

KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION

Form ACO-1
September 1999
Form Must Be Typed

WELL COMPLETION FORM
WELL HISTORY - DESCRIPTION OF WELL & LEASE

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: _____
Wellsite Geologist: _____

RECEIVED
FEB - 1 2002

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. _____

11-23-2001 11-28-01 12-31-01
Spud Date or Date Reached TD Completion Date or Recompletion Date

API No. 15 045-21,260 0000
County: Douglas
SW-NE- SW Sec. 1 Twp. 15 S. R. 20 East West
1490 feet from S N (circle one) Line of Section
3765 feet from E W (circle one) Line of Section

Footages Calculated from Nearest Outside Section Corner:
(circle one) NE SE NW SW

Lease Name: Baldwin Unit Well #: D-6
Field Name: Baldwin
Producing Formation: Squirrel

Elevation: Ground: _____ Kelly Bushing: _____
Total Depth: 900' Plug Back Total Depth: _____
Amount of Surface Pipe Set and Cemented at 42 Feet
Multiple Stage Cementing Collar Used? Yes No
If yes, show depth set _____ Feet
If Alternate II completion, cement circulated from 42
feet depth to 0 w/ 7 sx cmt.

Drilling Fluid Management Plan Act II KGR 1/17/08
(Data must be collected from the Reserve Pit)

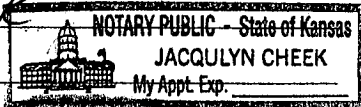
Chloride content fresh ppm Fluid volume 80 bbls
Dewatering method used used on lease

Location of fluid disposal if hauled offsite: _____
Operator Name: _____
Lease Name: _____ License No.: _____
Quarter _____ Sec. _____ Twp. _____ S. R. _____ East West
County: _____ Docket No.: _____

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 the 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: Lester Town
Title: Agent Date: 1-25-02
Subscribed and sworn to before me this 25th day of January,
15 2002
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

Operator Name: Town Oil company, Inc. Lease Name: Baldwin Unit Well #: D-6

Sec. 1 Twp. 15 S. R. 20 East West County: Douglas

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 Copy Attached
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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	# Sacjs Used	Type and Percent Additives
Surface	9 1/4	6 1/4		42'	Portland	7 sx	
Completion	5 5/8	2 7/8		880'	Portland	120 sx	50/50 Poz 2%Gel

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	Acid, Fracture, Shot, Cement Squeeze Record	Depth
	Specify Footage of Each Interval Perforated	(Amount and Kind of Material Used)	
2	833-848 (16 shots)	100 Gal. acid	833-848

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	Gravity

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

ORIGINAL

Route 4
Paola, Kansas 66071

"Drilling and Production"

013-284-2128

WELL: D-6
FARM: BALDWIN UNIT

LEASE OWNER: TOWN OIL COMPANY

RECEIVED

FEB - 1 2002

KCC WICHITA

WELL LOG

Thickness of Strata	Formation	Total Depth
0-8	soil & clay	8
5	sand	13
2	lime	15
8	sandy shale	23
2	lime	25
5	sand	30
139	shale	169
4	lime	173
3	shale	176
19	lime	195
7	shale	202
8	lime	210
6	shale	216
22	lime	238
28	shale	266
15	lime	281
76	shale	357
23	lime	380
13	shale	393
9	lime	402
19	shale	421
3	lime	424
4	shale	428
25	lime	443
7	shale	450
2	lime	452
10	shale	462
22	lime	484
10	shale & slate	494
24	lime	518
5	shale & slate	523
4	lime	527
4	shale & slate	531
7	lime	538
5	shale	543
3	sand	546
162	shale	708
6	lime	714
2	slate	716
3	shale	719
4	lime	723
9	shale	732
8	lime	740
13	shale	753
3	lime	756
2	shale	760

ORIGINAL

WELL: D-6

LEASE: BALDWIN UNIT

LEASE OWNER: TOWN OIL COMPANY

WELL LOG (Con't)

Thickness of Strata	Formation	Total Depth
3	lime	763
21	shale & slate	784
16	shale & slate	800
15	lime broken	815
12	sandy shale	827
8	sand	835
13	sand	848
1	sandy lime	849
2	sand	851
49	shale	900 TD



CONSOLIDATED
OIL WELL
SERVICES, INC.
 AN INFINITY COMPANY

211 W. 14th, P.O. Box 884 Cherokee, KS 66720 • 620/431-9210 • 1-800/467-8876

INVOICE DATE	INVOICE NO.
11/30/01	00176145

ORIGINAL
 PRODUCTIONS

TOWN OIL COMPANY
 16205 W. 287 STREET
 PAOLA KS 66071

RECEIVED
 FEB - 1 2002
 KCC WICHITA

TERMS: Net 30 Days
 A Finance Charge computed at 1% per month (annual percentage rate of 12%) will be added to balances over 30 days.

