



KANSAS CORPORATION COMMISSION 1060556  
OIL & GAS CONSERVATION DIVISION

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 ST  
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: NA  
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>5/11/2011</u>	<u>5/16/2011</u>	<u>6/14/2011</u>
Spud Date or Recompletion Date	Date Reached TD	Completion Date or Recompletion Date

API No. 15 - 15-121-28893-00-00

Spot Description: \_\_\_\_\_

E2 SE SE Sec. 24 Twp. 17 S. R. 21  East  West

660 Feet from  North /  South Line of Section

330 Feet from  East /  West Line of Section

Footages Calculated from Nearest Outside Section Corner:

- NE     NW     SE     SW

County: Miami

Lease Name: Hunt Well #: 2-W

Field Name: Paola-Rantoul

Producing Formation: Bartlesville

Elevation: Ground: 992 Kelly Bushing: 0

Total Depth: 740 Plug Back Total Depth: 730

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: 0

feet depth to: 20 w/ 3 sx cmt.

Drilling Fluid Management Plan

(Data must be collected from the Reserve Pit)

Chloride content: 1500 ppm Fluid volume: 80 bbls

Dewatering method used: Evaporated

Location of fluid disposal if hauled offsite: \_\_\_\_\_

Operator Name: \_\_\_\_\_

Lease Name: \_\_\_\_\_ License #: \_\_\_\_\_

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

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

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.

Submitted Electronically

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: Deanna Garriso Date: 08/02/2011



1060556

Operator Name: Town Oil Company Inc. Lease Name: Hunt Well #: 2-W  
 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 <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 checked="" type="checkbox"/> Yes <input 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 Gamma Ray
--	---

CASING RECORD <input checked="" 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	6.2500	10	21	Portland	3	50/50 POZ
Completion	5.6250	2.8750	8	730	Portland	112	50/50 POZ

ADDITIONAL CEMENTING / SQUEEZE RECORD				
Purpose:	Depth Top Bottom	Type of Cement	# Sacks Used	Type and Percent Additives
___ Perforate				
___ Protect Casing	-			
___ Plug Back TD				
___ 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
16	676.0-681.0	Acid 500 gal. 7.5% ACL	

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 <i>(Submit ACO-5) (Submit ACO-4)</i> <input type="checkbox"/> Other (Specify) _____	PRODUCTION INTERVAL: _____ _____
---	--	--

Miami County, KS  
Well: Hunt # 2-W  
Lease Owner: TOC

Town Oil company, Inc.  
(913) 294-2125

Commenced Spudding:  
5/11/2011

WELL LOG

Thickness of Strata	Formation	Total Depth
5	Soil and Clay	5
9	Lime	14
95	Shale	109
16	Lime	125
28	Shale	153
5	Lime	158
41	Shale	199
16	Lime	215
10	Shale	225
27	Lime	252
7	Shale	259
23	Lime	282
6	Shale	288
4	Lime	292
2	Shale	294
5	Lime	299
21	Shale	320
21	Sand	341
63	Shale	404
7	Sand	411
24	Sandy Shale	435
3	Red Bed	438
12	Sandy Lime	450
8	Shale	458
16	Lime	474
46	Shale	520
10	Lime	530
9	Shale	539
3	Lime	542
14	Shale	556
7	Lime	563
8	Shale	571
5	Red Bed	576
5	Shale	581
4	Lime	585
5	Shale	590
6	Lime	596
9	Shale	605
14	Sand	619
57	Sandy Shale	676





**CONSOLIDATED**  
Oil Well Services, LLC

TICKET NUMBER 31938  
LOCATION Ottawa  
FOREMAN Alan 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
5-16-11	7823	Hunt 2W	SF 24	17	21	M:
CUSTOMER			TRUCK #			
Town Oil			DRIVER			
MAILING ADDRESS			TRUCK #			
16205 W 287			DRIVER			
CITY			TRUCK #			
Paola			DRIVER			
STATE			TRUCK #			
KS			DRIVER			
ZIP CODE			TRUCK #			
			DRIVER			

JOB TYPE long string HOLE SIZE 5 5/8 HOLE DEPTH 740 CASING SIZE & WEIGHT 238  
CASING DEPTH 730 DRILL PIPE \_\_\_\_\_ TUBING \_\_\_\_\_ OTHER pin 725  
SLURRY WEIGHT \_\_\_\_\_ SLURRY VOL \_\_\_\_\_ WATER gal/sk \_\_\_\_\_ CEMENT LEFT in CASING \_\_\_\_\_  
DISPLACEMENT \_\_\_\_\_ DISPLACEMENT PSI \_\_\_\_\_ MIX PSI \_\_\_\_\_ RATE \_\_\_\_\_

REMARKS: Held crew meeting. Established rate. Mixed & pumped 120# gel to flush hole followed by 112 sk 5015D po2 plus 270 gal. Circulated cement. Flushed pump. Pumped plug to pin @ 725'. Well held 800 PSI for 30 min MTT. Closed valve.

Town fig & water  
Alan Maden

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401	1	PUMP CHARGE		9.75.00
5406	20	MILEAGE		80.00
5402	730	casing footage		—
5407	min	ten miles		380.00
1188	288#	gel		57.60
1124	112 sk	5015D po2		1170.40
4401	1	2" plug		28.00
WO# 241464				
SALES TAX ESTIMATED				94.83
TOTAL				2735.83

Rev'n 3737  
AUTHORIZATION Winton Dawn 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.