

WELL COMPLETION FORM
WELL HISTORY - DESCRIPTION OF WELL & LEA

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>8-31-10</u>	<u>9-3-10</u>	<u>11-18-10</u>
Spud Date or Recompletion Date	Date Reached TD	Completion Date or Recompletion Date

API No. 15 - 045-21671-00-00
County: Douglas
~~SE NW~~ -NW-SE Sec. 14 Twp. 13 S. R. 20 East West
1985 feet from N (circle one) Line of Section
1645 feet from W (circle one) Line of Section

Footages Calculated from Nearest Outside Section Corner:
(circle one) NE SE NW SW

Lease Name: John Gage Well #: JW-6A
Field Name: Wakarusa
Producing Formation: Squirrel
Elevation: Ground: 830 Kelly Bushing: _____
Total Depth: 670' Plug Back Total Depth: _____
Amount of Surface Pipe Set and Cemented at 42 Feet
Multiple Stage Cementing Collar Used? Yes No
If yes, show depth set _____ Feet
If Alternate II completion, cement circulated from 42
feet depth to surface w/ 6 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: 12-20-10
Subscribed and sworn to before me this 20th day of December
20 10
Notary Public: Jacquelyn Cheek
Date Commission Expires: 9-12-13

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

KCC Office Use ONLY
 Letter of Confidentiality Received
If Denied, Yes Date: _____
 Wireline Log Received
 Geologist Report Received
 UIC Distribution
Att 2 - Dg - 12/30/10 RECEIVED

DEC 27 2010

KCC WICHITA

COPY

Operator Name: Oil Company, Inc. Lease Name: John Gage Well #: JW-6A
 Sec. 14 Twp. 13 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 (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 type="checkbox"/> Yes <input checked="" 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 5/8"	6 1/4"		42'	Portland	6 sx	
Completion	5 5/8"	2 7/8"upset 8End		661.2'	Portland	94 sx	50/50Poz 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	624-637		

TUBING RECORD		Size	Set At	Packer At	Liner Run <input type="checkbox"/> Yes <input type="checkbox"/> No
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)		
Estimated Production Per 24 Hours	Oil Bbls.	Gas Mcf	Water Bbls.	Gas-Oil Ratio	Gravity

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: JW-6A

LEASE OWNER: John Gage

WELL LOG

Thickness of Strata	Formation	Total Depth
0-5	soil/clay	5
19	sandy clay	24
5	shale	29
18	lime	47
6	shale	53
7	lime	60
13	shale	73
20	lime	93
5	sand	98
7	shale	105
19	sandy shale	124
33	lime	157
37	shale	194
11	lime	205
4	shale	209
9	lime	218
13	shale	231
7	shale/w lime slate	238
8	lime	246
22	shale	268
10	lime	278
7	shale	285
34	lime	319
8	shale/slate	327
23	lime	350
4	shale	354
3	lime	357
2	slate/shale	359
8	lime	367
135	sandy shale	502
11	red bed	513
18	sandy shale	531
6	lime	537
14	shale	551
6	lime	557
17	shale	574
3	lime	577
45	shale	622
2	sand	624
2	sand	626
4	sand	630
7	sand	637
33	sandy shale	670 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 # 236374

Invoice Date: 09/09/2010 Terms: 0/30,n/30 Page 1

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

GAGE JW-6A
27135
SE 14-13-20 DG
09/03/2010
KS

Part Number	Description	Qty	Unit Price	Total
1124	50/50 POZ CEMENT MIX	92.00	9.8400	905.28
1118B	PREMIUM GEL / BENTONITE	258.00	.2000	51.60
1402	2 1/2" RUBBER PLUG	1.00	23.0000	23.00

Description	Hours	Unit Price	Total
195 CEMENT PUMP	1.00	925.00	925.00
195 EQUIPMENT MILEAGE (ONE WAY)	30.00	3.65	109.50
195 CASING FOOTAGE	660.00	.00	.00
510 MIN. BULK DELIVERY	1.00	315.00	315.00

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Parts:	979.88	Freight:	.00	Tax:	71.54	AR	2400.92
Labor:	.00	Misc:	.00	Total:	2400.92		
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 21135
LOCATION Ottawa KS
FOREMAN Fred Maden

FIELD TICKET & TREATMENT REPORT
CEMENT

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
9/3/10	7823	Gage # JW-6A	SE 14	13	20	DG
CUSTOMER			TRUCK #	DRIVER	TRUCK #	DRIVER
Town Oil Co			506	Fred		
MAILING ADDRESS			495	Nevard		
16205 W 287th St			510	Arden		
CITY	STATE	ZIP CODE				
Paola	KS	66071				

JOB TYPE ho HOLE SIZE _____ HOLE DEPTH 670' CASING SIZE & WEIGHT 2 1/8 EUE
 CASING DEPTH 660 DRILL PIPE Pin @ RUBING 655 OTHER _____
 SLURRY WEIGHT _____ SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT in CASING 2 1/2 Plug
 DISPLACEMENT 3.8 DISPLACEMENT PSI _____ MIX PSI _____ RATE 43PM

REMARKS: Establish Circulation. Mix + Pump 100# Premium Gel
Flush. Mix + Pump 94 SKS 50/50 For Mix Cement 2% Gel
Cement to Surface. Flush pump + lines clean. Displace
2 1/2" Rubber Plug to Pin in casing w/ 3.8 BBLS Fresh
water. Pressure to 750# PSI. Hold pressure for
30 min MIT. Shut in casing.

Customer Supplied H2O Fred Maden

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401	1	PUMP CHARGE Cement Pump		925 ⁰⁰
5406	30 mi	MILEAGE Pump Truck		109 ⁵⁰
5402	660	Casing Footage		N/C
5407	Minimum	Ten Miles		315 ⁰⁰
1124	92 SKS	50/50 For Mix Cement		905 ²⁵
1118B	256 [#]	Premium Gel		51 ⁶⁰
4402	1	2 1/2" Rubber Plug		23 ⁰⁰
<u>WO # 236374</u>			RECEIVED	
			DEC 27 2010	
			KCC WICHITA	
			7.3%	
			SALES TAX	71 ⁵⁹
			ESTIMATED	
			TOTAL	2400 ⁹³

Ravin 3737

AUTHORIZATION Winston Cannon 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