

KANSAS CORPORATION COMMISSION  
OIL & GAS CONSERVATION DIVISION

**ORIGINAL**

Form ACO-1

June 2009

Form Must Be Typed

Form must be Signed

All blanks must be Filled

**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 + 8482  
Contact Person: Lester Town  
Phone: (913) 294-2125  
CONTRACTOR: License # 6142  
Name: Town Oil Company, Inc.  
Wellsite Geologist: \_\_\_\_\_  
Purchaser: Pacer Energy Marketing  
Designate Type of Completion:

- ☒ New Well ☐ Re-Entry ☐ Workover  
☒ Oil ☐ WSW ☐ SWD ☐ SLOW  
☐ Gas ☐ D&A ☐ ENHR ☐ SIGW  
☐ OG ☐ GSW ☐ Temp. Abd.  
☐ CM (Coal Bed Methane)  
☐ Cathodic ☐ Other (Core, Expl., 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  
☐ Conv. to GSW  
☐ Plug Back: \_\_\_\_\_ Plug Back Total Depth  
☐ Commingled Permit #: \_\_\_\_\_  
☐ Dual Completion Permit #: \_\_\_\_\_  
☐ SWD Permit #: \_\_\_\_\_  
☐ ENHR Permit #: \_\_\_\_\_  
☐ GSW Permit #: \_\_\_\_\_

11/17/2010 11/19/2010 12/19/2010  
Spud Date or Date Reached TD Completion Date or  
Recompletion Date Recompletion Date

API No. 15 - 121-28818-00-00

Spot Description: \_\_\_\_\_  
NW SE SE SE Sec. 24 Twp. 17 S. R. 21 ☒ East ☐ West  
495 Feet from ☐ North / ☒ South Line of Section  
495 Feet from ☒ East / ☐ West Line of Section

Footages Calculated from Nearest Outside Section Corner:

☐ NE ☐ NW ☐ SE ☒ SW

County: Miami

Lease Name: Hunt Well #: 4

Field Name: Paola-Rantoul

Producing Formation: Squirrel

Elevation: Ground: 986 Kelly Bushing: NA

Total Depth: 740 Plug Back Total Depth: 10

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/ 3 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 #: \_\_\_\_\_

Quarter \_\_\_\_\_ Sec. \_\_\_\_\_ Twp. \_\_\_\_\_ S. R. \_\_\_\_\_ ☐ East ☐ West

County: \_\_\_\_\_ Permit #: \_\_\_\_\_

**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.

**AFFIDAVIT**

I am the affiant and I hereby certify that 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: 12-31-10

**KCC Office Use ONLY**

- ☐ Letter of Confidentiality Received  
Date: \_\_\_\_\_  
☐ Confidential Release Date: \_\_\_\_\_  
☒ Wireline Log Received  
☐ Geologist Report Received  
☐ UIC Distribution  
ALT ☐ I ☒ II ☐ III Approved by: Dg Date: 1/10/11

Operator Name: Town Oil Company, Inc. Lease Name: Hunt Well #: 4  
 Sec. 24 Twp. 17 S. R. 21 ☒ East ☐ West County: Miami

**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 complete copy of all Electric Wire-line Logs surveyed. Attach final geological well site report.

Drill Stem Tests Taken <span style="float: right;"><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</span> <i>(Attach Additional Sheets)</i>  Samples Sent to Geological Survey <span style="float: right;"><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</span> Cores Taken <span style="float: right;"><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</span> Electric Log Run <span style="float: right;"><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</span> Electric Log Submitted Electronically <span style="float: right;"><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</span> <i>(If no, Submit Copy)</i>  List All E. Logs Run: <div style="text-align: center;">(Gamma Ray Neutron Completion Log)</div>	<div style="text-align: right;"><input checked="" type="checkbox"/> Log <input type="checkbox"/> Sample</div> Formation (Top), Depth and Datum  <table style="width: 100%; border: none;"> <tr> <td style="width: 60%; border: none;">Name</td> <td style="width: 20%; border: none; text-align: center;">Top</td> <td style="width: 20%; border: none; text-align: center;">Datum</td> </tr> </table> <div style="text-align: center; margin-top: 20px;">(See Attached Copy)</div>	Name	Top	Datum
Name	Top	Datum		

