

KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION

Form ACO-1
September 1999
Form Must Be Typed

ORIGINAL

WELL COMPLETION FORM
WELL HISTORY - DESCRIPTION OF WELL & LEASE

Operator: License # 6142
Name: Town Oil Company, Inc.
Address: 16205 West 287th St.
City/State/Zip: Paola, Kansas 66071
Purchaser: CMT
Operator Contact Person: Lester Town
Phone: (913) 294-2125
Contractor: Name: Town Oil Company, Inc.
License: 6142
Wellsite Geologist: _____
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. _____
12-1-09 12-18-09 1-6-10
Spud Date or Date Reached TD Completion Date or
Recompletion Date Recompletion Date

API No. 15 - 045-21602-00-00
County: Douglas
NE SE NE SW Sec. 1 Twp. 15 S. R. 20 East West
1755 feet from (S) / N (circle one) Line of Section
2805 feet from (E) / W (circle one) Line of Section
Footages Calculated from Nearest Outside Section Corner:
(circle one) NE SE NW (SW)
Lease Name: Mary Bell Well #: 1-09
Field Name: Baldwin
Producing Formation: Squirrel
Elevation: Ground: 1054 Est. Kelly Bushing: _____
Total Depth: 882' 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 surface w/ 6 sx cmt.

Drilling Fluid Management Plan Alt II NR 4-13-10
(Data must be collected from the Reserve Pit)
Chloride content 0 ppm Fluid volume 80 bbls
Dewatering method used Vac Truck
Location of fluid disposal if hauled offsite:
Operator Name: Town Oil Company, Inc.
Lease Name: Dorsey S-1 License No.: 6142
Quarter NE Sec. 10 Twp. 16 S. R. 21 East West
County: Franklin Docket No.: D-26,829

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: Roberta Town
Title: Agent Date: 3-22-10
Subscribed and sworn to before me this 22nd day of March
20 10
Notary Public: Jacquelyn Cheek
9-12-13

KCC Office Use ONLY
N Letter of Confidentiality Received
If Denied, Yes Date: _____
 Wireline Log Received
 Geologist Report Received **RECEIVED**
 UIC Distribution **KANSAS CORPORATION COMMISSION**
MAR 29 2010

Date Commission Expires: _____
NOTARY PUBLIC - State of Kansas
JACQUYLN CHEEK
My Appt. Exp. 9-12-13

CONSERVATION DIVISION
WICHITA, KS

Operator Name: Town Oil Company, Inc. Lease Name: Mary Bell Well #: 1-09
 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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No <i>(Submit Copy)</i> List All E. Logs Run: GAMMA RAY NEUTRON COMPLETION LOG	<input checked="" type="checkbox"/> Log Formation (Top), Depth and Datum <input type="checkbox"/> Sample Name Top Datum (SEE ATTACHED COPY)
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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	# Sacks Used	Type and Percent Additives
Surface	9 5/8"	6 1/4"		42'	Portland	6 sx	
Completion	5 5/8"	2 7/8" upset		861.9'	Portland	122 sx	50/50 Poz Mix 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	
	Specify Footage of Each Interval Perforated		(Amount and Kind of Material Used)	
				Depth

TUBING RECORD		Size	Set At	Packer At	Liner Run <input type="checkbox"/> Yes <input type="checkbox"/> No
Date of First, Resumed 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 METHOD OF COMPLETION Production Interval

Vented Sold Used on Lease Open Hole Perf. Dually Comp. Commingled
(If vented, Submit ACO-18.) Other (Specify) _____



For KCC Use:
 Effective Date: 10/27/2009
 District # 3
 SGA? Yes No

KANSAS CORPORATION COMMISSION 1032327
 OIL & GAS CONSERVATION DIVISION

Form C-1
 October 2007
 Form must be Typed
 Form must be Signed
 All blanks must be Filled

NOTICE OF INTENT TO DRILL

Must be approved by KCC five (5) days prior to commencing well

Expected Spud Date: 10/22/2009
 month day year

OPERATOR: License# 6142
 Name: Town Oil Company Inc.
 Address 1: 16205 W 287TH ST
 Address 2:
 City: PAOLA State: KS Zip: 66071 + 8482
 Contact Person: Lester Town
 Phone: 913-294-2125

CONTRACTOR: License# 6142
 Name: Town Oil Company Inc.

