

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 # 6142
Name: Town Oil Company, Inc.
Address 1: 16205 W. 287th Street
Address 2: _____
City: Paola State: KS Zip: 66071 + _____
Contact Person: Lester Town
Phone: (913) 294-2125
CONTRACTOR: License # 33715
Name: Town Oilfield Service, Inc.
Wellsite Geologist: _____
Purchaser: Pacer Energy Marketing
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.: _____
8/16/2010 8/18/2010 9/20/2010
Spud Date or Date Reached TD Completion Date or
Recompletion Date Recompletion Date

API No. 15 - 001-29966-00-00
Spot Description: _____
~~SW~~ SW NW SW Sec. 4 Twp. 24 S. R. 19 East West
820 Feet from North / South Line of Section
4790 Feet from East / West Line of Section
Footages Calculated from Nearest Outside Section Corner:
 NE NW SE SW
County: Allen
Lease Name: North Meiwes Well #: 6
Field Name: Iola
Producing Formation: Tucker
Elevation: Ground: 1084 Kelly Bushing: NA
Total Depth: 1079' Plug Back Total Depth: 34'
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'
feet depth to: surface w/ 5 sx cmt.

Drilling Fluid Management Plan

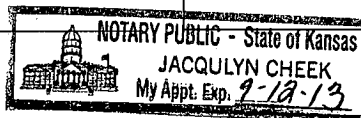
(Data must be collected from the Reserve Pit)

Chloride content: 1500-300 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: *Don Duskill*
Title: Agent Date: 9/23/2010
Subscribed and sworn to before me this 23 day of September,
2010
Notary Public: *Jacquelyn Cheek*
Date Commission Expires: 9-12-2013



KCC Office Use ONLY

Letter of Confidentiality Received
If Denied, Yes Date: _____
 Wireline Log Received
 Geologist Report Received **RECEIVED**
 UIC Distribution
SEP 27 2010
KCC WICHITA

Operator Name: Town Oil Company, Inc. Lease Name: North Meiwes Well #: 6
 Sec. 4 Twp. 24 S. R. 19 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 <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 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	# Sacks Used	Type and Percent Additives
Surface	9	6 1/4"		20	Portland	5	
Completion	5 5/8"	2 7/8"		1045	Portland	153	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 (Amount and Kind of Material Used)	Depth
		RECEIVED SEP 27 2010 KCC WICHITA	

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: <input type="checkbox"/> Vented <input type="checkbox"/> Sold <input type="checkbox"/> Used on Lease <i>(If vented, Submit ACO-18.)</i>	METHOD OF COMPLETION: <input type="checkbox"/> Open Hole <input type="checkbox"/> Perf. <input type="checkbox"/> Dually Comp. <input type="checkbox"/> Commingled <input type="checkbox"/> Other (Specify) _____	PRODUCTION INTERVAL: _____ _____
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Allen County, KS
 Well: N.Meives #6
 Lease Owner: TOC

Town Oilfield Service, Inc.
 (913) 837-8400

Commenced Spudding:
 8/16/02010

WELL LOG

Thickness of Strata	Formation	Total Depth
0-6	Clay/Soil	6
3	Lime	9
10	Shale	19
3	Lime	22
84	Shale	106
41	Lime	147
27	Shale	174
9	Lime	183
5	Shale	188
5	Lime	193
38	Dark Shale	231
63	Lime	294
10	Dark Shale	304
18	Lime	322
4	Shale	326
4	Lime	330
2	Shale	332
13	Lime	345
5	Shale	350
4	Lime	354
8	Shale	362
4	Sandy Shale	366
190	Shale	556
9	Lime	565
68	Shale	633
5	Lime	638
123	Shale	650
3	Lime	653
3	Shale	656
2	Lime	658
30	Shale	688
8	Lime	696
9	Shale	705
10	Lime	715
278	Shale	993
2	Sandy Lime	995-No Show
5	Shale	1000
3	Sandy Shale	1003-Brown Sand, Hard, No Show
8	Sandy Shale	1011-Gray Sand, No Show
6	Sand	1017-Oil, Solid