CASING RECORD <span style="float: right;"><input type="checkbox"/> New <input type="checkbox"/> Used</span>							
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	6 1/4		20	Portland	3	
Completion	5 5/8	2 7/8		730	Portland	101	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
2	673.0 - 680.0 (22 shots)	<div style="font-size: 2em; font-weight: bold; transform: rotate(-5deg);">RECEIVED</div> <div style="font-size: 1.5em; font-weight: bold; transform: rotate(-5deg);">JAN 03 2011</div> <div style="font-size: 1.5em; font-weight: bold; transform: rotate(-5deg);">KCC WICHITA</div>	

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

<b>DISPOSITION OF GAS:</b> <input type="checkbox"/> Vented <input type="checkbox"/> Sold <input type="checkbox"/> Used on Lease <i>(If vented, Submit ACO-18.)</i>	<b>METHOD OF COMPLETION:</b> <input type="checkbox"/> Open Hole <input type="checkbox"/> Perf. <input type="checkbox"/> Dually Comp. <input type="checkbox"/> Commingled <i>(Submit ACO-5)</i> <i>(Submit ACO-4)</i> <input type="checkbox"/> Other (Specify) _____	<b>PRODUCTION INTERVAL:</b> _____ _____
--	--	---

Miami County, KS  
Well: Hunt # 4  
Lease Owner:T.O.C.

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

Commenced Spudding:  
11/17/2010

WELL LOG

RECEIVED

JAN 03 2011

KCC WICHITA

Thickness of Strata	Formation	Total Depth
1	Soil and Clay	1
10	Lime	11
5	Shale	16
1	Lime	17
2	Shale	19
5	Limey Shale	24
82	Sandy Shale	106-Lime Streaks
17	Lime	123
26	Shale	149
6	Lime	155-Shale
41	Shale	196
15	Lime	211-Drum
11	Shale	222
27	Lime	249-Winterset
8	Shale	257
23	Lime	280-Bethany Falls
5	Shale	285
3	Lime	288-KC
2	Shale	290
6	Lime	296-Hertha
103	Shale	399
6	Limey Sand	405-Slight gas odor
25	Shale	430
2	Red Bed	432
13	Sandy Lime	445-Slight Odor
7	Sandy Shale	452
15	Lime	467
48	Shale	515
7	Lime	522
12	Shale	534
3	Lime	537-Brown, Hard
16	Shale	553
7	Lime	560-Sandy Shale
8	Shale	568
2	Red Bed	570
6	Shale	576
3	Lime	579
5	Shale	584
5	Lime	589
10	Shale	599

Miami County, KS  
Well: Hunt # 4  
Lease Owner:T.O.C.

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

Commenced Spudding:  
11/17/2010

[illegible]

RECEIVED  
JAN 03 2011  
KCC WICHITA



**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 # 238195

Invoice Date: 11/22/2010 Terms: 0/30,n/30

Page 1

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

HUNT 4  
27223  
SE 24-17-21 MI  
11/19/2010

Part Number	Description	Qty	Unit	Price	Total
1118B	PREMIUM GEL / BENTONITE	270.00		.2000	54.00
1124	50/50 POZ CEMENT MIX	99.00		9.8400	974.16
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	730.00		.00	.00
548 MIN. BULK DELIVERY	1.00		315.00	315.00

RECEIVED

JAN 03 2011

KCC WICHITA

Parts:	1051.16	Freight:	.00	Tax:	79.37	AR	2461.78
Labor:	.00	Misc:	.00	Total:	2461.78		
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

OAKLEY, KS  
785/672-2227

OTTAWA, KS  
785/242-4044

THAYER, KS  
620/839-5269

WORLAND, WY  
307/347-4577



# FIELD TICKET & TREATMENT REPORT CEMENT

TICKET NUMBER 27223  
LOCATION 10779  
FOREMAN Alan Madge

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5701	1	PUMP CHARGE		925.00
5706	25	MILEAGE		91.25
5702	780	easing footage		
5707	min	40n miles		315.00
1108B	270#	grl	RECEIVED	54.00
1124	995K	5015D p02	JAN 03 2011	974.16
4402	1	2 1/2 plys	KCC WICHITA	23.02
		WD # 238 195		
			Sales Tax	79.37
			ESTIMATED TOTAL	2461.78

**Bayin 3737**

AUTHORIZATION W. L. 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.