Well Drilled For:	Well Class:	Type Equipment:
<input checked="" type="checkbox"/> Oil	<input type="checkbox"/> Enh Rec	<input checked="" type="checkbox"/> Infield
<input type="checkbox"/> Gas	<input type="checkbox"/> Storage	<input type="checkbox"/> Mud Rotary
	<input type="checkbox"/> Disposal	<input checked="" type="checkbox"/> Air Rotary
<input type="checkbox"/> Seismic ; # of Holes	<input type="checkbox"/> Wildcat	<input type="checkbox"/> Cable
<input type="checkbox"/> Other:	<input type="checkbox"/> Other	
<input type="checkbox"/> If OWWO: old well information as follows:		

Operator: _____
 Well Name: _____
 Original Completion Date: _____ Original Total Depth: _____

Directional, Deviated or Horizontal wellbore? Yes No
 If Yes, true vertical depth: _____
 Bottom Hole Location: _____
 KCC DKT #: _____

*Surface 12-1-09 2:00 P.M.
 Back 42' of 6 1/4 (6 SA)*

AFFIDAVIT

The undersigned hereby affirms that the drilling, completion and eventual plugging of this well will comply with K.S.A. 55 et. seq.

It is agreed that the following minimum requirements will be met:

1. Notify the appropriate district office **prior** to spudding of well;
2. A copy of the approved notice of intent to drill **shall be** posted on each drilling rig;
3. The minimum amount of surface pipe as specified below **shall be set** by circulating cement to the top; in all cases surface pipe **shall be set** through all unconsolidated materials plus a minimum of 20 feet into the underlying formation.
4. If the well is dry hole, an agreement between the operator and the district office on plug length and placement is necessary **prior to plugging**;
5. The appropriate district office will be notified before well is either plugged or production casing is cemented in;
6. If an ALTERNATE II COMPLETION, production pipe shall be cemented from below any usable water to surface within **120 DAYS** of spud date. Or pursuant to Appendix "B" - Eastern Kansas surface casing order #133,891-C, which applies to the KCC District 3 area, alternate II cementing must be completed within 30 days of the spud date or the well shall be plugged. **In all cases, NOTIFY district office prior to any cementing.**

KANSAS CORPORATION COMMISSION

Submitted Electronically

MAR 29 2010

For KCC Use ONLY
 API # 15 - 15-045-21602-00-00
 Conductor pipe required 0 feet
 Minimum surface pipe required 40 feet per ALT. I II
 Approved by: Rick Hestermann 10/22/2009
 This authorization expires: 10/22/2010
 (This authorization void if drilling not started within 12 months of approval date.)
 Spud date: _____ Agent: _____

Remember to:

- File Drill Pit Application (form CDP-1) with **CONSERVATION DIVISION**
- File Completion Form ACO-1 within 120 days of spud date;
- File acreage attribution plat according to field proration orders;
- Notify appropriate district office 48 hours prior to workover or re-entry;
- Submit plugging report (CP-4) after plugging is completed (within 60 days);
- Obtain written approval before disposing or injecting salt water.
- If this permit has expired (See: *authorized expiration date*) please check the box below and return to the address below.

Well Not Drilled - Permit Expired Date: _____
 Signature of Operator or Agent:

1
15
20
 E
 W

TOWN OIL COMPANY, INC.

"Drilling and Production"

16205 W 287th Street
Paola, Kansas 66071

Fax# 913-294-4823

PHONE: 913-557-5482
913-294-2125

WELL: Mary Bell 1-09

LEASE OWNER: Town Oil Company, Inc.

WELL LOG

Thickness of Strata	Formation	Total Depth
0-18	soil/clay	18
2	lime	20
5	shale	25
4	lime	29
141	shale	170
5	lime	175
2	shale	177
18	lime	195
8	slate	203
3	lime	206
11	shale	217
21	lime	238
3	sand	241
19	shale	260
7	lime	267
3	sand	270
10	lime	280
2	shale	282
7	lime	289
7	shale	296
8	sand	304
55	shale	359
22	lime	381
15	shale	396
10	lime	406
26	shale	432
17	lime	449
5	shale	454
2	lime	456
12	shale	468
23	lime	491
7	slate/shale	498
26	lime	524
3	slate/shale	527
5	lime	532
3	slate/shale	535
6	lime	541
4	shale	545

RECEIVED
KANSAS CORPORATION COMMISSION

MAR 29 2010

CONCEPTUAL DIVISION
WICHITA, KS

TOWN OIL COMPANY, INC.

"Drilling and Production"

16205 W 287th Street
Paola, Kansas 66071

Fax# 913-294-4823

PHONE: 913-557-5482
913-294-2125

WELL: Mary Bell 1-09

LEASE OWNER: Town Oil Company, Inc.

