



KANSAS CORPORATION COMMISSION 1163019
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: _____



1163019

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
<input type="checkbox"/> Perforate <input type="checkbox"/> Protect Casing <input type="checkbox"/> Plug Back TD <input type="checkbox"/> 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> <i>(Submit ACO-4)</i> <input type="checkbox"/> Other (Specify) _____	PRODUCTION INTERVAL: _____ _____
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Johnson County, KS
 Well: Thomas B 22
 Lease Owner: ST Petroleum

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

Commenced Spudding:
 10/8/2013

WELL LOG

Thickness of Strata	Formation	Total Depth
10	Soil-Clay	10
9	Sandstone	19
41	Shale	60
3	Lime	63
3	Shale	66
16	Lime	82
7	Shale	89
8	Lime	97
6	Shale	103
22	Lime	125
5	Shale	130
18	Sand	148
24	Lime	172
22	Sandy Shale	194
10	Lime	204
14	Shale	218
21	Lime	239
14	Shale	253
9	Lime	262
19	Shale	281
8	Lime	289
5	Shale	294
5	Lime	299
44	Shale	343
26	Lime	369
6	Shale	375
25	Lime	400
3	Shale	403
4	Lime	407
4	Shale	411
6	Lime	417
107	Shale	524
6	Sand	530
3	Sandy Shale	533
54	Shale	587
5	Lime	592
2	Shale	594
2	Lime	596
8	Shale	604
8	Lime	612

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Thickness of Strata	Formation	Total Depth	Remarks
4	sandy shale	693	
50	shale	743	
6	sand	749	odony, ok show
2	Broken sand	751	
4	sandy shale	755	
17	shale	772	
3	Lime	775	
10	shale	785	
4	sand	789	may, no oil
11	shale	800	
2	Broken sand	802	no oil
2	sand	804	odony, 20% - 30% oil
4	sand	808	no oil
4	sandy shale	812	
7	shale	819	
6	sand	825	no oil
37	shale	862	
6	Broken sand	868	no oil
3	sand	871	odony, 40% - 50% oil ok bleeding
1	sand	872	20% - 30% oil
1	sand	873	15% - 20% oil
1	sand	874	25% oil
2	sand	876	60% - 70% oil
1	Broken sand	877	5% - 10% oil
1	shale	878	
2	coal	880	
2	Broken sand	882	no oil



CONSOLIDATED
Oil Well Services, LLC

263012

TICKET NUMBER 44732

LOCATION Ottawa KS

FOREMAN Fred Maden

PO Box 884, Chanute, KS 66720
620-431-9210 or 800-487-8878

FIELD TICKET & TREATMENT REPORT
CEMENT

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
10-9-13	7532	Thomas "B" 02	N E 31	14	22	JD
CUSTOMER ST Petroleum Inc			TRUCK #			
MAILING ADDRESS 18800 Sunflower Rd			DRIVER			
CITY Edgerton			TRUCK #			
STATE KS			DRIVER			
ZIP CODE 66021			TRUCK #			
			DRIVER			

JOB TYPE Long string HOLE SIZE 5 7/8 HOLE DEPTH 950 CASING SIZE & WEIGHT 2 3/4 EUE
 CASING DEPTH 912 DRILL PIPE _____ TUBING 905 OTHER _____
 SLURRY WEIGHT _____ SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT in CASING 8' + Plug
 DISPLACEMENT 5.26 BBL DISPLACEMENT PSI _____ MIX PSI _____ RATE 5 BPM

REMARKS: Hold crew safely meeting. Establish pump rate. Mix + Pump 100% Gel Flush. Mix + Pump 130 SKS 50/50 for Mix Cement 2% Gel 50 BBL 50 BBL. 4" Flo Seal/sk. Cement to surface. Flush pump + lines clean. Displace 2 1/2" Rubber plug to Baffle in casing. Pressure to 800 PSI. Release pressure to set float valve. Shut in casing.

TOS Drilling - Chad Weaver

Fred Maden

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401	1	PUMP CHARGE	495	1085 ⁰⁰
5406	30 mi	MILEAGE	495	126 ⁰⁰
5402	912	Casing footage		N/C
5407	Minimum	Ton Miles	583	366 ⁰⁰
5502C	1 1/2 hr	50 BBL Vac Truck	675	135 ⁰⁰
1124	130 SKS	50/50 Pre Mix Cement		1495 ⁰⁰
1118B	319 #	Premium Gel		70 ¹⁵
1107	33 #	Flo Seal		81 ⁵¹
4402	1	2 1/2" Rubber Plug		29 ⁵⁰
			7.375%	SALES TAX
				ESTIMATED TOTAL
				123 ⁶³
				3513 ⁸²

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