

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. _____
10-4-10 10-6-10 12-2-10
Spud Date or Date Reached TD Completion Date or Recompletion Date

API No. 15 - 045-21682-00-00
County: Douglas
SW-SW-SE-NE Sec. 11 Twp. 15 S. R. 20 East West
2675 feet from S / N (circle one) Line of Section
1035 feet from E / W (circle one) Line of Section
Footages Calculated from Nearest Outside Section Corner:
(circle one) NE SE NW SW
Lease Name: Early Well #: 114-HW
Field Name: Baldwin
Producing Formation: Squirrel
Elevation: Ground: 1084' Kelly Bushing: _____
Total Depth: 942' Plug Back Total Depth: _____
Amount of Surface Pipe Set and Cemented at 84 Feet
Multiple Stage Cementing Collar Used? Yes No
If yes, show depth set _____ Feet
If Alternate II completion, cement circulated from 84
feet depth to surface w/ 15 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: 12-17-10
Subscribed and sworn to before me this 17th day of December
20 10
Notary Public: Jacquelin Cheek
Date Commission Expires: 9-12-13

KCC Office Use ONLY
 Letter of Confidentiality Received
 If Denied, Yes Date: _____
 Wireline Log Received
 Geologist Report Received
 UIC Distribution
RECEIVED
Alt 2 - Dg - 1/10/JAN 03 2011

NOTARY PUBLIC - State of Kansas
JACQUYLIN CHEEK
My Appt. Exp. 9-12-13

KCC WICHITA

Operator Name: Town Oil Company, Inc. Lease Name: Early Well #: 114-HW
 Sec. 11 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: <p style="text-align: center;">GAMMA RAY NEUTRON COMPLETION LOG</p>	<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 5/8"	6 1/4"		84'	Portland	15sx	
Completion	5 5/8"	2 7/8" upset	8 rnd	933'	Portland	110sx	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 Specify Footage of Each Interval Perforated		Acid, Fracture, Shot, Cement Squeeze Record (Amount and Kind of Material Used)		Depth
	2	886-896 (20 shots)	901-907 (12 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	METHOD OF COMPLETION	Production Interval
<input type="checkbox"/> Vented <input type="checkbox"/> Sold <input type="checkbox"/> Used on Lease <i>(If vented, Submit ACO-18.)</i>	<input type="checkbox"/> Open Hole <input type="checkbox"/> Perf. <input type="checkbox"/> Dually Comp. <input type="checkbox"/> Commingled <input type="checkbox"/> Other (Specify) _____	

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KCC WICHITA

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: Early 114-HW

LEASE OWNER: Town Oil Company, Inc.

WELL LOG

Thickness of Strata	Formation	Total Depth
0-2	soil/clay	2
69	sandstone	71
1	lime	72
141	shale	213
5	lime	218
8	shale	226
12	lime	238
9	shale	247
8	lime	255
5	shale	260
18	lime	278
4	green shale/lime	282
9	shale	291
4	sand	295
15	shale	310
19	lime	329
74	sandy shale	403
22	lime	425
13	shale	438
4	green shale	442
6	lime	448
24	shale	472
17	lime	489
4	shale	493
1	lime	494
14	shale	508
24	lime	532
11	shale/slate	543
20	lime	563
5	shale/slate	568
3	lime	578
176	shale	754
4	lime	758
18	shale	776
10	lime	786
12	shale	798
3	lime	801
6	shale	807
3	limey sand	810
7	shale	817
3	lime	820
28	shale	848

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"Drilling and Production"

16205 W 287th Street
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Fax# 913-294-4823

PHONE: 913-557-5482
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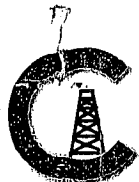
WELL: Early 114-HW

LEASE OWNER: Town Oil Company, Inc.

WELL LOG (CON'T)

Thickness of Strata	Formation	Total Depth
6	lime	854
12	sandy shale	866
14	sandy shale	880
13	sand	893
11	sand	904
5	sand	909
33	shale	942 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 # 237153

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Invoice Date: 10/08/2010 Terms: 0/30,n/30 Page 1

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

EARLY 114-HW
27185
NE 11-15-20 DG
10/06/2010
KS

Part Number	Description	Qty	Unit Price	Total
1124	50/50 POZ CEMENT MIX	108.00	9.8400	1062.72
1118B	PREMIUM GEL / BENTONITE	285.00	.2000	57.00
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)	25.00	3.65	91.25
368 CASING FOOTAGE	933.00	.00	.00
510 MIN. BULK DELIVERY	1.00	315.00	315.00

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Parts:	1142.72	Freight:	.00	Tax:	83.42	AR	2557.39
Labor:	.00	Misc:	.00	Total:	2557.39		
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

WORLDAND, WY
307/347-4577



CONSOLIDATED
Oil Well Services, LLC

TICKET NUMBER 27185
LOCATION Ottawa KS
FOREMAN Fred Maden

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
10/6/10	7823	Early #114-HW	NE 11	15	20	DG
CUSTOMER Town Oil Co			TRUCK #	DRIVER	TRUCK #	DRIVER
MAILING ADDRESS 16205 W 287th St			506	Fred	Safety	Wedge
CITY Paola	STATE KS	ZIP CODE 66097	368	Ken		
			510	Arden		

JOB TYPE Long string HOLE SIZE 5 7/8 HOLE DEPTH 942 CASING SIZE & WEIGHT 2 1/8 EUE
CASING DEPTH 933' DRILL PIPE Pin INTUBING @ 927' OTHER _____
SLURRY WEIGHT _____ SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT in CASING 2 1/2" Ply
DISPLACEMENT 5.4 DISPLACEMENT PSI _____ MIX PSI _____ RATE 4BPM

REMARKS: Establish circulation Mix + Pump 100 # Premium Gel Flush
Mix + Pump 110 SKS 50/50 Por Mix Cement 2% Gel.
Cement to surface. Flush pump + lines clean. Displace
2 1/2" Rubber plug to Pin in casing w/ 5.4 BBL Fresh water
Pressure to 750# PSI. Hold pressure for 30 min. MIT.
Shut in casing

Fred Maden

Customer Supplied N₂O

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401	1	PUMP CHARGE Cement Pump		925 ⁰⁰
5406	25 mi	MILEAGE Pump Truck		912 ⁵⁰
5402	933'	Casing Footage		N/C
5407	Minimum	Ton Miles		315 ⁰⁰
1124	1085 SKS	50/50 Por Mix Cement		10627 ²⁰
1118B	285 #	Premium Gel		57 ⁰⁰
5402	1	2 1/2" Rubber plug		213 ⁰⁰
WO # 237153				
			7.3%	SALES TAX
				ESTIMATED TOTAL
				834 ²⁰
				2557 ³⁹

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AUTHORIZATION Scott Ribble 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.