

KANSAS CORPORATION COMMISSION OIL & GAS CONSERVATION DIVISION 1091793

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 Tast / West Line of Section
Contact Person:	
Phone: ()	
CONTRACTOR: License #	
Name:	Lease Name: Well #:
Wellsite Geologist:	
Purchaser:	
Designate Type of Completion:	Elevation: Ground: Kelly Bushing:
New Well Re-Entry Workover	Total Depth: Plug Back Total Depth:
Oil       WSW       SWD       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?       Yes       No         If yes, show depth set:       Feet         If Alternate II completion, cement circulated from:       feet depth to:       sx cmt.
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 SW Conv. to GSW	Chloride content: ppm Fluid volume: bbls
Plug Back: Plug Back Total Depth	Location of fluid disposal if hauled offsite:
Commingled Permit #:	Operator Name:
Dual Completion Permit #:      SWD Permit #:	Lease Name: License #:
ENHR     Permit #:	QuarterSecTwpS. R East West
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 Approved by: Date:				

	Side Two	<b>                                   </b>
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 She	eets)	Yes No		-	n (Top), Depth an		Sample
Samples Sent to Geolog	ical Survey	Yes No	Nan	ie		Тор	Datum
Cores Taken Electric Log Run Electric Log Submitted E (If no, Submit Copy)	Electronically	<pre>Yes □ No Yes □ No Yes □ No</pre>					
List All E. Logs Run:							
		CASIN	G RECORD	ew Used			
		Report all strings se	et-conductor, surface, int	ermediate, product	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 I of Material Used)	Depth				
TUBING RECORD:	Siz	ze:	Set At:		Packer	At:	Liner R	un:	No	
Date of First, Resumed Pr	oduct	on, SWD or ENH	<i>₹</i> .	Producing N		oing	Gas Lift	Other (Explain)		
Estimated Production Per 24 Hours		Oil Bb	ls.	Gas	Mcf	Wate	ər	Bbls.	Gas-Oil Ratio	Gravity
									1	
DISPOSITION	OF	BAS:			METHOD (	OF COMPLE	TION:		PRODUCTION INTE	RVAL:
Vented Sold		Jsed on Lease		Open Hole	Perf.	Dually (Submit)		Commingled (Submit ACO-4)		
(If vented, Subm	it ACC	-18.)		Other (Specify	)					

CONSOLIDATED		TICKET NUME		7396
Off Wall Barviess, LLC		FOREMAN C		l
PO Box 884, Chanute, KS 66720 FIELD TICKET & TRE	EATMENT REP		7,	
620-431-9210 or 800-467-8676 CEM	ENT			
DATE CUSTOMER # WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
7/13/12 7823 Lowe # 9	SW 18	17	25	MI
CUSTOMER Town Oil Co.	TRUCK #	DRIVER	TRUCK #	DRIVER
MAILING ADDRESS	481	Casken	CE	DRIVER
16205 W. 287th	495	Harbec	AB	
CITY STATE ZIP CODE	558	DerMes	Du	
Pada KS 66071				
JOB TYPE OVASTING HOLE SIZE 55/8" HOLE DE	ртн <u>~/99/</u>	CASING SIZE & W	/EIGHT_27/8	'ElE
CASING DEPTH 475 DRILL PIPE TUBING_	·····		071070	
	al/sk		CASING	where plux
DISPLACEMENT 2. Holdes DISPLACEMENT PSI MIX PSI_		RATE S.S.	an	
REMARKS: held safely meeting, established circulati	on , Mix	ed funce		anian Gel
topwood by 10 bbis tresk unter mixed + p.	mped 55 s	ts 3/20 100		ent w/ 2%
selper sk, coment to surface, flushed pring			wher plue	
casing TD w/ 2.76 bis trash water, prossured	1 to 000 H3	1', released	pressure,	shutin
casing.			·/ )	
			-{ /	······
			<u>~~_</u>	
			/	
				·····

ACCOUNT	QUANITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401	ł	PUMP CHARGE		1030.00
5400	40 mi	MILEAGE		160.00
5402	475'	casing footage		
5407	minimum	ton miliage	·	350.∞
1124	55 sts	5%50 Poznik cement		602,25
1118B	192 #	Premium Call		40.32
4402	1	21/2 " rubber play		26.00
			1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1	
	······································		7.55% SALES TAX	50.62
Ravin 3737	1		ESTIMATED TOTAL	2261.19
AUTHODIZTION	No Co. Rep. on	location TITLE	DATE	

AUTHORIZTION NO CO- Nep. on location TITLE

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.

251297

Miami County, KS Well: Lowe # 9 Lease Owner: TOC

## WELL LOG

Thickness of Strata	Formation	Total Depth
3	Soil/Clay	3
14	Lime	17
3	Shale	20
1	Lime	21
49	Shale	70
10	Lime	80
8	Shale	88
6	Sand	94
18	Shale	112
4	Lime	116
47	Shale	163
8	Lime	171
15	Shale	186
30	Lime	216
8	Shale	224
21	Lime	245
4	Shale	249
4	Lime	253
3	Shale	256
6	Lime	262
3	Shale	265
10	Sand	275
7	Shale	282
7	Sandy Shale	289
9	Sand	298
2	Sand	300
10	Sandy Shale	310
66	Shale	376
2	Sand	378
4	Sand	402
17	Shale	419
2	Sand	421
4	Sand	425
10	Sand	435
3	Sand	438
9	Sand	447
3	Sand	450
11	Sandy Shale	461
7	Shale	468
13	Lime	481

Lease Owner: TOC

# Miami County, KS Well: Lowe # 9 Town Oilfield Service, Inc. Commenced Spudding: (913) 837-8400 7/12/2012

9	Shale	490
4	Lime	494
5	Shale	499-TD