19 had Du	LINE
Humber	olus ,	6 Min 10 7	11. U	1011 My	DIS P12	2 RS £	100
30 mm	" MX	7. C10301.	40/00				
			1				

Own Drilling

			man In again	man
ACCOUNT	QUANITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
3401	)	PUMP CHARGE		975.00
3406	30	MILEAGE		( DO Dr)
5402	734	Casins tootase		
5407	m'm.	N		330.10
近路				
11188	2005	100		52,00
1194	95.5K	50150402		96175
1044		2" das		28 M
		WOT 441743		
			-	
Ravin 3737			SALES TAX	80.99
NOITZIGONTIIA	Root 10:ha			1538,74
TO LINGUIST OF THE PROPERTY OF	יייין אישילים	TITLE OF 11 TO	DATE (9-1	1-1-

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 for