



KANSAS CORPORATION COMMISSION 1060155
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 SIOW
 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>4/29/2011</u>	<u>5/3/2011</u>	<u>6/3/2011</u>
Spud Date or Recompletion Date	Date Reached TD	Completion Date or Recompletion Date

API No. 15 - 15-121-28890-00-00

Spot Description: _____

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

825 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: Miami

Lease Name: Hunt Well #: 5

Field Name: Paola-Rantoul

Producing Formation: Bartlesville

Elevation: Ground: 996 Kelly Bushing: 732

Total Depth: 740 Plug Back Total Depth: _____

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 Carrico Date: 08/01/2011



1060155

Operator Name: Town Oil Company Inc. Lease Name: Hunt Well #: 5
 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
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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	20	Portland	3	50/50 POZ
Completion	5.6250	2.8750	8	732	Portland	95	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
2	680.0-685.0 16 shots	Acid 500 gal. 7.5% ACL	

TUBING RECORD: Size: _____ Set At: _____ Packer At: _____ Liner Run: Yes No

Date of First, Resumed Production, SWD or ENHR. _____ Producing Method: Flowing Pumping Gas Lift Other (Explain) _____

Estimated Production Per 24 Hours	Oil Bbls.	Gas Mcf	Water Bbls.	Gas-Oil Ratio	Gravity
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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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CONSOLIDATED
Oil Well Services, LLC

NT 15-121-28840-0000

TICKET NUMBER 31866
LOCATION Ottawa
FOREMAN Alan Mader

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
5-3-11	7823	Hunt # 5	SE 24	17	21	M.

CUSTOMER	TRUCK #	DRIVER	TRUCK #	DRIVER
Town Oil	516	Alan M	Safety	Meeting
	495	Casey K	CP	
	503	Cecil P	CHP	

MAILING ADDRESS: 16205 W 287
CITY: Paola STATE: KS ZIP CODE: 66071

JOB TYPE: long string HOLE SIZE: 5 5/8 HOLE DEPTH: 740 CASING SIZE & WEIGHT: 2 7/8
CASING DEPTH: 222 DRILL PIPE: _____ TUBING: _____ OTHER: pin + 728
SLURRY WEIGHT: _____ SLURRY VOL: _____ WATER gal/sk: _____ CEMENT LEFT in CASING: yes
DISPLACEMENT: 4 1/4 DISPLACEMENT PSI: 800 MIX PSI: 200 RATE: 4 bpm

REMARKS: held crew meeting. Established rate. Mixed & pumped 100# gel to flush hole followed by 95sk 50150 p02, 2 1/2 gel. Circulated cement. Flushed pump. Pumped plug to casing pin @ 728'. Well held 800 PSI. Closed valve.

Town Oil rig & water
A. Mader

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401	1	PUMP CHARGE		975.00
5406	20	MILEAGE		80.00
5402	732	casing footage		
5407	mm	ten miles		330.00
1118B	260 #	gel		52.00
1184	95 sk	50150 p02		992.75
4402	1	2 1/2 plug		28.00
		WD # 241 206		
			7.55	SALES TAX
				ESTIMATED TOTAL
				810.59
				2538.74

Rev'n 3737
AUTHORIZATION: Scott [Signature] TITLE: Driller DATE: 5-3-11

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 the

Miami County, KS
 Well: Hunt # 5
 Lease Owner: Town Oil

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

Commenced Spudding:
 4/29/2011

X FMMPH

Thickness of Strata	Formation	Total Depth
5	Tpjr!boe!Drbz	5
27	Mn f	31
4	Ti brh	34
7	Tboe	3:
95	Ti brh	224
27	Mn f	23:
23	Ti brh	252
4	Mn f	255
8	Ti brh	262
24	Mn f!	275
7	Sf e!Cf e	281
43	Ti brh	313
26	Mn f	328
22	Ti brh	339
37	Mn f	365
7	Ti brh	371
36	Mn f	396
6	Ti brh!boe!Traf	3: 1
6	Mn f	3: 6
3	Ti brh	3: 8
6	Mn f	413
6	Mn f	432
2:	Ti brh!boe!Traf	457
36	Tboe	521
: 5	Ti brh	555
5	Sf e!Cf e	563
9	Mn f z!Tboe	567
5	Ti brh	571
4	Tboe z!Mn f	574
25	Ti brh	588
57	Mn f	634
9	Ti brh	642
26	Ti brh	654
4	Mn f	657
26	Ti brh	672
8	Mn f	679
7	Ti brh	685
5	Sf e!Cf e	689
7	Ti brh	695
6	Mn f	69:

