

KANSAS CORPORATION COMMISSION OIL & GAS CONSERVATION DIVISION

1067169

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:	
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: ()	
CONTRACTOR: License #	County:
Name:	Lease Name: Well #:
	Field Name:
Wellsite Geologist:	
Purchaser:	Producing Formation:
Designate Type of Completion:	Elevation: Ground: Kelly Bushing:
New Well Re-Entry Workover	Total Depth: Plug Back Total Depth:
	Amount of Surface Pipe Set and Cemented at: Feel
Gas D&A ENHR SIGW	Multiple Stage Cementing Collar Used? Yes No
□ OG □ GSW □ Temp. Abd.	If yes, show depth set: Feet
CM (Coal Bed Methane)	If Alternate II completion, cement circulated from:
Cathodic Other (Core, Expl., etc.):	feet depth to:w/sx cmt
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:	
Deepening Re-perf. Conv. to ENHR Conv. to SWD	Chloride content: ppm Fluid volume: bbls
	Dewatering method used:
Plug Back: Plug Back Total Depth	Location of fluid disposal if hauled offsite:
Commingled Permit #:	Organitas Nama
Dual Completion Permit #:	Operator Name:
SWD     Permit #:	Lease Name: License #:
ENHR Permit #:	Quarter Sec TwpS. R East West
GSW Permit #:	County: Permit #:
Spud Date or Recompletion Date         Date Reached TD         Completion Date or 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 Name:	Well #:
Sec TwpS. 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 (Attach Additional Sh	eets)	Yes No		-	n (Top), Depth an		Sample
Samples Sent to Geolog	gical Survey	Yes No	Nam	e		Тор	Datum
Cores Taken Electric Log Run Electric Log Submitted B (If no, Submit Copy)	Electronically	<ul> <li>Yes</li> <li>No</li> <li>Yes</li> <li>No</li> <li>Yes</li> <li>No</li> </ul>					
List All E. Logs Run:							
		CASING		ew Used			
		Report all strings set-	-conductor, surface, inte	ermediate, producti	ion, 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: Perforate	Depth Top Bottom	Type of Cement	# Sacks Used	Type and Percent Additives
Protect Casing Plug Back TD				
Plug Off Zone				

Shots Per Foot	PERFORATION RECORD - Bridge Plugs Set/Type Specify Footage of Each Interval Perforated					ement Squeeze Record of Material Used)	Depth			
TUBING RECORD:	Siz	ze:	Set At:		Packe	r At:	Liner R	un:	No	
Date of First, Resumed	Product	ion, SWD or ENHF	ł.	Producing M	lethod:	ping	Gas Lift	Other (Explain)		
Estimated Production Per 24 Hours		Oil Bb	s.	Gas	Mcf	Wate	er	Bbls.	Gas-Oil Ratio	Gravity
DISPOSITION OF GAS: METHOD OF COMPLE			TION:		PRODUCTION INT	ERVAL:				
Vented Sold Used on Lease				Open Hole	Perf.	Uually (Submit )	Comp. ACO-5)	Commingled (Submit ACO-4)		
(If vented, Sul	bmit ACC	)-18.)		Other (Specify)						<u></u>

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10/52/57

Johnson County, KSTown Oilfield Service, Inc.Commenced Spudding:Well: Thomas A G-1(913) 837-840010/25/2011

Lease Owner: ST Petroleum

## MELL LOG

447	lsoO	4
140	bns2	4
982	Shale	92
099	ЭшіД	L
653	əlshZ	53
	ЭшіЛ	52
809	əled2	01
869	әшіД	12
989	Shale	9
284	әшіД	3
829	Shale	134
444	Sand	12
435	Shale	54
408	эшіЛ	5
907	Shale	2
401	эшіЛ	33
398	Shale	81
320	эшіЛ	54
326	Shale	01
316	этіл	5
314	Shale	32
582	ЭтіЛ	L
575	Shale	8
292	əmiJ	9
561	Shale	81
543	Этіле	6
534	Shale	50
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091	Shale	9
122	этіЛ	55
133	Shale	91
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83	Shale	01
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99	Shale	9
09	этіл	2
97	Shale	31
14	Soil-Clay	14
Total Depth	noitemnof	Fhickness of Strata

Johnson County, KS Town Oilfield Service, Inc. Commenced Spudding: Well: Thomas A G-1 (913) 837-8400 10/25/2011 Lease Owner: ST Petroleum

6	Sand	750
2	Shale	752
4	Sand	756
63	Shale	819-TD
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