

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 #: _____

<u>10/21/2010</u>	<u>10/25/2010</u>	<u>11/29/2010</u>
Spud Date or Recompletion Date	Date Reached TD	Completion Date or Recompletion Date

API No. 15 - 059-25513-00-00
Spot Description: _____
NE NE SE NE Sec. 241 Twp. 17 S. R. 2120 East West
3,815 Feet from North / South Line of Section
165 Feet from East / West Line of Section
Footages Calculated from Nearest Outside Section Corner:
 NE NW SE SW
County: Franklin
Lease Name: Killough Well #: 5
Field Name: Paola-Rantoul
Producing Formation: Squirrel
Elevation: Ground: 962 Kelly Bushing: NA
Total Depth: 730 Plug Back Total Depth: 9
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: 20 722
feet depth to: Surface w/ 3 103 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: 12-22-10

KCC Office Use ONRECEIVED

Letter of Confidentiality Received
Date: DEC 27 2010
 Confidential Release Date: _____
 Wireline Log Received
 Geologist Report Received
 UIC Distribution
ALT I II III Approved by: Dog Date: 12/29/10
KCC WICHITA

Operator Name: Town Oil Company, Inc. Lease Name: Killough Well #: 5
 Sec. 21 Twp. 17 S. R. 210 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 complete copy of all Electric Wire-line 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 Electric Log Submitted Electronically <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>(If no, 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	7	6 1/4		20	Portland	3	
Completion	5 5/8	2 7/8		721	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 <i>(Amount and Kind of Material Used)</i>	Depth
2	681.0-685.0 (13 shots)		

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

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 <i>(Submit ACO-5)</i> <i>(Submit ACO-4)</i> <input type="checkbox"/> Other (Specify) _____	PRODUCTION INTERVAL: _____ _____
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RECEIVED
 DEC 27 2010
 KCC WICHITA

Franklin County, KS
 Well: Killough # 5
 Lease Owner: T.O.C.

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

Commenced Spudding:
 10/21/2010

WELL LOG

Thickness of Strata	Formation	Total Depth
3	Soil/Clay	3
16	Lime	19
17	Shale	36
6	Sandy Lime	42
10	Shale	52
26	Lime	78
82	Shale	160
20	Lime	180
28	Shale	208
5	Lime	213
30	Shale	243
12	Lime	255-Drum
18	Shale	273
24	Lime	297-Winterset
10	Shale	307-Lime Streaks
21	Lime	328-Bethany Falls
5	Shale	333
5	Lime	338-KC
2	Shale	340
4	Lime	344-Hertha
145	Shale	489
10	Shale	499-Dark
8	Lime	507
41	Shale	548
8	Sandy Lime	556
12	Shale	568-Dark
3	Lime	571-Brown
8	Shale	579
7	Lime	586
8	Shale	594
3	Lime	597
1	Shale	598-Dark
5	Lime	603-Good Odor and Bleed
3	Sandy Shale	606-No Show
2	Sand	608-Good Bleed and Odor
2	Sandy Shale	610-No Odor or Bleed
8	Sand	618-Broken, Good odor & Bleed
8	Sandy Shale	626-No Show
3	Sandy Shale	629-Dark
1	Lime	630

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Franklin County, KS
Well: Killough # 5
Lease Owner: T.O.C.

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

Commenced Spudding:
10/21/2010

33	Shale	663
2	Sand	665
12	Sandy Shale	677
4	Sand	681-Solid
49	Sandy Shale	730-TD

RECEIVED
DEC 27 2010
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 # 237580

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Invoice Date: 10/26/2010 Terms: 0/30,n/30 Page 1

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

KILLOUGH 5
27208
NE 1-17-22 FR
10/25/2010

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Part Number	Description	Qty	Unit Price	Total
1118B	PREMIUM GEL / BENTONITE	273.00	.2000	54.60
1124	50/50 POZ CEMENT MIX	101.00	9.8400	993.84
4402	2 1/2" RUBBER PLUG	1.00	23.0000	23.00

Description	Hours	Unit Price	Total
495 CEMENT PUMP	1.00	925.00	925.00
495 EQUIPMENT MILEAGE (ONE WAY)	10.00	3.65	36.50
495 CASING FOOTAGE	722.00	.00	.00
510 MIN. BULK DELIVERY	1.00	315.00	315.00

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KCC WICHITA

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Parts:	1071.44	Freight:	.00	Tax:	83.57	AR	2431.51
Labor:	.00	Misc:	.00	Total:	2431.51		
Sublt:	.00	Supplies:	.00	Change:	.00		

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Signed _____ Date _____



CONSOLIDATED
Oil Well Services, LLC

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

TICKET NUMBER 27208
LOCATION Ottawa
FOREMAN Alan Mader

FIELD TICKET & TREATMENT REPORT
CEMENT

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
10-25-10	7823	Killough # 5	NE 1	17	22	FR
CUSTOMER Town Oil			TRUCK #			
MAILING ADDRESS 16205 W 287			DRIVER			
CITY Paola			TRUCK #			
STATE KS			DRIVER			
ZIP CODE			TRUCK #			
JOB TYPE <u>long string</u>			HOLE SIZE <u>5 5/8</u>			
CASING DEPTH <u>722</u>			HOLE DEPTH <u>728</u>			
SLURRY WEIGHT			CASING SIZE & WEIGHT <u>2 7/8 10 BU</u>			
DISPLACEMENT			OTHER <u>Pin @ 717</u>			
DISPLACEMENT PSI			WATER gal/sk			
MIX PSI			CEMENT LEFT in CASING <u>yes</u>			
RATE <u>5 Dpm</u>			REMARKS: <u>Held crew meeting. Mixed & pumped 100# gel to flush hole followed by 103 sk 50/50 po2, 2# gel. Circulated cement. Flushed pump. Pumped plug to pin @ 717. Well held 800 PSI. Closed valve.</u>			

Town Oil
big water

Alan Mader

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401	1	PUMP CHARGE		925.00
5406	10	MILEAGE		36.50
5402	722	casing footage		
5407	min.	ten miles		315.00
1118B	273#	gel		54.60
1124	101 sk	50/50 po2		993.84
4402	1	2 1/2 plug		23.00
RECEIVED				
DEC 27 2010				
WD 237580				
KCC WICHITA				
7.8				
SALES TAX				83.57
ESTIMATED				
TOTAL				2431.51

Revin 3737

AUTHORIZATION Winter Town 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.