



KANSAS CORPORATION COMMISSION 1099311
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: _____



1099311

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 Bbbs.	Gas Mcf	Water Bbbs.	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> _____ <i>(Submit ACO-4)</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 # 252129

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

Page 1

MISCELLANEOUS ACCOUNTS

TNT ENERGY
28906 ORCHARD RD
PAOLA KS 66071
() -

PATTERSON #11
39508
32-15-21
08-14-2012
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
548 MIN. BULK DELIVERY	1.00	350.00	350.00
666 CEMENT PUMP	1.00	1030.00	1030.00
666 EQUIPMENT MILEAGE (ONE WAY)	20.00	4.00	80.00
666 CASING FOOTAGE	791.00	.00	.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 _____

BARTLESVILLE, OK
918/338-0606

EL DORADO, KS
316/322-7622

EUREKA, KS
620/883-7884

PONCA CITY, OK
580/762-2383

OAKLEY, KS
785/672-2227

OTTAWA, KS
785/242-4044

THAYER, KS
620/839-5269

GILLETTE, WY
307/686-4914



CONSOLIDATED
Oil Well Services, LLC

TICKET NUMBER 39508
LOCATION Orraway, KS
FOREMAN Jim Green

PO Box 884, Chanute, KS 66720
620-431-9210 or 800-467-8876

FIELD TICKET & TREATMENT REPORT
CEMENT

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
08-14-12		Patterson # 11	32	15	21	ER

CUSTOMER TNT Energy
MAILING ADDRESS 28906 Orchard Rd
CITY Paola STATE Ks ZIP CODE 66071

TRUCK #	DRIVER	TRUCK #	DRIVER
669	Jim Green		
666	Gar Moo		
518	Mick Hag		
Customer Supplied H ₂ O			

JOB TYPE Log string HOLE SIZE 5 7/8" HOLE DEPTH 800' CASING SIZE & WEIGHT 2 1/2"
CASING DEPTH 791' DRILL PIPE _____ TUBING _____ OTHER _____
SLURRY WEIGHT _____ SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT IN CASING _____
DISPLACEMENT _____ DISPLACEMENT PSI _____ MIX PSI _____ RATE _____

REMARKS: Hold crew receiving. Establish pump rate. Mix and pump 100# Gel to flush hole. Mix and pump 114 SR 500 Poz mix cement with 2% Gel 5% SALT. Circulated cement. Flush pump clean of cement. Pump 2 1/2" Rubber plug to total depth of casing pressure up to 800 PSI well held good set flow.

~~Customer Water~~

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401	One	PUMP CHARGE Cement Pump		1030.00
5406	20	MILEAGE Pump Trk		80.00
5407	min	Bulk Ton Mileage		350.00
5402	791	Casing Storage		N/C
		Customer H ₂ O		N/C
1124	114 SR	500 Poz Mix Cement		1248.00
111813	325 #	Premium Gel		65.00
1111	262 #	Granulated S/L		96.84
4402	One	2 1/2" Rubber Plug		28.00
		5% Cash Discount		2902.12
		paid in full		145.11
		CK# 1092 Thank you 784		2757.01
		SALES TAX		106.86
		ESTIMATED TOTAL		2863.87

Rev'n 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.

252129

DRILL LOG

Operator License# 34585

API 15-059-25961-00-00

Operator TNT Energy

Lease Name Patterson

Address _____

Well # 11

Contractor JTC Oil, Inc.

Spud Date 8/13/12 Cement _____

Contractor License 32834

Location _____ of _____

T.D. 818 T.D. of Pipe 791.7

_____ feet from _____

Surf. Pipe Size 6 5/8 Depth 20ft

_____ feet from _____

Kind of Well Oil

County Franklin

Thickness	Strata	From	To	Thickness	Strata	From	To
3	soil	0	3	11	shale	195	206
27	clay/soil	3	30	2	lime	206	208
40	shale	30	70	63	shale	208	271
13	lime	70	83	24	lime	271	295
2	shale	83	85	20	shale	295	315
14	lime	85	99	12	lime	315	327
7	shale	99	106	56	shale	327	383
10	lime	106	116	7	lime	383	390
4	shale	116	120	4	shale	390	394
25	lime	120	145	17	lime	394	411
31	shale	145	176	9	shale	411	420

19	lime	176	195	18	lime	420	438
				3	shale	438	441
				27	lime	441	468
				81	shale	468	549
				6	lime	549	555
				13	shale	555	568
				4	lime	568	572
				27	shale	572	599
				11	lime	599	610
				33	little oil	610	643
				2	little sand	643	645
				2	good sand	645	647
				2	vgood	649	651
				2	vgood	651	653
				2	good	653	655
				2	good	655	657
				2	little sand	657	659
				2		659	661
				80	shale	661	710
				31	Little	710	741
				2	Shale	741	743
				2	Lime	743	745

<hr/>	52	shale	745	797
<hr/>	5	lime	797	802
<hr/>	16	shale	802	818