

KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION

ORIGINAL

Form ACO-1
October 2008
Form Must Be Typed

WELL COMPLETION FORM
WELL HISTORY - DESCRIPTION OF WELL & LEASE

OPERATOR: License # 5488
Name: TWM PRODUCTION COMPANY
Address 1: 1150 Highway 39
Address 2: _____
City: Chanute State: KS Zip: 66720 + _____
Contact Person: Michael or Jennifer Wimsett
Phone: (620) 431-4137
CONTRACTOR: License # 5491
Name: W & W Production Company
Wellsite Geologist: NONE
Purchaser: _____

Designate Type of Completion:

☒ New Well _____ Re-Entry _____ Workover _____
☒ Oil _____ SWD _____ SIOW _____
_____ Gas _____ ENHR _____ SIGW _____
_____ CM (Coal Bed Methane) _____ Temp. Abd. _____
_____ 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. _____ Conv. to SWD _____
_____ Plug Back: _____ Plug Back Total Depth _____
_____ Commingled _____ Docket No.: _____
_____ Dual Completion _____ Docket No.: _____
_____ Other (SWD or Enhr.?) _____ Docket No.: _____
5-13-09 5-28-09 5-28-09
Spud Date or Date Reached TD Completion Date or
Recompletion Date Recompletion Date

API No. 15 - 001298820000

Spot Description: _____
SW NW SE Sec. 22 Twp. 26 S. R. 18 ☒ East ☐ West
2050 Feet from ☐ North / ☒ South Line of Section
2350 Feet from ☒ East / ☐ West Line of Section

Footages Calculated from Nearest Outside Section Corner:

☐ NE ☐ NW ☐ SE ☐ SW

County: Allen

Lease Name: CANNON A Well #: 59

Field Name: HUMBOLDT/CHANUTE

Producing Formation: BARTLESVILLE

Elevation: Ground: N/A Kelly Bushing: N/A

Total Depth: 880' Plug Back Total Depth: _____

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: 880

feet depth to: SURFACE w/ 91

AT 2-Dlg - 7/22/09

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 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: Jennifer A. Wimsett

Title: SECRETARY Date: JUNE 19, 2009

Subscribed and sworn to before me this 19th day of June

2009

Notary Public: Jennifer A. Wimsett

Date Commission Expires: 8-29-2012

KCC Office Use ONLY

☒ Letter of Confidentiality Received

If Denied, Yes ☐ Date: _____

☒ Wireline Log Received

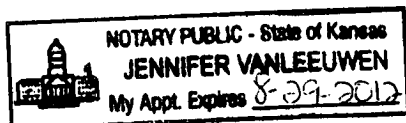
☐ Geologist Report Received

☐ UIC Distribution

RECEIVED

JUN 22 2009

KCC WICHITA



Operator Name: TWM PRODUCTION COMPANY Lease Name: CANNON A Well #: 59
 Sec. 22 Twp. 26 S. R. 18 ☒ East ☐ West County: Allen

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 ☐ Yes ☐ No
 (Attach Additional Sheets)

Samples Sent to Geological Survey ☐ Yes ☐ No

Cores Taken ☐ Yes ☐ No

Electric Log Run ☒ Yes ☐ No
 (Submit Copy)

List All E. Logs Run:

WELL LOG & GAMMA RAY

☐ Log Formation (Top), Depth and Datum ☐ Sample
 Name Top Datum

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		7"		20'	PORTLAND	5	
CASING		2-7/8"		880'	PORTLAND	91	

ADDITIONAL CEMENTING / SQUEEZE RECORD				
Purpose:	Depth Top Bottom	Type of Cement	#Sacks Used	Type and Percent Additives
___ Perforate				
___ Protect Casing				
___ Plug Back TD				
___ Plug Off Zone				

Shots Per Foot	PERFORATION RECORD - Bridge Plugs Set/Type Specify Footage of Each Interval Perforated	Acid, Fracture, Shot, Cement Squeeze Record (Amount and Kind of Material Used)		Depth
2	810.0 TO 826.0 34 PERFS.	FRAC WITH 40 SACKS		810.0-826.0
TUBING RECORD: Size: 2 7/8" Set At: 880' Packer At:		Liner Run: <input type="checkbox"/> Yes <input type="checkbox"/> No		
Date of First, Resumed Production, SWD or Enhr. 5/28/09		Producing Method: <input type="checkbox"/> Flowing <input checked="" type="checkbox"/> Pumping <input type="checkbox"/> Gas Lift <input type="checkbox"/> Other (Explain)		
Estimated Production Per 24 Hours	Oil Bbls. 1	Gas Mcf	Water Bbls.	Gas-Oil Ratio Gravity

DISPOSITION OF GAS:	METHOD OF COMPLETION:	PRODUCTION INTERVAL:
<input type="checkbox"/> Vented <input type="checkbox"/> Sold <input type="checkbox"/> Used on Lease (If vented, Submit ACO-18.)	<input type="checkbox"/> Open Hole <input checked="" type="checkbox"/> Perf. <input type="checkbox"/> Dually Comp. <input type="checkbox"/> Commingled <input type="checkbox"/> Other (Specify) _____	_____

Mail to: KCC - Conservation Division, 130 S. Market - Room 2078, Wichita, Kansas 67202

