

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

Form ACO-1
September 1999
Form Must Be Typed

ORIGINAL

Operator: License # 6142
Name: Town Oil Company, Inc.
Address: 16205 West 287th St.
City/State/Zip: Paola, Kansas 66071
Purchaser: Crude Marketing, Inc.
Operator Contact Person: Lester Town
Phone: (913) 294-2125
Contractor: Name: Company Tools
License: _____

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Wellsite Geologist: NONE
Designate Type of Completion:
 New Well Re-Entry Workover
 Oil SWD SIOW Temp. Abd.
 Gas ENHR SIGW
 Dry Other (Core, WSW, Expl., Cathodic, 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./SWD
 Plug Back _____ Plug Back Total Depth _____
 Commingled _____ Docket No. _____
 Dual Completion _____ Docket No. _____
 Other (SWD or Enhr.?) _____ Docket No. _____
8-8-03 8-12-03 10-14-03
Spud Date or Date Reached TD Completion Date or Recompletion Date

API No. 15 - 121-27740 - 000
County: Miami
NE SW SE Sec. 11 Twp. 16 S. R. 21 East West
940 feet from S N (circle one) Line of Section
1590 feet from E W (circle one) Line of Section

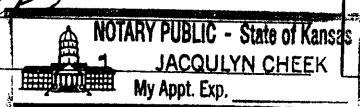
Footages Calculated from Nearest Outside Section Corner:
(circle one) NE SE NW SW
Lease Name: N. Cone Well #: W1-03
Field Name: Paola-Rantoul
Producing Formation: Squirrel
Elevation: Ground: _____ Kelly Bushing: _____
Total Depth: 722 Plug Back Total Depth: _____
Amount of Surface Pipe Set and Cemented at 21 Feet
Multiple Stage Cementing Collar Used? Yes No
If yes, show depth set _____ Feet
If Alternate II completion, cement circulated from 21
feet depth to 0 w/ 3 sx cml.

Drilling Fluid Management Plan Allen 11-18-03
(Data must be collected from the Reserve Pit)
Chloride content 1500-3000 ppm Fluid volume 80 bbls
Dewatering method used used on lease
Location of fluid disposal if hauled offsite:
Operator Name: Town Oil Company, Inc.
Lease Name: _____ License No.: _____
Quarter _____ Sec. _____ Twp. _____ S. R. _____ East West
County: _____ Docket No.: E-18,287

INSTRUCTIONS: An original and two copies of this form shall be filed with the Kansas Corporation Commission, 130 S. Market - Room 2078, Wichita, Kansas 67202, within 120 days of the spud date, recompletion, workover or conversion of a well. Rule 82-3-130, 82-3-106 and 82-3-107 apply. Information of side two of this form will be held confidential for a period of 12 months if requested in writing and submitted with this form (see rule 82-3-107 for confidentiality in excess of 12 months). One copy of all wireline logs and geologist well report 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.

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: Roberta Town
Title: Agent Date: 11-7-03
Subscribed and sworn to before me this 7th day of November,
2003.
Notary Public: Jacquelyn Cheek
Date Commission Expires: 9-12-2005



KCC Office Use ONLY
 Letter of Confidentiality Attached
If Denied, Yes Date: _____
 Wireline Log Received
 Geologist Report Received
 UIC Distribution

X

Operator Name: Town Oil Company, Inc. Lease Name: N. Cone Well #: W1-03

Sec. 11 Twp. 16 S. R. 21 East West County: Miami

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 copy of all Electric Wireline Logs surveyed. Attach final geological well site report.

Drill Stem Tests Taken <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>(Attach Additional Sheets)</i> Samples Sent to Geological Survey <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Cores Taken <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Electric Log Run <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>(Submit Copy)</i> List All E. Logs Run:	<input checked="" 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	# Sacs Used	Type and Percent Additives
Surface	9	6 1/2		21	Portland	3	
Completion	5 5/8	2 7/8		695	Portland	89	50/50 Poz

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
		KANSAS CORPORATION COMMISSION NOV 17 2003 RECEIVED	

TUBING RECORD		Size	Set At	Packer At	Liner Run <input type="checkbox"/> Yes <input type="checkbox"/> No
Date of First, Resumerd Production, SWD or Enhr.			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	Oil Bbls.	Gas Mcf	Water Bbls.	Gas-Oil Ratio	Gravily

Disposition of Gas Vented Sold Used on Lease *(If vented, Sumit ACO-18.)*

METHOD OF COMPLETION Open Hole Perf. Dually Comp. Commingled Other (Specify) _____

Production Interval _____

TOWN OIL COMPANY

"Drilling and Production"

ORIGINAL

913-294-2125

Paola, Kansas 66071

WELL: W1-03
FARM: CONE

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LEASE OWNER: TOWN OIL COMPANY, INC.

