

KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION

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AUG 23 2010

Form ACO-1
September 1999
Form Must Be Typed

WELL COMPLETION FORM
WELL HISTORY - DESCRIPTION OF WELL & LEASE

KCC WICHITA ORIGINAL

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. _____

<u>7-2-10</u>	<u>7-26-10</u>	<u>8-13-10</u>
Spud Date or Recompletion Date	Date Reached TD	Completion Date or Recompletion Date

API No. 15-059-25450-00-00
 County: Franklin
NW NW SW SW Sec. 3 Twp. 16 S. R. 21 East West
1260 feet from S / N (circle one) Line of Section
5095 feet from E / W (circle one) Line of Section
 Footages Calculated from Nearest Outside Section Corner:
 (circle one) NE SE NW SW
 Lease Name: Coughenour Well #: 28
 Field Name: Paola-Rantoul
 Producing Formation: Squirrel
 Elevation: Ground: 991 Kelly Bushing: _____
 Total Depth: 762' 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 20 743
 feet depth to surface w/ 1/2 9/16 sx cmt.

Drilling Fluid Management Plan

(Data must be collected from the Reserve Pit)

Chloride content 1500-3000 ppm Fluid volume 80 bbls
 Dewatering method 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.

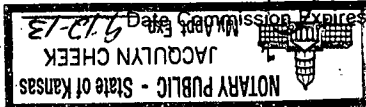
All requirements of the statutes, rules and regulations promulgated to regulate the oil and gas industry have been fully complied with and the statements herein are complete and correct to the best of my knowledge.

Signature: Roberta Town
 Title: Agent Date: 8-18-10
 Subscribed and sworn to before me this 18 day of August
20 10
 Notary Public: Jacquelyn Cheek

9-12-13

KCC Office Use ONLY

Letter of Confidentiality Received
 If Denied, Yes Date: _____
 Wireline Log Received
 Geologist Report Received
 UIC Distribution
Alt 2-Dlg - 8/26/10



Operator Name: Town Oil Company, Inc. Lease Name: Coughenour Well #: 28
 Sec. 3 Twp. 16 S. R. 21 East West County: Franklin

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 (Attach Additional Sheets) 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 (Submit Copy) List All E. Logs Run:	<input checked="" type="checkbox"/> Log Formation (Top), Depth and Datum <input type="checkbox"/> Sample Name Top Datum <p style="text-align: center;">SEE ATTACHED LOG</p>
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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	6 1/2		20	Portland	3sx	
Completion	5 5/8"	2 7/8" upset		747'	Portland	96sx	50/50 PozMix 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 Specify Footage of Each Interval Perforated	Acid, Fracture, Shot, Cement Squeeze Record (Amount and Kind of Material Used)	Depth
4	695-705 (40 shots)		

TUBING RECORD	Size	Set At	Packer At	Liner Run <input type="checkbox"/> Yes <input type="checkbox"/> No
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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)
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Estimated Production Per 24 Hours	Oil Bbls.	Gas Mcf	Water Bbls.	Gas-Oil Ratio	Gravity
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Disposition of Gas Vented Sold Used on Lease (If vented; Submit ACO-18.)

METHOD OF COMPLETION

Open Hole Perf. Dually Comp. Commingled

Other (Specify) _____

Production Interval

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: Coughenour #28

LEASE OWNER: Town Oil Company, Inc.

WELL LOG

Thickness of Strata	Formation	Total Depth
0-10	soil/clay	10
13	lime	23
7	shale	30
10	lime	40
6	shale	46
22	lime	68
20	shale	88
5	limey sand	93
9	shaley sand	102
23	lime	125
72	shale	197
23	lime	220
18	sandy shale	238
8	limey shells	246
6	lime	252
26	shale	278
1	lime	279
16	shale	295
2	lime	297
16	shale	313
25	lime	338
10	shale	348
21	lime	369
4	shale	373
5	lime	378
4	shale	382
4	lime	386
15	shale w/lime	401
34	shale	435
26	sand	461
44	sandy shale	505
9	sand	514
37	sandy shale	551
7	lime	558
9	shale	567
28	shale w/shells	595
2	coal	597
22	shale	619
23	lime	642
13	shale	655
2	lime	657
3	shale	660

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"Drilling and Production"

16205 W 287th Street
Paola, Kansas 66071

Fax# 913-294-4823

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

WELL: Coughenour #28

LEASE OWNER: Town Oil Company, Inc.