RECEIVED
 JUN 22 2009
 KCC WICHITA

W & W Production Company
1150 Highway 39
Chanute, Kansas 66720
620-431-4137

Driller Log

TWM Production Company

Cannon A #59
API#15001298820000
S22-T26S-R18E
ALLEN CO, KS

0-1' SOIL
3-25' LIME
25-45' SHALE
45-60' LIME
60-115' SHALE
115-270' LIME
270-430' SHALE
430-440' LIME
440-525' SHALE
525-555' LIME
555-590' SHALE
590-610' LIME
610-768' SHALE
768-779' OIL SAND
779-802' SHALE
802-804' SAND OIL
804-810' SHALE
810-832' SAND OIL
832-880' SHALE

5-13-09 20' OF 7" CEMENTED W/5 SACKS
5-28-09 CEMENTED 2-7/8" W/ 91 SACKS
CEMENT
5-28-09 TD 880'

RECEIVED
JUN 22 2009
KCC WICHITA

"WARNING" DANGER - MAY CAUSE BURNS TO EYES AND SKIN. CONTAINS CALCIUM HYDROXIDE WHEN MIXED WITH WATER. SKIN AREAS THAT COME INTO CONTACT WITH PORTLAND CEMENT OR MIXTURES CONTAINING PORTLAND CEMENT, EITHER DIRECTLY OR THROUGH SATURATED CLOTHING, SHOULD BE PROMPTLY WASHED WITH WATER. FAILURE TO DO SO MAY CAUSE SKIN IRRITATION OR POSSIBLE THIRD DEGREE BURNS REACHING DEEP TISSUES WITH LITTLE WARNING. BODY PERSPIRATION OR MOISTURE MAY CAUSE HYDRATION OF DRY CEMENT ALSO RESULTING IN BURNS. IF IRRITATION BEGINS TO INCREASE SEE A PHYSICIAN IMMEDIATELY. IF PORTLAND CEMENT OR A MIXTURE CONTAINING PORTLAND CEMENT GETS IN THE EYE, RINSE IMMEDIATELY AND REPEATEDLY WITH WATER AND SEEK PROMPT MEDICAL ATTENTION. IF INGESTED, CONSULT A PHYSICIAN IMMEDIATELY. DRINK WATER. CONTAINS CRYSTALLINE SILICA; CHRONIC OVEREXPOSURE TO AIRBORNE CRYSTALLINE SILICA HAS BEEN LINKED TO LUNG PROBLEMS, INCLUDING CANCER AND SILICOSIS. USE A NIOSH-APPROVED DUST RESPIRATOR. MATERIAL SAFETY DATA SHEETS AVAILABLE ON REQUEST. KEEP OUT OF REACH OF CHILDREN.

CUSTOMER'S COPY

From THE MONARCH CEMENT COMPANY

AT HUMBOLDT, KANSAS

the property described below, in apparent good order, except as noted (contents and condition of contents of packages unknown), marked, consigned, and destined as indicated below, which said carrier (the word carrier being understood throughout this contract as meaning any person or corporation in possession of the property under the contract) agrees to carry to its usual place of delivery at said destination, if on its route, otherwise to deliver to another carrier on the route to said destination. It is mutually agreed, as to each carrier of all or any of said property over all or any portion of said route to destination, and as to each party at any time interested in all or any of said property, that every service to be performed hereunder, shall be subject to all the terms and conditions of the Uniform Domestic Straight Bill of Lading set forth (1) in Uniform Freight Classification in effect on the date hereof, if this is a rail or a rail-water shipment, or (2) in the applicable motor carrier classification or tariff if this is a motor carrier shipment.

Shipper hereby certifies that he is familiar with all the terms and conditions of the said bill of lading set forth in the classification or tariff which governs the transportation of this shipment, and the said terms and conditions are hereby agreed to by the shipper and accepted for himself and his assigns.

5-28-09

SHIPPER'S NO.

1000000

Subject to Section 7 of conditions, if this shipment is to be delivered to the consignee without recourse on the consignor, the consignor shall sign the following statement:
The carrier shall not make delivery of this shipment without payment of freight and all other lawful charges.

(Signature of Consignor)

If charges are to be prepaid, write or stamp here, "To Be Prepaid."

Received \$

to apply in prepayment of the charges on the property described hereon.

Agent or Cashier

Per

(The signature here acknowledges only the amount prepaid.)

(Mail or street address of consignee — For purposes of notification only.)

CONSIGNEE TO

U. S. PRODUCTION
1000 U. S. PRODUCTION
CONSIGNEE TO

DESTINATION

ROUTE

W. F. W.

Per [Signature]

CAR NO./TRAILER NO.

YOUR NO.

Quantity

Description

Class or Rate

\$

Charges Advanced:

6.45 TONS

3.17 METRIC TONS

YOUR ONLY COPY

RECEIVED

JUN 22 2009

KCC WICHITA

LBS. GROSS

47,000 LBS

LBS. TARE

3,000 LBS

CORRECT NET

44,000 LBS

If the shipment moves between two ports by a carrier by water, the law requires that the bill of lading shall state whether it is a carrier's or shipper's weight. NOTE-Where the rate is dependent on value, shippers are required to state specifically in writing the agreed or declared value of the property. The agreed or declared value of the property is hereby specifically stated by the shipper to be not exceeding per

THE MONARCH CEMENT COMPANY

CERTIFIED SHIPPERS WEIGHTS

Permanent post office address of shipper,

HUMBOLDT, KANSAS 66748

Per

SPECIAL INSTRUCTIONS

47,000 LBS

6/15/09