



KANSAS CORPORATION COMMISSION 1099297
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: _____



1099297

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> <input type="checkbox"/> Other <i>(Specify)</i> _____ <input type="checkbox"/> Other <i>(Specify)</i> _____	PRODUCTION INTERVAL: _____ _____
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Consolidated Oil Well Services, LLC

REMIT TO
Consolidated Oil Well Services, LLC
Dept. 970
P.O. Box 4346
Houston, TX 77210-4346

MAIN OFFICE
P.O. Box 884
Chanute, KS 66720
620/431-9210 • 1-800/467-8676
Fax 620/431-0012

INVOICE

Invoice # 252127

Invoice Date: 08/17/2012 Terms: 5/5/30,n/30

Page 1

MISCELLANEOUS ACCOUNTS

THT ENERGY
28906 ORCHARD RD
PAOLA KS 66071
() -

PATTERSON #10

36525
32-15-21
08-10-2012
KS

Part Number	Description	Qty	Unit Price	Total
1124	50/50 POZ CEMENT MIX	114.00	10.9500	1248.30
1118B	PREMIUM GEL / BENTONITE	328.00	.2100	68.88
1111	SODIUM CHLORIDE (GRANULA	262.00	.3700	96.94
4402	2 1/2" RUBBER PLUG	1.00	28.0000	28.00

Sublet Performed	Description	Total
9996-120	CEMENT MATERIAL DISCOUNT	-72.11
9995-120	CEMENT EQUIPMENT DISCOUNT	-73.00

Description	Hours	Unit Price	Total
495 CEMENT PUMP	1.00	1030.00	1030.00
495 EQUIPMENT MILEAGE (ONE WAY)	20.00	4.00	80.00
495 CASING FOOTAGE	790.00	.00	.00
510 MIN. BULK DELIVERY	1.00	350.00	350.00

Amount Due 3014.60 if paid after 09/16/2012

Parts:	1442.12	Freight:	.00	Tax:	106.86	AR	2863.87
Labor:	.00	Misc:	.00	Total:	2863.87		
Sublt:	-145.11	Supplies:	.00	Change:	.00		

Signed _____

Date _____



CONSOLIDATED
Oil Well Services, LLC

TICKET NUMBER 36525

LOCATION Ottawa, KS

FOREMAN Jim Green

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

FIELD TICKET & TREATMENT REPORT
CEMENT

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
084012		Patterson # 10	32	15	21	FR

CUSTOMER TMT Energy

MAILING ADDRESS
28906 Orchard Rd.

CITY Paola STATE Ks ZIP CODE 66071

TRUCK #	DRIVER	TRUCK #	DRIVER
669	Jim Gre	56	
495	Har Del	48	
510	Don Det	00	
<u>RIGHT</u>			

JOB TYPE Logstring HOLE SIZE 5 5/8" HOLE DEPTH 800' CASING SIZE & WEIGHT _____

CASING DEPTH 790' DRILL PIPE _____ TUBING _____ OTHER _____

SLURRY WEIGHT _____ SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT in CASING _____

DISPLACEMENT _____ DISPLACEMENT PSI _____ MIX PSI _____ RATE _____

REMARKS: Held crew meeting. Established pump rates. Mix and pump 100"
Gel to flush holes. Mix and pump 11 1/2 sk 50% pot mix cement with 2%
Gel 5% SALT. Circulated cement to surface. Flush pump clean of
Cement. Pump 2 1/2" Rubber plug to total depth of casing. Well
held good, set float.

~~Customer~~ Customer Supplied Water

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401	One	PUMP CHARGE Cement Well		1030.00
5406	20	MILEAGE		80.00
5407	Min	Bulk Ton Mileage		350.00
5402	790'	Casing footage		N/C
		Customer Supplied Water		N/C
1124	114 SK	50% Pot Mix Cement		1248.30
1118B	328 #	Premium Gel		68.88
1111	262 #	Granulated Salt		96.94
4402	ONE	2 1/2" Rubber Plug		28.00
			Total	2902.12
			Discount	145.11
			Total	2757.01
		<u>Paid in full</u>		
		<u>CHK 1042</u>	<u>5% Cash Discount</u>	<u>2803.58</u>
			SALES TAX	106.86
			ESTIMATED TOTAL	2810.387

WH 3737

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.

252127

DRILL LOG

Operator License# 34595

API 15-059-25960-00-00

Operator T. E. G. Co.

Lease Name Patterson

Address _____

Well # 10

Contractor JTC Oil, Inc.

Spud Date 8/9/12 Cement _____

Contractor License 32834

Location _____ of _____

T.D, 818 T.D. of Pipe 789

_____ feet from _____

Surf. Pipe Size 6 3/8 Depth 5

_____ feet from _____

Kind of Well Oil

County Franklin

Thickness	Strata	From	To	Thickness	Strata	From	To
3	soil	0	3	22	lime	268	290
19	clay/soil	3	22	30	shale	290	320
42	shale	22	66	3	lime	320	323
7	lime	66	73	58	shale	323	381
2	shale	73	75	28	lime	381	409
15	lime	75	90	4	shale	409	413
13	shale	90	103	13	lime	413	426
7	lime	103	110	14	shale	426	440
3	shale	110	113	16	lime	440	456
17	lime	113	130	5	shale	456	461
5	shale	130	135	17	lime	461	478

7	red bed	135	142	164	shale	478	642
30	shale	142	172				
18	lime	172	190				
78	shale	190	268				
				5	lime	642	647
				9	shale	647	656
				3	lime	656	659
				8	shale	659	667
				5	lime	667	672
				57	shale	672	729
				10	lime	729	739
				2	little sand oil	739	741
				2	little sand oil	741	743
				2	little	743	745
				2	better	745	747
				2	good	747	749
				2	v good	749	751
				2	good	751	753
				2	good	753	755
				2	little	755	757
				2	little	757	759
				2	little	759	761

<hr/>	2	little	761	763
<hr/>	2	no oil	763	765
<hr/>	35	shale	765	800
<hr/>	3	lime	800	803
<hr/>		Shale		803 end