



KANSAS CORPORATION COMMISSION 1163011
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: _____



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 (Specify) _____ <input type="checkbox"/> Other (Specify) _____	PRODUCTION INTERVAL: _____ _____
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Johnson County, KS
 Well: Thomas B I-7A
 Lease Owner: ST Petroleum

Town Oilfield Service, Inc.
 (913) 837-8400

Commenced Spudding:
 10-9-2013

WELL LOG

Thickness of Strata	Formation	Total Depth
6	soil/clay	6
4	sandstone	10
64	shale	74
4	lime	78
3	shale	81
14	lime	95
8	shale	103
8	lime	111
6	shale	117
20	lime	137
9	shale	146
11	sand	157
7	shale	164
23	lime	187
23	sandy shale and shale	210
3	lime	213
14	shale	227
25	lime	252
15	shale	267
9	lime	276
18	shale	294
9	lime	303
4	shale	307
6	lime	313
44	shale	357
25	lime	382
7	shale	389
23	lime	412
4	shale	416
3	lime	419
5	shale	424
6	lime	430
4	shale	434
6	sandy shale	440
100	shale	540
6	sand	546
5	sandy shale	551
52	shale	603
4	lime	607
16	shale	623

Short Cuts

TANK CAPACITY

BBLs. (42 gal.) equals $D^2 \times .14 \times h$
 D equals diameter in feet.
 h equals height in feet.

BARRELS PER DAY

Multiply gals. per minute x 34.2

HP equals $BPH \times PSI \times .0004$

BPH - barrels per hour

PSI - pounds square inch

TO FIGURE PUMP DRIVES

* D - Diameter of Pump Sheave

* d - Diameter of Engine Sheave

SPM - Strokes per minute

RPM - Engine Speed

R - Gear Box Ratio

*C - Shaft Center Distance

D - $RPM \times d$ over $SPM \times R$

d - $SPM \times R \times D$ over RPM

SPM - $RPM \times D$ over $R \times d$

R - $RPM \times D$ over $SPM \times d$

BELT LENGTH - $2C + 1.57(D + d) + \frac{(D-d)^2}{4C}$

* Need these to figure belt length

TO FIGURE AMPS: $\frac{WATTS}{VOLTS} = AMPS$

746 WATTS equal 1 HP

Log Book

Well No. 1-7A

Farm Thomas B

KS Johnson
 (State) (County)

31 14 22
 (Section) (Township) (Range)

For ST Petroleum
 (Well Owner)

Town Oilfield Services, Inc.

1207 N. 1st East

Louisburg, KS 66053

913-710-5400

15-011-27200
Thomas B Farm: Johnson County

KC State; Well No. 1-7A

Elevation _____

Commenced Spuding 10-4 20 13

Finished Drilling _____ 20

Driller's Name Chad Weaver

Driller's Name _____

Driller's Name _____

Tool Dresser's Name Scott Holman

Tool Dresser's Name _____

Tool Dresser's Name _____

Contractor's Name JOS

31 14 22

(Section) (Township) (Range)

Distance from S line, _____ ft.

Distance from C line, _____ ft.

3 - Sacks
**CASING AND TUBING
RECORD**

10" Set _____ 10" Pulled _____
7 1/2" Set 22.4' 8" Pulled _____
6 1/2" Set _____ 6 1/4" Pulled _____
4" Set _____ 4" Pulled _____
2 7/8" Set 876.5' 2" Pulled _____
829 Backlog
900 TD

Feet	In.	Feet	In.	Feet	In.

