



KANSAS CORPORATION COMMISSION 1066490
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 # _____

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
- Conv. to GSW
- Plug Back: _____ Plug Back Total Depth _____
- 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

County: _____

Lease Name: _____ Well #: _____

Field Name: _____

Producing Formation: _____

Elevation: Ground: _____ Kelly Bushing: _____

Total 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

- Letter of Confidentiality Received
Date: _____
- Confidential Release Date: _____
- Wireline Log Received
- Geologist Report Received
- UIC Distribution
- ALT I II III Approved by: _____ Date: _____



1066490

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

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

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 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 Electric Log Submitted Electronically <input type="checkbox"/> Yes <input type="checkbox"/> No <i>(If no, Submit Copy)</i> 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
_____ Perforate _____ Protect Casing _____ Plug Back TD _____ Plug Off Zone				

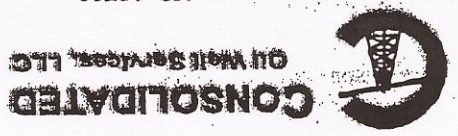
Shots Per Foot	PERFORATION RECORD - Bridge Plugs Set/Type Specify Footage of Each Interval Perforated	Acid, Fracture, Shot, Cement Squeeze Record <i>(Amount and Kind of Material Used)</i>	Depth

TUBING RECORD: Size: _____ Set At: _____ Packer At: _____ Liner Run: Yes No

Date of First, Resumed Production, SWD or ENHR. _____ Producing Method:
 Flowing Pumping Gas Lift Other (Explain) _____

Estimated Production Per 24 Hours	Oil Bbls.	Gas Mcf	Water Bbls.	Gas-Oil Ratio	Gravity
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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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PO Box 884, Chanute, KS 66720
620-431-9210 or 800-467-8676

FIELD TICKET & TREATMENT REPORT

CEMENT

DATE	10/11/11	CUSTOMER #	7532	WELL NAME & NUMBER	Thomas #10
CUSTOMER	ST Petro Term				
MAILING ADDRESS	Ederston Rd		KS.		
CITY	Ederston				

TRUCK #	506	DRIVER	FREMOM
TRUCK #	495	DRIVER	HARBEC
TRUCK #	505/106	DRIVER	CHAREN
TRUCK #	548	DRIVER	KEIDET

JOB TYPE	Long string	HOLE SIZE	5 1/8
CASING DEPTH	1874	DRILL PIPE	Baffle @ 587
SLURRY WEIGHT		SLURRY VOL	
DISPLACEMENT	51 BBL	DISPLACEMENT PSI	
REMARKS:	Establish circulation. Mix & Pump 100* Premium Gel Flush. Mix & Pump 116 s/s 50/50 for mix cement @ 1/4# F10 seed/sk. Cement to surface. Flush pump & lines clean. Displace 2 1/2" rubber plug to casing w/ 5.1 BBL fresh water pressure to 800* PSI. Release pressure to set floor valve. Shut in casing.		

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705 Drilling (Jeth) Fred Maddox

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401	1	PUMP CHARGE	495	975.00
5406	30M:	MILEAGE	495	120.00
5402	897	Casing footage	N/C	
5407	Mix: water	Top Miles	548	332.00
5501C	2 hrs	Trans port	505/106	224.00
1124	116 s/s	50/50 for Mix Cement	12.20	1422.00
118B	295#	Premium Gel	64.38	59.09
1107	29 #	F10 Seal	28.09	64.38
4402	1	2 1/2" Rubber Plug	28.09	28.09
TOTAL				3115.19

SCANNED

245018

AUTHORIZATION
DATE
TITLE

I acknowledge that the payment terms, unless specifically amended in writing on the front of the form or in the customer's and conditions of service on the back of this form are in effect for services identified on this fo

Johnson County, KS
 Well: Thomas A-10
 Lease Owner: ST Petroleum
 Town Oilfield Service, Inc. (913) 837-8400
 Commenced Spudding: 10/10/2011

WELL LOG

Thickness of Strata	Formation	Total Depth
15	Soil/Clay	15
20	Shale	41
6	Lime	47
2	Shale	49
17	Lime	66
10	Shale	76
9	Lime	85
7	Shale	92
19	Lime	111
15	Shale	126
23	Lime	149
5	Shale	154
55	Lime	209
20	Shale	229
7	Lime	236
19	Shale	255
7	Lime	262
6	Shale	268
7	Lime	275
46	Shale	321
22	Lime	343
7	Shale	350
24	Lime	374
3	Shale	384
6	Lime	387
3	Shale	393
6	Lime	399
2	Shale	401
23	Lime	424
4	Shale	428
6	Sandy Shale	434
146	Shale	580
10	Lime	590
13	Shale	603
6	Lime	609
111	Shale	720
10	Sand	730
10	Sandy Shale	740
102	Shale	842
6	Sand	848

