



KANSAS CORPORATION COMMISSION 1063152
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 #: _____
7/22/2011 7/26/2011 8/5/2011
Spud Date or Date Reached TD Completion Date or
Recompletion Date Recompletion Date

API No. 15 - 15-059-25585-00-00
Spot Description: _____
NW NW SE NE Sec. 1 Twp. 17 S. R. 20 East West
3815 Feet from North / South Line of Section
1155 Feet from East / West Line of Section
Footages Calculated from Nearest Outside Section Corner:
 NE NW SE SW
County: Franklin
Lease Name: Killough Well #: 12
Field Name: Paola-Rantoul
Producing Formation: Squirrel
Elevation: Ground: 987 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/ 4 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: 09/12/2011



1063152

Operator Name: Town Oil Company Inc. Lease Name: Killough Well #: 12
 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 |
|--|---|

| 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 | 4 | 50/50 POZ |
| Completion | 5.6250 | 2.8750 | 8 | 710 | Portland | 96 | 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 |
|----------------|---|---|-------|
| 18 | 704.0-710.0 | Acid 500 gal. 7.5% ACL | |
| | | | |
| | | | |
| | | | |

| | | | |
|---|-----------|---|-----------------------------------|
| TUBING RECORD: Size: _____ Set At: _____ Packer At: _____ | | Liner Run: <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| 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: _____ _____ |
|--|---|---|



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 32120
LOCATION Chanute, KS
FOREMAN Casey Kennedy

| DATE | CUSTOMER # | WELL NAME & NUMBER | SECTION | TOWNSHIP | RANGE | COUNTY |
|---|------------|--------------------|--------------------------|------------------|-----------|--------|
| 7/26/11 | 7823 | Killough # 12 | NE 1 | 17 | 25 | FR |
| CUSTOMER <u>Town Oil Company</u> | | | | | | |
| MAILING ADDRESS <u>16205 W. 287 St</u> | | | | | | |
| CITY <u>Paola</u> | | STATE <u>KS</u> | ZIP CODE <u>66071</u> | | | |
| | | | TRUCK # | DRIVER | TRUCK # | DRIVER |
| | | | <u>389</u> | <u>Casey Ken</u> | <u>ck</u> | |
| | | | <u>495</u> | <u>Har Bec</u> | <u>HB</u> | |
| | | | <u>548</u> | <u>Der Mes</u> | <u>DM</u> | |

JOB TYPE long string HOLE SIZE 5 1/8" HOLE DEPTH 742' CASING SIZE & WEIGHT 2 7/8"
CASING DEPTH 740' DRILL PIPE _____ TUBING _____ OTHER 735' - pin
SLURRY WEIGHT _____ SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT in CASING 2 1/2" rubber plug
DISPLACEMENT 4.27 bbls DISPLACEMENT PSI _____ MIX PSI _____ RATE 5.5 bpm

REMARKS: held safety meeting, established circulation, mixed & pumped 100 # Premium Gel followed by 10 bbls fresh water, mixed & pumped 96 sks 50/50 Pozmix cement w/ 2% Premium Gel per sk, cement to surface, flushed pump clean, displaced 2 1/2" rubber plug to pin w/ 4.27 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 |
| 5400 | 10 miles | MILEAGE <u>pump truck</u> | | 40.00 |
| 5402 | 740' | <u>casing footage</u> | | |
| 5407 | minimum | <u>ton mileage</u> | | 330.00 |
| 1124 | 96 sks | 50/50 Pozmix cement | | 1003.20 |
| 1118B | 26' # | Premium Gel | | 52.20 |
| 4402 | 1 | 2 1/2" rubber plug | | 28.00 |
| | | <u>WO# 243000</u> | | |
| | | | 7.8% | SALES TAX |
| | | | | ESTIMATED |
| | | | | TOTAL |
| | | | | 84.50 |
| | | | | 2512.90 |

Revin 3737

AUTHORIZATION Winston Jarm 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 # 12
Lease Owner: TOC

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

Commenced Spudding:
7/22/2011

WELL LOG

| Thickness of Strata | Formation | Total Depth |
|---------------------|---------------|-------------|
| 2 | Soil and Clay | 2 |
| 9 | Lime | 11 |
| 3 | Under Clay | 14 |
| 4 | Shale | 18 |
| 11 | Lime | 29 |
| 7 | Shale | 36 |
| 30 | Lime | 66 |
| 5 | Shale | 71 |
| 1 | Lime | 72 |
| 25 | Shale | 97 |
| 37 | Lime | 130 |
| 4 | Shale | 134 |
| 2 | Lime | 136 |
| 54 | Shale | 190 |
| 20 | Lime | 210 |
| 18 | Shale | 228 |
| 8 | Red Bed | 236 |
| 4 | Lime | 240 |
| 35 | Shale | 275 |
| 9 | Lime | 284 |
| 23 | Shale | 307 |
| 26 | Lime | 333 |
| 7 | Shale | 340 |
| 21 | Lime | 361 |
| 4 | Shale | 365 |
| 4 | Lime | 369 |
| 3 | Shale | 372 |
| 4 | Lime | 376 |
| 169 | Shale | 545 |
| 5 | Lime | 550 |
| 3 | Shale | 553 |
| 11 | Lime | 564 |
| 10 | Shale | 574 |
| 6 | Lime | 580 |
| 13 | Shale | 593 |
| 3 | Lime | 596 |
| 9 | Shale | 605 |
| 11 | Lime | 616 |
| 2 | Shale | 618 |
| 5 | Lime | 623 |