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WELL LOG

Thickness of Strata	Formation	Total Depth
0-5	soil & clay	5
6	lime	11
2	gray shale	13
3	slate	16
12	lime	28
5	shale	33
19	lime	52
30	shale	82
25	lime	107
77	shale	184
21	lime	205
26	shale	231
5	lime	236
60	shale	322
9	shale & slate	331
23	lime	354
5	shale & slate	359
3	lime	362
5	shale	367
5	lime	372
150	shale	522
5	lime	527
5	sandy shale	532
8	lime	540
54	shale	594
3	lime	597
11	shale	608
12	lime	620
23	shale	643
1	lime	644
3	sandy shale	647
2	broken oil sand	649
16	sand	665
2	broken sand	667
55	shale	722 TD

API. 15-121-27740-00-00



CONSOLIDATED OIL WELL SERVICES
AN IRVING-CRYSTAL SERVICE COMPANY

211 W. 14TH STREET, CHANUTE, KS 66720
 620-431-9210 OR 800-467-8676

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KCC WICHITA

ORIGINAL

TICKET NUMBER 20598

LOCATION Ottawa

FIELD TICKET

DATE 8-12-03	CUSTOMER ACCT # 7823	WELL NAME N Conc W1-03	QTR/QTR	SECTION 11	TWP 16	RGE 21	COUNTY Mi	FORMATION
CHARGE TO Town 0:1				OWNER				
MAILING ADDRESS 16205 W 28th				OPERATOR Winton				
CITY & STATE Paola KS 66071				CONTRACTOR				

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION OF SERVICES OR PRODUCT	UNIT PRICE	TOTAL AMOUNT
5401	1	PUMP CHARGE cement casing		525.00
5402	695'	casing footage	.14	97.30
1118	4.5x	premium gel	11.60	47.20
4401	1	2" rybba plug		15.00
5402	Min	BLENDING & HANDLING TON-MILES STAND BY TIME MILEAGE WATER TRANSPORTS VACUUM TRUCKS FRAC SAND		190.00
1124	89.3x	CEMENT 50/50 P02 Miami Co. KS	6.45	574.05
			SALES TAX	46.15

Form 2790

ESTIMATED TOTAL 1392.92

CUSTOMER or AGENT'S SIGNATURE

JOB FOREMAN

Alan Miller

CUSTOMER or AGENT (PLEASE PRINT)

DATE

8-12-03

15-01-27740-00-00

185968

CONSOLIDATED OIL WELL SERVICES, INC.
 211 W. 14TH STREET, CHANUTE, KS 66720
 620-431-9210 OR 800-467-8676

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KCC WICHITA

TREATMENT REPORT

TICKET NUMBER 29826
 LOCATION Ottawa
 FOREMAN Alan Mader

ORIGINAL

DATE 8-12-03	CUSTOMER # 7823	WELL NAME NCone W1-03	FORMATION
SECTION 11	TOWNSHIP 16	RANGE 21	COUNTY Mi
CUSTOMER Town Oil Co			
MAILING ADDRESS 16205 W 287th			
CITY Paola			
STATE KJ		ZIP CODE 66071	
TIME ARRIVED ON LOCATION 3:30 P.M.			

TRUCK #	DRIVER	TRUCK #	DRIVER
386	A Mader		
128	B Zabel		
195	R Andrus		

TYPE OF TREATMENT

<input type="checkbox"/> SURFACE PIPE	<input type="checkbox"/> ACID BREAKDOWN
<input checked="" type="checkbox"/> PRODUCTION CASING	<input type="checkbox"/> ACID STIMULATION
<input type="checkbox"/> SQUEEZE CEMENT	<input type="checkbox"/> ACID SPOTTING
<input type="checkbox"/> PLUG & ABANDON	<input type="checkbox"/> FRAC
<input type="checkbox"/> PLUG BACK	<input type="checkbox"/> FRAC + NITROGEN
<input type="checkbox"/> MISP. PUMP	<input type="checkbox"/>
<input type="checkbox"/> OTHER	<input type="checkbox"/>

PRESSURE LIMITATIONS

	THEORETICAL	INSTRUCTED
SURFACE PIPE		
ANNULUS LONG STRING		
TUBING		

WELL DATA	
HOLE SIZE 6 1/4	PACKER DEPTH
TOTAL DEPTH 722	PERFORATIONS
	SHOTS/FT
CASING SIZE 2 3/8	OPEN HOLE
CASING DEPTH 695	
CASING WEIGHT Fibersk	TUBING SIZE
CASING CONDITION	TUBING DEPTH
Bottom 2 joints are	TUBING WEIGHT
2 3/8	TUBING CONDITION
TREATMENT VIA	

INSTRUCTION PRIOR TO JOB Established circulation. Mixed 2 sel. to flush hole. Mixed & pumped 915x 50150 2" gel. Flushed pump. Pumped 2" plug. Plug stopped @ 678'. Well did not hold pressure. Circulated cement to sur.

AUTHORIZATION TO PROCEED

TITLE

DATE

Alan Mader

TIME AM/PM	STAGE	BBL'S PUMPED	INJ RATE	PROPPANT PPG	SAND / STAGE	PSI	
							BREAKDOWN PRESSURE
							DISPLACEMENT 71.67
							MIX PRESSURE
							MIN PRESSURE 2000
							ISIP
							15 MIN. 1500
							MAX RATE
							MIN RATE

APP. 15-121-27740-20-20

11-17-03

ORIGINAL

Sales Ticket
14216



211 W. 14th, P.O. Box 884 Chanute, KS 66720
316/431-9210 • 1-800/467-8676

Date 8-15, 2003

7823
Charge To Town Oil Company
Mailing Address 16205 W. 287 street
City & State Paola, KS 66071
Well No. & Farm 11-16-21 Inj. on County MI
well.

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5609 1 MIT Test on Well
Track # 164. B2.
Well Held 500 PSI \$20.00 - NC

186133

Done by Bill Zabel
[Signature] (NC)

Rev'n 2433

APR. 15-121-24440-00-00