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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

VOICE Invoice # 236078

voice Date: 08/20/2010 Terms: 0/30,n/30 Page 1

TDR CONSTRUCTION
1207 N. FIRST STREET
LOUISBURG KS 66053
() -

MEIWES 6
27107
SW 4-24-19 AL
08/18/2010

rt Number	Description	Qty	Unit Price	Total
24	50/50 POZ CEMENT MIX	153.00	9.8400	1505.52
18B	PREMIUM GEL / BENTONITE	1066.00	.2000	213.20
07A	PHENOSEAL (M) 40# BAG)	158.00	1.1500	181.70
04	4 1/2" RUBBER PLUG	1.00	45.0000	45.00

Description	Hours	Unit Price	Total
0 80 BBL VACUUM TRUCK (CEMENT)	2.00	100.00	200.00
5 CEMENT PUMP	1.00	925.00	925.00
5 EQUIPMENT MILEAGE (ONE WAY)	45.00	3.65	164.25
5 CASING FOOTAGE	1045.00	.00	.00
106 WATER TRANSPORT (CEMENT)	2.00	112.00	224.00
0 TON MILEAGE DELIVERY	298.62	1.20	358.34

=====
 rts: 1945.42 Freight: .00 Tax: 142.01 AR 3959.02
 bor: .00 Misc: .00 Total: 3959.02
 blt: .00 Supplies: .00 Change: .00
 =====

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SEP 27 2010

igned _____ Date _____ **KCC WICHITA**



CONSOLIDATED
Oil Well Services, LLC

TICKET NUMBER 27107
LOCATION Ottawa KS
FOREMAN Fred Mader

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

FIELD TICKET & TREATMENT REPORT
CEMENT

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
9/18/10	7891	Meiwes # 6	SW 4	24	19	AL
CUSTOMER			TRUCK #	DRIVER	TRUCK #	DRIVER
TD R Construction			506	Safety Martine		
MAILING ADDRESS			495	Casey	CKO	
1207 N. First St.			370	Dove	DM 510	Harold AOB
CITY	STATE	ZIP CODE	505/7106	Arlen	ARM	
Louisburg	KS	66058				

JOB TYPE Long string HOLE SIZE 6 3/4 HOLE DEPTH 1079 CASING SIZE & WEIGHT 4 1/2
CASING DEPTH 1045.0 DRILL PIPE _____ TUBING _____ OTHER _____
SLURRY WEIGHT _____ SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT in CASING 4 1/2" Plug
DISPLACEMENT 16.6 BBL DISPLACEMENT PSI _____ MIX PSI _____ RATE 5 BPM

REMARKS: Check casing depth w/wireline. Mix + Pump 800# Premium Gel
Flush. Mix + Pump 10 BBL Teal dye. Mix + Pump 158 sks
50/50 Por Mix Cement + 2% Gel 1# Phenol Seal per sack.
Flush pump + lines clean. Displace 4 1/2" Rubber plug to
casing TD w/ 16.6 BBL Fresh water. Pressure to 800#
PSI. Release pressure to set float valve. Circulated 4 BBL
cement slurry into pit.

Town Oilfield Services.

Fred Mader

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401	1	PUMP CHARGE		925 ⁰⁰
5406	45 mi	MILEAGE Pump Truck		164 ³⁵
5402	1045'	Casing footage		N/C
5407A	298.62	Ton Miles		358 ³⁴
5502C	2	80 BBL Vac Truck		200 ⁰⁰
5501C	2	Transport		224 ⁰⁰
1124	153 sks	50/50 Por Mix Cement		1505 ⁵²
118B	1066#	Premium Gel		213 ³⁰
1107A	158#	Phenol Seal		181 ⁷⁰
4404	1	4 1/2" Rubber Plug		45 ⁰⁰
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			SEP 27 2010	
		WO# 256078	KCC WICHITA	
		7.3% 7.3%	SALES TAX	142 ⁰⁰
			ESTIMATED TOTAL	3759 ⁰⁰

Ravin 3737

AUTHORIZATION _____ 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.