



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1196589
OIL & GAS CONSERVATION DIVISION

Form ACO-1
August 2013

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
- Plug Back Conv. to GSW Conv. to Producer

- Commingled Permit #: _____
- Dual Completion Permit #: _____
- SWD Permit #: _____
- ENHR Permit #: _____
- GSW Permit #: _____

Spud Date or Recompletion Date	Date Reached TD	Completion Date or Recompletion Date
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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

GPS Location: Lat: _____, Long: _____
(e.g. xx.xxxxx) (e.g. -xxx.xxxxx)

Datum: NAD27 NAD83 WGS84

County: _____

Lease Name: _____ Well #: _____

Field Name: _____

Producing Formation: _____

Elevation: Ground: _____ Kelly Bushing: _____

Total Vertical 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

- Confidentiality Requested
Date: _____
- Confidential Release Date: _____
- Wireline Log Received
- Geologist Report Received
- UIC Distribution
- ALT I II III Approved by: _____ Date: _____

1196589

Operator Name: _____ Lease Name: _____ Well #: _____

Sec. _____ Twp. _____ S. R. _____ East West County: _____

INSTRUCTIONS: Show important tops 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.

Final Radioactivity Log, Final Logs run to obtain Geophysical Data and Final Electric Logs must be emailed to kcc-well-logs@kcc.ks.gov. Digital electronic log files must be submitted in LAS version 2.0 or newer AND an image file (TIFF or PDF).

Drill Stem Tests Taken <i>(Attach Additional Sheets)</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Log	Formation (Top), Depth and Datum	<input type="checkbox"/> Sample
Samples Sent to Geological Survey	<input type="checkbox"/> Yes <input type="checkbox"/> No	Name	Top	Datum
Cores Taken	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Electric Log Run	<input type="checkbox"/> Yes <input type="checkbox"/> No			
List All E. Logs Run:				

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				

Did you perform a hydraulic fracturing treatment on this well? Yes No *(If No, skip questions 2 and 3)*

Does the volume of the total base fluid of the hydraulic fracturing treatment exceed 350,000 gallons? Yes No *(If No, skip question 3)*

Was the hydraulic fracturing treatment information submitted to the chemical disclosure registry? Yes No *(If No, fill out Page Three of the ACO-1)*

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

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 <i>(Specify)</i> _____	PRODUCTION INTERVAL: _____ _____
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Johnson County, KS
 Well: Thomas B I-4
 Lease Owner: ST Petro

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

Commenced Spudding:
 03/06/2014

WELL LOG

Thickness of Strata	Formation	Total Depth
6	soil/clay	6
12	sandstone	18
76	shale	94
3	lime	97
4	shale	101
14	lime	115
8	shale	123
8	lime	131
6	shale	137
20	lime	157
19	sand	176
6	shale	182
24	lime	206
49	sandy shale and shale	255
21	lime	276
14	shale	290
9	lime	299
18	shale	317
10	lime	327
4	shale	331
5	lime	336
44	shale	380
24	lime	404
8	shale	412
23	lime	435
4	shale	439
3	lime	442
5	shale	447
6	lime	453
7	shale	460
8	sandy shale	468
86	shale	554
6	sand	560
5	sandy shale	565
51	shale	616
5	lime	621
15	shale	636
5	lime	641
5	sand	646
4	sandy shale	650

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. 14

Farm Truman 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

Thomas B Farm: Johnson County

KS State; Well No. H 1-14

Elevation 1049 Feet

Commenced Spuding 8-6 20 14

Finished Drilling 3-10 20 14

Driller's Name Chad Weaver

Driller's Name _____

Driller's Name _____

Tool Dresser's Name Alc Hoban

Tool Dresser's Name _____

Tool Dresser's Name _____

Contractor's Name TOS

31 14 22

(Section) (Township) (Range)

Distance from S line, 4550 ft.

Distance from E line, 1951 ft.