WELL LOG (CON'T)

Thickness of Strata	Formation	Total Depth
5	lime shells	550
6	sand	556
155	shale	711
6	lime	717
7	shale	724
5	lime	729
7	shale	736
8	lime	744
13	shale	757
5	lime	762
3	shale	765
13	lime	778
12	shale	790
7	red bed	797
11	shale	808
7	lime	815
3	shale	818
8	sand	826
56	shale	882 TD

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MAR 29 2010

CONSERVATION DIVISION
WICHITA, KS



CONSOLIDATED
Oil Well Services, LLC

REMIT TO
Consolidated Oil Well Services, LLC
Dept. 970
P.O. Box 4346
Houston, TX 77210-4346

MAIN OFFICE
P.O. Box 884
Chanute, KS 66720
620/431-9210 • 1-800/467-8676
FAX 620/431-0012

INVOICE

Invoice # 232495

Invoice Date: 12/22/2009 Terms: 0/30,n/30

Page 1

TOWN OIL COMPANY
16205 W. 287 STREET
PAOLA KS 66071
(785) 294-2125

MARY BELL 1-09
22513
SW 1-15-20 DG
12/18/2009
KS

Part Number	Description	Qty	Unit Price	Total
1124	50/50 POZ CEMENT MIX	120.00	9.2500	1110.00
1118B	PREMIUM GEL / BENTONITE	305.00	.1600	48.80
4402	2 1/2" RUBBER PLUG	1.00	22.0000	22.00
Description		Hours	Unit Price	Total
368	CEMENT PUMP	1.00	870.00	870.00
368	EQUIPMENT MILEAGE (ONE WAY)	20.00	3.45	69.00
368	CASING FOOTAGE	861.00	.00	.00
510	MIN. BULK DELIVERY	1.00	296.00	296.00

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CONSERVATION DIVISION
WICHITA, KS

Parts:	1180.80	Freight:	.00	Tax:	74.39	AR	2490.19
Labor:	.00	Misc:	.00	Total:	2490.19		
Sublt:	.00	Supplies:	.00	Change:	.00		

Signed _____ Date _____

BARTLESVILLE, OK
918/338-0808

ELDORADO, KS
316/322-7022

EUREKA, KS
620/583-7664

GILLETTE, WY
307/686-4914

MCALISTER, OK
918/426-7667

OTTAWA, KS
785/242-4044

THAYER, KS
620/839-5269

WORLAND, WY
307/347-4577



CONSOLIDATED
Oil Well Services, LLC

PO Box 884, Chanute, KS 66720
620-431-9210 or 800-467-8676

TICKET NUMBER 22513
LOCATION Ottawa KS
FOREMAN _____

FIELD TICKET & TREATMENT REPORT
CEMENT

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
12/18/09	7823	Mary Bell # 1-09	SW 1	15	20	DG
CUSTOMER Town Oil Co.						
MAILING ADDRESS 16205 W 287 222 th St						
CITY Paola		STATE KS	ZIP CODE 66071			
			TRUCK #	DRIVER	TRUCK #	DRIVER
			506	Fred		
			368	Ken		
			510	Arlen		

JOB TYPE Long string HOLE SIZE 5 7/8 HOLE DEPTH 880 CASING SIZE & WEIGHT 2 7/8" EUE
CASING DEPTH 861' DRILL PIPE Pin in tubing casing @ 857' OTHER _____
SLURRY WEIGHT _____ SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT in CASING 5'
DISPLACEMENT 5BBL DISPLACEMENT PSI _____ MIX PSI _____ RATE 43PM

REMARKS: Check casing depth w/wireline. Mix & Pump 100#
Premium Gel Flush. Mix & Pump 122 sks 50/50 Por
Mix Cement 290 Gel. Cement to surface. Flush pump
& lines clean. Displace 2 1/2" Rubber Plug to Pin in
Casing w/ 5BBLs Fresh water. Pressure to 600# PSI
Shut in Casing.

Customer Supplied Water. Jud Madu

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401	1	PUMP CHARGE Cement Pump		870 ⁰⁰
5406	20 mi	MILEAGE Pump Truck		69 ⁰⁰
5402	861'	Casing Footage		n/c
5407	Minimum	Ten Miles		296 ⁰⁰
1124	120 SKS	50/50 Por Mix Cement		1110 ⁰⁰
1118B	305#	Premium Gel		48 ⁰⁰
4402	1	2 1/2" Rubber Plug		22 ⁰⁰
				6.3%
				SALES TAX
				74 ³⁹
				ESTIMATED TOTAL
				2490 ¹⁹

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KANSAS CORPORATION COMMISSION
MAR 29 2010
CONSERVATION DIVISION
WICHITA, KS

WD # 232495

Ravin 3737

AUTHORIZATION Winston Young TITLE Boss DATE _____