



KANSAS CORPORATION COMMISSION 1063707  
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:

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 #:

8/22/2011    8/24/2011    8/26/2011

Spud Date or    Date Reached TD    Completion Date or  
Recompletion Date    Recompletion Date

API No. 15 - 15-059-25588-00-00

Spot Description:

N2\_NW\_SE\_NE Sec. 1 Twp. 17 S. R. 20  East  West  
3670 Feet from  North /  South Line of Section  
990 Feet from  East /  West Line of Section

Footages Calculated from Nearest Outside Section Corner:

- NE     NW     SE     SW

County: Franklin

Lease Name: Killough Well #: 3-W

Field Name: Paola-Rantoul

Producing Formation: Squirrel

Elevation: Ground: 972 Kelly Bushing: 0

Total Depth: 742 Plug Back Total Depth: 742

Amount of Surface Pipe Set and Cemented at: 21 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: 21 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 Garrison Date: 09/22/2011



1063707

Operator Name: Town Oil Company Inc. Lease Name: Killough Well #: 3-W  
 Sec. 1 Twp. 17 S. R. 20  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 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	21	Portland	3	50/50 POZ
Completion	5.6250	2.8750	8	737	Portland	108	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 <i>(Amount and Kind of Material Used)</i>	Depth

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 <i>(Explain)</i> _____	
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 <i>(Specify)</i> _____	PRODUCTION INTERVAL: _____ _____
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Franklin County, KS  
Well: Killough 3-W  
Lease Owner: TOC

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

Commenced Spudding:  
8/22/2011

WELL LOG

Thickness of Strata	Formation	Total Depth
8	Soil	8
10	Lime	18
9	Shale	27
53	Lime	80
17	Shale	97
28	Lime	125
58	Shale	183
20	Lime	203
17	Shale	221
4	Red Bed	225
6	Shale	231
6	Lime	237
30	Shale	267
10	Lime	277
21	Shale	298
26	Lime	324
6	Shale	330
23	Lime	353
5	Shale	358
3	Lime	361
3	Shale	364
5	Lime	369
122	Shale	491
7	Sand	498
53	Sandy Shale	551
8	Lime	559
9	Shale	568
6	Lime	574
13	Shale	587
2	Lime	589
9	Shale	598
5	Lime	603
8	Shale	611
5	Lime	616
4	Lime	620
4	Sandy Shale	624
14	Sand	639
54	Sandy Shale	693
7	Sand	700
42	Sandy Shale	742-TD





**CONSOLIDATED**  
Oil Well Services, LLC

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

TICKET NUMBER 32787

LOCATION Ottawa KS

FOREMAN Fred Mader

**FIELD TICKET & TREATMENT REPORT**  
**CEMENT**

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
9/24/11	7823	Killough # 3 W (W3)	SE 1	17	20	FR
CUSTOMER			TRUCK# DRIVER TRUCK# DRIVER			
Mailing Address			506 <del>SAF</del> FREMAD Safety Mfg			
City			495 CASKEW CK			
State			558 GARMOO GM			
Zip Code						
CITY						
POOLA						
STATE			KS			
ZIP CODE			66071			

JOB TYPE log/srv HOLE SIZE 5 7/8 HOLE DEPTH 742' CASING SIZE & WEIGHT 2 3/8  
 CASING DEPTH 737' DRILL PIPE Pin in TUBING @ 732' OTHER \_\_\_\_\_  
 SLURRY WEIGHT \_\_\_\_\_ SLURRY VOL \_\_\_\_\_ WATER gal/sk \_\_\_\_\_ CEMENT LEFT IN CASING 2" Plug & 5'  
 DISPLACEMENT 2.54 BBH DISPLACEMENT PSI \_\_\_\_\_ MIX PSI \_\_\_\_\_ RATE 4 RPM

REMARKS: Establish rate. Mix Pump 100# Premium Gel Flush. Mix Pump  
108 SKS 50/50 Por Mix Cement 2% Gel. Cement to surface. Flush  
pump & lines clean. Displace 2" Plug to pin w/ 2.54 BBH. Fresh  
water. Pressure to 700# PSI. Hold Pressure for 30 min MIT  
Shut in casing.

Customer Supplied Water

*Fred Mader*

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401	1	PUMP CHARGE	495	975 <sup>00</sup>
5406	10 mi	MILEAGE		40 <sup>00</sup>
5402	737	Casing footage		N/C
5407	Minimum	Ten Miles	558	230 <sup>00</sup>
1124	108 SKS	50/50 Por Mix Cement.		1128 <sup>00</sup>
1118A	282 #	Premium Gel		56 <sup>00</sup>
24401	1	2" Rubber Plug		25 <sup>00</sup>
			7.5%	SALES TAX
				94 <sup>00</sup>
				ESTIMATED TOTAL
				2652 <sup>00</sup>

*243753*

AUTHORIZATION Winters 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