Thickness of Strata	Formation	Total Depth	Remarks
6	soil/clay	6	
4	sandstone	10	
64	shale	74	
4	Lime	78	
3	shale	81	
14	Lime	95	
8	shale	103	Dunk
8	Lime	111	
6	shale	117	
20	Lime	137	
9	shale	146	
11	sand	157	gray, no oil
7	shale	164	
23	Lime	187	
23	sandy shale/shale	210	
3	Lime	213	
14	shale	227	
25	Lime	252	
15	shale	267	
9	Lime	276	
18	shale	294	
9	Lime	303	
4	shale	307	
6	Lime	313	
44	shale	357	
25	Lime	382	
7	shale	389	

Thickness of Strata	Formation	Total Depth	Remarks
23	Lime	412	
4	shale	416	
3	Lime	419	
5	shale	424	
6	Lime	430	Mertha
4	shale	434	
6	sandy shale	440	
100	shale	540	
6	sand	546	sandy, no oil
5	sandy shale	551	
52	shale	603	
4	Lime	607	
16	shale	623	
4	Lime	627	
5	sand	632	oily, ok show
3	sandy shale	635	
9	shale	644	
3	Lime	647	
2	coal	649	
3	shale	654	
9	Lime + shale	663	
2	Lime	665	
27	shale	692	red bed - 669'
2	Lime	694	
6	shale	700	
5	sand	705	sandy, no oil
4	sandy shale	709	

Thickness of Strata	Formation	70% Total Depth	Remarks
56	shale	765	
6	Broken sand	771	odor, little oil
5	sandy shale	776	
17	shale	793	
2	lime	795	
8	shale	803	
4	sand	807	
5	shale	812	
2	lime	814	
7	shale	821	
2	sand	823	no oil
1	sand	824	odor, 30%-40%, sand bleeding
1	sand	825	50% oil
4	sand	829	solid oil
2	Broken sand	831	20%-50% oil
10	shale	843	no oil
5	sand	848	grey, no oil
25	shale	873	
5	Broken sand	878	no oil
5	shale	883	
17	oil sand	900	sand bleeding + with Broken sand



CONSOLIDATED
Oil Well Services, LLC

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

FIELD TICKET & TREATMENT REPORT
CEMENT

TICKET NUMBER 44689

LOCATION Hawa, KS

FOREMAN Casey Kennedy

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
10/10/13	7532	Thomas B # I-7A	NE 31	14	22	JO
CUSTOMER <u>ST Petroleum</u>						
MAILING ADDRESS <u>18800 Sunflower Rd</u>						
CITY <u>Edgerton</u>		STATE <u>KS</u>	ZIP CODE <u>66402</u>			
TRUCK #	DRIVER	TRUCK #	DRIVER			
481	Car Ken	✓	Safety Meeting			
6666	Gar Mao	✓				
548	Mik Haa	✓				
370	Jas Ric	✓				

JOB TYPE longstring HOLE SIZE 5 7/8" HOLE DEPTH 900' CASING SIZE & WEIGHT 2 7/8" EVE
 CASING DEPTH 877' DRILL PIPE _____ TUBING baffle - 869' OTHER _____
 SLURRY WEIGHT _____ SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT in CASING 8'
 DISPLACEMENT 5.03 bbl/s DISPLACEMENT PSI _____ MIX PSI _____ RATE 4.5 bpm

REMARKS: held safety meeting, established circulation, mixed & pumped 200 # Premium Gel followed by 10 bbls fresh water, mixed & pumped 121 sks 50/50 Pozmix cement w/ 2 1/2 gel, + 1/4 # Floseal per sk cement to surface, flushed pump down, pumped 2 1/2" rubber plug to baffle w/ 5.03 bbls fresh water, pressured to 800 PSI, well held pressure for 30 min MIT, released pressure, shut in casing.

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401	1	PUMP CHARGE		1085.00
5406	30 mi	MILEAGE		126.00
5402	877'	casing footage		
5407	minimum	ton mileage		368.00
5502C	2 hrs	80 Vac		180.00
1124	121 sks	50/50 Pozmix cement		1391.50
1118B	403 #	Premium Gel		88.666
1107	30 #	Floseal		74.10
4402	1	2 1/2" rubber plug		29.50
			7.375%	SALES TAX 116.80
				ESTIMATED TOTAL 3459.56

Revin 3737

AUTHORIZATION

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.