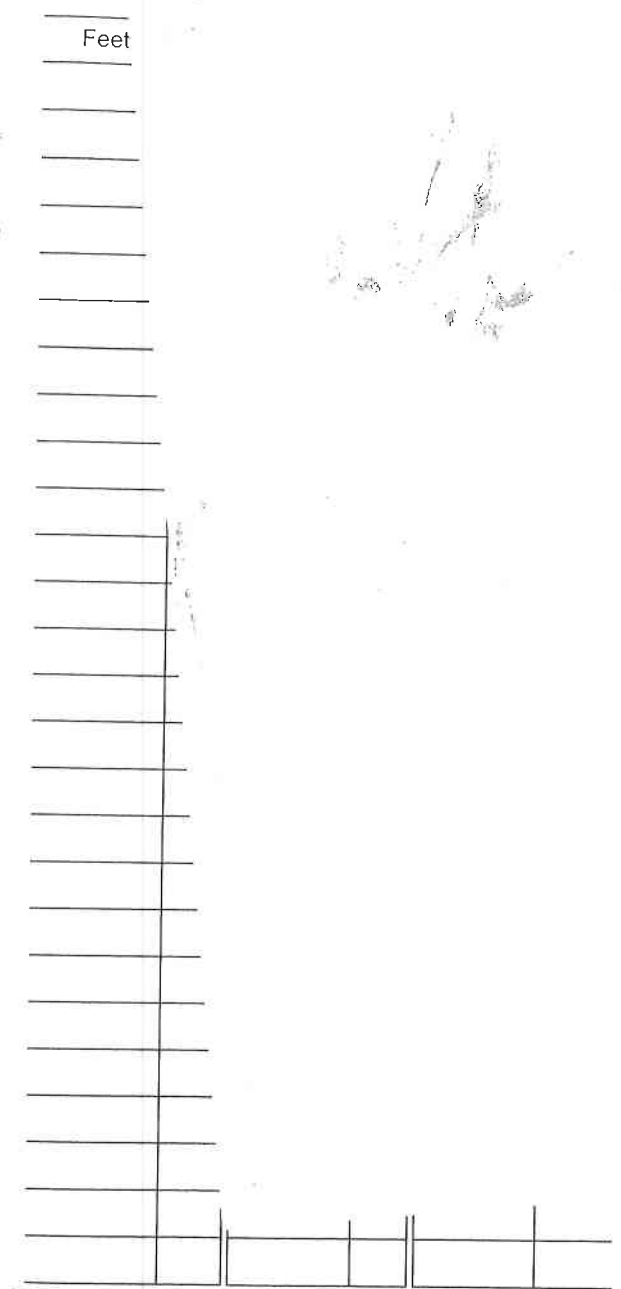
cored

3 sacks

CASING AND TUBING RECORD

10" Set _____	10" Pulled _____
8" Set <u>20'</u>	8" Pulled _____
6 1/4" Set _____	6 1/4" Pulled _____
4" Set _____	4" Pulled _____
2 7/8" Set <u>962.75</u>	2" Pulled _____

98C 75 Baffle
1000 TD



Thickness of Strata	Formation	Total Depth	Remarks
6	soil / clay	6	
12	sandstone	18	
76	shale	94	water
3	Lime	97	
4	shale	101	
14	Lime	115	
8	shale	123	
8	Lime	131	Drank
6	shale	137	
20	Lime	157	
19	sand	176	
6	shale	182	grey, no oil
24	Lime	206	
49	sand-shale-shale	255	
21	Lime	276	
14	shale	290	
9	Lime	299	
18	shale	317	
10	Lime	327	
4	shale	331	
5	Lime	336	
44	shale	380	
24	Lime	404	
8	shale	412	
23	Lime	435	
4	shale	439	
3	Lime	442	

412

Thickness of Strata	Formation	Total Depth	Remarks
5	shale	447	
6	lime	453	Harder
7	shale	460	
8	sandy shale	468	
46	shale	504	
6	sand	510	gray, little oil
5	sandy shale	515	
51	shale	616	
5	lime	621	
15	shale	636	
5	lime	641	
5	sand	646	gray, little oil
4	sandy shale	650	
8	shale	658	
3	lime	661	
2	coal	663	
7	shale	670	
10	lime & shale	680	
26	shale	706	red bed - 684'
2	lime	708	
73	shale	781	
7	sand	788	
5	sandy shale	793	
15	shale	808	
2	lime	810	
11	shale	821	
5	sand	826	gray, no oil



CONSOLIDATED
Oil Well Services, LLC

266529

TICKET NUMBER 42666

LOCATION Fred Madax

FOREMAN Dttawa KS.

PO Box 884, Chanute, KS 66720
820-431-9210 or 800-467-8676

FIELD TICKET & TREATMENT REPORT
CEMENT

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
3-10-14	7532	Thomas "B" # 1-4	NE 31	14	22	JO
CUSTOMER ST Petroleum Inc			TRUCK #			
MAILING ADDRESS 18800 Sbu Flower Rd			DRIVER			
CITY Edgerton			TRUCK #			
STATE KS			DRIVER			
ZIP CODE 66028			TRUCK #			
			DRIVER			

JOB TYPE Longstring HOLE SIZE _____ HOLE DEPTH 1080' CASING SIZE & WEIGHT 2 7/8 EUE
 CASING DEPTH 968' DRILL PIPE Baffle TUBING 9.57' OTHER _____
 SLURRY WEIGHT _____ SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT in CASING 6' + Plug
 DISPLACEMENT 5.56 BB DISPLACEMENT PSI _____ MIX PSI _____ RATE 58 BPM

REMARKS: Hold crew safety meeting. Establish pump rate. Mix + Pump 100# Gel flush. Mix + Pump 142 SKS 50/50 Poz Mix Cement 2% Gel 1/4" Flo. Seal/sk. Cement to surface. Flush pump + lines clean. Displace 2 1/2" Rubber plug to casing TD. - Baffle. Pressure to 800# PSI. Hold + Monitor pressure for 30 min MIT. Release pressure to set float valve. Shut in casing.

TOS Drilling - Chad Weaver

Handwritten signature

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	963	Casing footage		N/C
5407	Minimum	Ton Miles	503	368.00
5502C	2 hrs	80 BBL Vac Truck	370	200.00
1124	142 SKS	50/50 Poz Mix Cement	16.33 ⁰⁰	
1118A	339*	Premium Gel	74.58	
1107	36*	Flo Seal	89.23	
4402	1	2 1/2" Rubber Plug		27.50
		Material's Sub Total	1796.50	
		less 30%	-538.95	
		Material Total	1257.55	
		7375%	SALES TAX	94.23
			ESTIMATED TOTAL	3160.97

Revin 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.