

COPY

SIDE ONE

3979

STATE CORPORATION COMMISSION OF KANSAS
OIL & GAS CONSERVATION DIVISION
WELL COMPLETION FORM
ACO-1 WELL HISTORY
DESCRIPTION OF WELL AND LEASE

Operator: License # 6142

Name: Town Oil Co.

Address RT. 4
Paola, KS. 66071

City/State/Zip Crude Marketing Inc.
Purchaser:

Person Contact Person: Lester Town
Phone (913) 294-2125

Contractor: Name: COMPANY TOOLS

License:

Wellsite Geologist:

Designate Type of Completion

New Well Re-Entry Workover
Oil SWD Temp. Abd. *Completion*
Gas Inj Delayed Comp. *Completion*
Dry Other (Core, Water Supply, etc.)

If OMMO: old well info as follows:
Operator:

Well Name:

Comp. Date Old Total Depth

Drilling Method:

Mud Rotary Air Rotary Cable

7-8-90 7-19-90 7-26-90

Spud Date Date Reached TD Completion Date

API NO. 15- 059-24,546

County Franklin

CW 1/2 Sec. 8 Twp. 16 Rge. 21 East
2630 Ft. North from Southeast Corner of Section

3960 Ft. West from Southeast Corner of Section
(NOTE: Locate well in section plat below.)

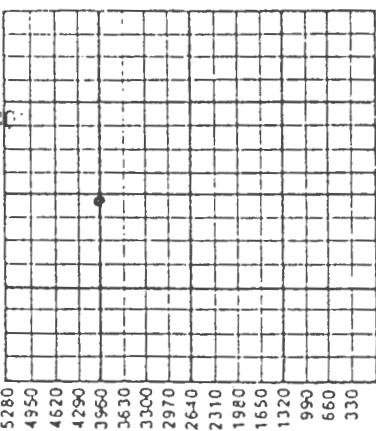
Lease Name Eversmeyer Well # AW-5

Field Name Paola-Rantoul

Producing Formation Squirrel

Elevation: Ground KB

Total Depth 700 PSTD



Alt R N.V.

Amount of Surface Pipe Set and Cemented at 20 Feet

Multiple Stage Cementing Collar Used? Yes No

If yes, show depth set Feet

If Alternate II completion, cement circulated from 20-698

feet depth to 0 w/ 3 77 sx cmt.

INSTRUCTIONS: This form shall be completed in triplicate and filed with the Kansas Corporation Commission, 200 Colorado Derby Building, Wichita, Kansas 67202, within 120 days of the spud date of any well. Rule 82-3-130, 82-3-107 and 82-3-106 apply. Information on side two of this form will be held confidential for a period of 12 months if requested in writing and submitted with the form. See rule 82-3-107 for confidentiality in excess of 12 months. One copy of all wireline logs and driller's time log shall be attached with this form. ALL CEMENTING TICKETS MUST BE ATTACHED. Submit CP-4 form with all plugged wells. Submit CP-111 form with all temporarily abandoned wells. Any recompletion, workover or conversion of a well requires filing of ACO-2 within 120 days from commencement date of such work.

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.

Signature Lester Town
Title Editor Date 8-15-90

Subscribed and sworn to before me this 15 day of Aug,
19 90.

Notary Public James Dunn, Notary Public Aug 6 1990

Domestic Foreign
State of Kansas
My Appl. Exp.

K.C.C. OFFICE USE ONLY		
<input type="checkbox"/> F	Letter of Confidentiality Attached	
<input type="checkbox"/> C	Wireline Log Received	
<input type="checkbox"/> C	Drillers Timelog Received	
Distribution		
<input checked="" type="checkbox"/> KCC <input checked="" type="checkbox"/> KGS	<input type="checkbox"/> SWD/Rep <input type="checkbox"/> Plug	<input type="checkbox"/> NGPA <input type="checkbox"/> Other (Specify) <i>T</i>
<hr/> <hr/>		

SIDE TWO

Operator Name Town Oil Co. Lease Name Eversmeyer Well # AW-5
 Sec. 8 Twp. 16 Rge. 21 East West
 County Franklin

INSTRUCTIONS: Show important tops and base of formations penetrated. Detail all cores. Report all drill stem 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 during test. Attach extra sheet if more space is needed. Attach copy of log.

Drill Stem Tests Taken (Attach Additional Sheets.)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Formation Description		
Samples Sent to Geological Survey	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Log	<input type="checkbox"/> Sample	
Cores Taken	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Name	Top	Bottom
Electric Log Run (Submit Copy.)	<input type="checkbox"/> Yes <input type="checkbox"/> No	See attached copy of driller's log		

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
Surface	9	6 1/4		20	Portland	3	
Completion	5 1/8	2 7/8		698	Portland	77	70/30
PERFORATION RECORD							
Shots Per Foot	Specify Footage of Each Interval Perforated				Acid, Fracture, Shot, Cement Squeeze Record (Amount and Kind of Material Used) Depth		
					Acid treatment		
TUBING RECORD				Size	Set At	Packer At	Liner Run <input type="checkbox"/> Yes <input type="checkbox"/> No
Date of First Production N/A		Producing Method <input type="checkbox"/> Flowing <input type="checkbox"/> Pumping <input type="checkbox"/> Gas Lift <input type="checkbox"/> Other (Explain)					
Estimated Production Per 24 Hours N/A		Oil	Bbls.	Gas	Mcf	Water	Bbls. Gas-Oil Ratio Gravity

Disposition of Gas:

Vented Sold Used on Lease
(If vented, submit ACO-18.)

METHOD OF COMPLETION

Open Hole Perforation Dually Completed Commingled
 Other (Specify) _____

Production Interval