PLEASE REFER TO THIS ACCOUNT NUMBER WHEN MAKING INQUIRIES

ACCOUNT NO.	PO NO.	LOCATION	LEASE AND WELL NO.	DATE OF JOB	JOB TICKET NO.		
7823	0580	20	BALDWIN UNIT D-6	11/28/2001	16062		
ITEM NUMBER			DESCRIPTION	UNITS	UNIT PRICE	UNIT MEAS	EXTENDED PRICE
5401			CEMENT PUMPER	1.0000	525.0000	EA	525.00
5402			CASING FOOTAGE	380.0000	.1400	EA	123.20
1118			PREMIUM GEL	4.0000	11.8000	SK	47.20
4402			2 1/2" RUBBER PLUG	1.0000	16.8500	EA	16.85
5407			BULK CEMENT DELIVERY/MIN BULK DEL	1.0000	190.0000	EA	190.00
1124			50/50 POZ CEMENT MIX	120.0000	8.0500	SK	966.00

GROSS INVOICE 1868.25	TAX 55.92	
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REMITTANCE COPY

PLEASE PAY 1934.17

ORIGINAL

CONSOLIDATED INDUSTRIAL SERVICES, INC.
211 W. 14TH STREET, CHANUTE, KS 66720
316-431-9210 OR 800-467-8676

TICKET NUMBER 14451
LOCATION Ottawa
FOREMAN Alan Mader

TREATMENT REPORT

DATE	CUSTOMER ACCT #	WELL NAME	QTR/QTR	SECTION	TWP	RGE	COUNTY	FORMATION
11-28-01	2823	Baldwin Unit D-6		1	15	20	Dg	
CHARGE TO <u>Town Oil</u>				OWNER				
MAILING ADDRESS <u>16205 W 257th</u>				OPERATOR				
CITY <u>Prola</u>				CONTRACTOR				
STATE <u>Ks</u>		ZIP CODE <u>66071</u>		DISTANCE TO LOCATION <u>20</u>				
TIME ARRIVED ON LOCATION <u>10:00 AM</u>				TIME LEFT LOCATION <u>11:00 AM</u>				

WELL DATA	
HOLE SIZE <u>5 5/8</u>	
TOTAL DEPTH <u>900'</u>	
CASING SIZE <u>2 7/8</u>	
CASING DEPTH <u>880</u>	
CASING WEIGHT <u>2.2 * 875'</u>	
CASING CONDITION	
TUBING SIZE	
TUBING DEPTH	
TUBING WEIGHT	
TUBING CONDITION	
PACKER DEPTH	
PERFORATIONS	
SHOTS/FT	
OPEN HOLE	
TREATMENT VIA	

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"/> MISC PUMP	<input type="checkbox"/> FOAM FRAC
<input type="checkbox"/> OTHER	<input type="checkbox"/> NITROGEN

PRESSURE LIMITATIONS		
	THEORETICAL	INSTRUCTED
SURFACE PIPE		
ANNULUS LONG STRING		
TUBING		

INSTRUCTIONS PRIOR TO JOB
386 Alan Mader
1611 Brett McMullen 103-Dave Blackstone

JOB SUMMARY

DESCRIPTION OF JOB EVENTS Established circulation. Mixed + pumped 25x gel followed by approx 10 bbl clean water. Mixed + pumped 100 x 50/150 pro. 2/20 gel. Circulated cement to surface. Flushed pump clean. Pumped 2 1/2 rubber plug to p.a. at 875' Well held 800 PSI for 30 min MIT.

PRESSURE SUMMARY	
BREAKDOWN or CIRCULATING	psi
FINAL DISPLACEMENT	psi
ANNULUS	psi
MAXIMUM	psi
MINIMUM	psi
AVERAGE	psi
ISIP	psi
5 MIN SIP	psi
15 MIN SIP	psi

TREATMENT RATE	
BREAKDOWN BPM	
INITIAL BPM	
FINAL BPM	
MINIMUM BPM	
MAXIMUM BPM	
AVERAGE BPM	
HYD HHP = RATE X PRESSURE X 40.8	

AUTHORIZATION TO PROCEED _____ TITLE _____ DATE _____

ALL THE TERMS AND CONDITIONS STATED ON THE REVERSE SIDE ARE INCORPORATED AS PART OF THIS SALE.



CONSOLIDATED
OIL WELL
SERVICES
AN INFINITY COMPANY

ORIGINAL
TICKET NUMBER 16062

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

LOCATION D + Haws

FIELD TICKET

DATE	CUSTOMER ACCT #	WELL NAME	QTR/QTR	SECTION	TWP	RGE	COUNTY	FORMATION #
11-28-01	7823	Baldwin Unit	D-6	1	15	20	Dg	
CHARGE TO <u>Town Oil</u>				OWNER				
MAILING ADDRESS <u>16205 W 287th</u>				OPERATOR <u>Winton</u>				
CITY & STATE <u>Paola, Ks. 66071</u>				CONTRACTOR				

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION OF SERVICES OR PRODUCT	UNIT PRICE	TOTAL AMOUNT
5401	1	PUMP CHARGE cement one well		525 ⁰⁰
5402	890'	casing footage	.14	123 ²⁰
1118	45x	premium gel	11 ⁵⁰	47 ²⁰
4402	1	2 1/2 rubber plug		16 ³⁵
5407	minimum	BLENDING & HANDLING TON-MILES STAND BY TIME MILEAGE WATER TRANSPORTS VACUUM TRUCKS customer supplied FRAC SAND		190 ⁰⁰
1124	120 5x	CEMENT 50150 poz	8 ⁰⁵ 6.4% SALES TAX	966 ⁰⁰ 65 ⁹³
ESTIMATED TOTAL				1934 ¹⁷

Revin 2790

CUSTOMER or AGENTS SIGNATURE _____

CIS FOREMAN Alan Madec

CUSTOMER or AGENT (PLEASE PRINT) _____

DATE 11-28-01
176145