



KANSAS CORPORATION COMMISSION 1063692
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 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>8/10/2011</u>	<u>8/12/2011</u>	<u>8/15/2011</u>
Spud Date or Recompletion Date	Date Reached TD	Completion Date or Recompletion Date

API No. 15 - 15-059-25586-00-00
Spot Description: _____
N2 NE SE NE Sec. 1 Twp. 17 S. R. 20 East West
3670 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: Franklin
Lease Name: Killough Well #: 1-W
Field Name: Paola-Rantoul
Producing Formation: Squirrel
Elevation: Ground: 959 Kelly Bushing: 0
Total Depth: 742 Plug Back Total Depth: 742
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 Garrisor Date: 09/22/2011



1063692

Operator Name: Town Oil Company Inc. Lease Name: Killough Well #: 1-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	20	Portland	3	50/50 POZ
Completion	5.6250	2.8750	8	737	Portland	95	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	690.0-697.0	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

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

FIELD TICKET & TREATMENT REPORT
CEMENT

TICKET NUMBER 32778
LOCATION Ottawa KS
FOREMAN Fred Madu

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
8/12/11	7823	Killough #1-W	SF 1A	17	20	FR
CUSTOMER			TRUCK #	DRIVER	TRUCK #	DRIVER
Town Oil Company			506	FREMAD	Safety	WJG
MAILING ADDRESS			368	KENHAM	KH	
16205 W 287 th			548	TIMLEM	TL	
CITY	STATE	ZIP CODE				
Paola	KS	66092				

JOB TYPE long string HOLE SIZE 5 7/8 HOLE DEPTH _____ CASING SIZE & WEIGHT 2 3/4 EUE
 CASING DEPTH 737 DRILL PIPE Pow @ 732 OTHER _____
 SLURRY WEIGHT _____ SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT in CASING 24 1/2 75'
 DISPLACEMENT 2.98 DISPLACEMENT PSI _____ MIX PSI _____ RATE 4 BPM

REMARKS: Establish circulation. Mix + Pump 100# Premium Gel Flush.
Mix + Pump 95 SKS 50/50 Por mix Cement 2% Gel. Cement to
Surface. Flush pump + lines clean. Displace 2" Rubber Plug
to Pin in casing w/ 2.9 BBL fresh water.

Customer Supplied Water

Fred Madu

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401	1	PUMP CHARGE	368	975.00
5406	10 mi	MILEAGE		40.00
5402	737	Casing footage		N/C
5407	Minimum	Ton Miles	548	330.00
1104	95SKS	50/50 Por. Mix Cement		992.75
115B	260#	Premium Gel		52.00
4401	1	2 Rubber Plug		28.00
			7.8%	SALES TAX
				ESTIMATED
				TOTAL

#243440

SALES TAX ESTIMATED TOTAL 2501.42

AUTHORIZATION Winton Jann 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.

Franklin County, KS
Well: Killough 1-W
Lease Owner: TOC

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

Commenced Spudding:
8/10/2011

WELL LOG

Thickness of Strata	Formation	Total Depth
1	Soil/Clay	1
4	Lime	5
3	Underclay	8
7	Shale	15
20	Lime	35
29	Shale	63
35	Lime	98
72	Shale	170
21	Lime	191
19	Shale	210
10	Lime	220
7	Lime	227
23	Shale	250
8	Lime	258
23	Shale	281
24	Lime	306
9	Shale	315
23	Lime	338
5	Shale	343
3	Lime	346
4	Shale	350
4	Lime	354
110	Shale	464
10	Sandy Lime	474
26	Shale	500
2	Slate	502
6	Shale	508
5	Lime	513
4	Lime	517
41	Shale	558
4	Lime	562
17	Shale	579
2	Lime	581
8	Shale	589
7	Lime	596
8	Shale	604
5	Lime	609
4	Lime	613
2	Shale	615
4	Lime	619

