



KANSAS CORPORATION COMMISSION 1063132  
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 (Corr. 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 #: \_\_\_\_\_  
7/27/2011    7/29/2011    8/25/2011  
Spud Date or    Date Reached TD    Completion Date or  
Recompletion Date       Recompletion Date

API No. 15 - 15-059-25582-00-00  
Spot Description: \_\_\_\_\_  
SW SE NE NE Sec. 1 Twp. 17 S. R. 20  East  West  
4145 Feet from  North /  South Line of Section  
495 Feet from  East /  West Line of Section  
Footages Calculated from Nearest Outside Section Corner:  
 NE     NW     SE     SW  
County: Franklin  
Lease Name: Killough Well #: 9  
Field Name: Paola-Rantoul  
Producing Formation: Squirrel  
Elevation: Ground: 983 Kelly Bushing: 0  
Total Depth: 740 Plug Back Total Depth: 740  
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 Garbar Date: 09/12/2011



1063132

Operator Name: Town Oil Company Inc. Lease Name: Killough Well #: 9  
 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	735	Portland	98	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
17	706.0-710.0	Acid 500 gal. 7.5 ACL	

TUBING RECORD: Size: _____ Set At: _____ Packer At: _____	Liner Run: <input type="checkbox"/> Yes <input type="checkbox"/> No
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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 Bbbs. _____ Gas Mcf _____ Water Bbbs. _____ 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)</i> <input type="checkbox"/> Other (Specify) _____	PRODUCTION INTERVAL: _____ _____
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Franklin County, KS  
Well: Killough # 9  
Lease Owner: TOC

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

Commenced Spudding:  
7/27/2011

WELL LOG

Thickness of Strata	Formation	Total Depth
3	Soil and Clay	3
7	Lime	10
8	Shale	18
11	Lime	29
9	Shale	37
35	Lime	72
8	Sandy Lime	80
8	Shale	88
36	Lime	124
67	Shale	191
21	Lime	212
8	Shale	220
1	Lime	221
10	Shale	231
7	Lime	238
30	Shale	268
9	Lime	277
23	Shale	300
25	Lime	325
10	Shale	335
23	Lime	358
3	Shale	361
4	Lime	365
4	Shale	369
4	Lime	373
109	Shale	482
13	Limey Sand	495
34	Shale	529
9	Lime	538
35	Shale	573
10	Lime	583
12	Shale	595
3	Lime	598
8	Shale	606
10	Lime	616
4	Shale	620
6	Lime	626
4	Limey Sand	630
5	Shale	635
18	Sand	653





**CONSOLIDATED**  
Oil Well Services, L.L.C.

LOCATION Atawa, KS  
FOREMAN Casey Kennedy

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
7/29/11	7823	Killough # 9	NE 1	17	20	FR
CUSTOMER Town Oil Company						
MAILING ADDRESS 16205 W. 287 St						
CITY Paola		STATE KS	ZIP CODE 66071			
		TRUCK #	DRIVER	TRUCK #	DRIVER	
		589	Casey	CK		
		495	Harber	HB		
		558	Tim LeH	TL		

JOB TYPE logstring HOLE SIZE 5 5/8" HOLE DEPTH 740' CASING SIZE & WEIGHT 2 7/8" EUE  
 CASING DEPTH 735' DRILL PIPE \_\_\_\_\_ TUBING \_\_\_\_\_ OTHER pin @ 730'  
 SLURRY WEIGHT \_\_\_\_\_ SLURRY VOL \_\_\_\_\_ WATER gal/sk \_\_\_\_\_ CEMENT LEFT in CASING 2 1/2" rubber  
 DISPLACEMENT 4.24 bbls DISPLACEMENT PSI \_\_\_\_\_ MIX PSI \_\_\_\_\_ RATE 5.5 bpm

REMARKS: held safety meeting, established circulation, mixed & pumped 100 skt Premium Gel followed by 10 bbls fresh water, mixed & pumped 98 skt 50/50 Pozmix cement w/ 2 1/2" Gel per skt, cement to surface, pushed pump clean, displaced 2 1/2" rubber plug to pin w/ 4.24 bbls fresh water, pressured to 500 PSI, shut in casing.

*[Handwritten signature]*

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401	1	PUMP CHARGE <u>cement pump</u>		975.00
5406	10 miles	MILEAGE <u>pump truck</u>		40.00
5402	735'	<u>casing footage</u>		
5407	minimum	<u>ton mileage</u>		330.00
1124	98 sks	50/50 Pozmix cement		1024.10
1118 B	264 #	Premium Gel		52.80
4402	1	2 1/2" rubber plug		28.00
	<u>243.10</u>			
		7.8%	SALES TAX	86.18
			ESTIMATED TOTAL	2536.08

Ravin 3737

AUTHORIZATION Winston 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.