WELL LOG (CON'T)

Thickness of Strata	Formation	Total Depth
5	lime	665
10	shale	675
2	sandy lime	679
8	sand	687
2	lime sand	689
18	sand	707
2	sand	709
53	shale	762 TD

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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 # 235481

Invoice Date: 07/27/2010 Terms: 0/30,n/30

Page 1

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

COUGHENOUR 28
27007
SW 3-16-21 FR
07/26/2010

Part Number	Description	Qty	Unit Price	Total
1124	50/50 POZ CEMENT MIX	94.00	9.8400	924.96
1118B	PREMIUM GEL / BENTONITE	261.00	.2000	52.20
4402	2 1/2" RUBBER PLUG	1.00	23.0000	23.00
Description		Hours	Unit Price	Total
368	CEMENT PUMP	1.00	925.00	925.00
368	EQUIPMENT MILEAGE (ONE WAY)	20.00	3.65	73.00
368	CASING FOOTAGE	743.00	.00	.00
503	MIN. BULK DELIVERY	1.00	315.00	315.00

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Parts:	1000.16	Freight:	.00	Tax:	78.01	AR	2391.17
Labor:	.00	Misc:	.00	Total:	2391.17		
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

McALESTER, 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

FIELD TICKET & TREATMENT REPORT
CEMENT

TICKET NUMBER 27007
LOCATION Ottawa KS
FOREMAN Fred Mader

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
7-26-10	7823	Caughobur #28	SW 3	16	21	FR
CUSTOMER Town Oil Co.						
MAILING ADDRESS 162 95 W 287 th						
CITY Paola		STATE KS	ZIP CODE 66071			
			TRUCK #	DRIVER	TRUCK #	DRIVER
			506	Fred	Safety Mfg	
			368	Ken		
			503	Cecil		

JOB TYPE Longstring HOLE SIZE 5 7/8 HOLE DEPTH 750 CASING SIZE & WEIGHT _____
 CASING DEPTH 743 DRILL PIPE Pin @ 738' TUBING 2 7/8 TD RD. OTHER _____
 SLURRY WEIGHT _____ SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT in CASING 2 1/2" Plug
 DISPLACEMENT 4.3 BBL DISPLACEMENT PSI _____ MIX PSI _____ RATE 4 BPM

REMARKS: Establish circulation. Mix Pump 100# Gel Flush.
Mix + Pump 96 SKS 50/50 Poz Mix Cement. 2% Gel.
Cement to Surface. Flush pump + lines clean.
Displace 2 1/2" Rubber plug to casing pin in casing
w/ 4.3 BBL Fresh water. Pressure to 700# PSI.
Shut in casing

Rig Supplied Water

Fred Mader

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401	1	PUMP CHARGE		925 ⁰⁰
5406	20 mi.	MILEAGE		23 ⁰⁰
5402	743'	Casing Footage		N/C
5407	Minimum	Ten Miles		315 ⁰⁰
1124	94 SKS	50/50 Poz Mix Cement		924 ²⁶
1118B	261#	Premium Gel		52 ²⁰
4402	1	2 1/2" Rubber Plug		23 ⁰⁰
			RECEIVED	
			AUG 23 2010	
			KCC WICHITA	
			W/O # 235481	
			7.8%	
			SALES TAX	78 ⁰¹
			ESTIMATED TOTAL	2391 ¹⁷

Ravin 3737

AUTHORIZATION Winston Jones TITLE _____ DATE _____

I acknowledge that the payment terms, unless specifically amended in writing on the front of the form or in the customer's account records, at our office, and conditions of service on the back of this form are in effect for services identified on this form.