



KANSAS CORPORATION COMMISSION 1062943
 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>7/1/2011</u>	<u>7/2/2011</u>	<u>8/1/2011</u>
Spud Date or Recompletion Date	Date Reached TD	Completion Date or Recompletion Date

API No. 15 - 15-121-28823-00-00
 Spot Description: _____
NW SW SW NW Sec. 4 Twp. 17 S. R. 25 East West
3190 Feet from North / South Line of Section
5100 Feet from East / West Line of Section
 Footages Calculated from Nearest Outside Section Corner:
 NE NW SE SW
 County: Miami
 Lease Name: West Rogers Well #: 11
 Field Name: _____
 Producing Formation: Peru
 Elevation: Ground: 1045 Kelly Bushing: 0
 Total Depth: 440 Plug Back Total Depth: 440
 Amount of Surface Pipe Set and Cemented at: 22 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: 22 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



1062943

Operator Name: Town Oil Company Inc. Lease Name: West Rogers Well #: 11
 Sec. 4 Twp. 17 S. R. 25 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 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	22	Portland	4	50/50 POZ
Completion	5.6250	2.8750	8	430	Portland	59	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 (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)</i> <input type="checkbox"/> Other (Specify) _____	PRODUCTION INTERVAL: _____ _____
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CONSOLIDATED
Oil Well Services, L.L.C.

TICKET NUMBER 32682
LOCATION Oklahoma KS
FOREMAN Fred Maden

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
7/21/11	7823	W Rodgers # 11	NW 4	17	25	MI
CUSTOMER			TRUCK #			
Town Oil Company			506	Fred	Safety	Mix
MAILING ADDRESS			495	Casey	CK	
16205 W 267 th St			510	Cecil	CHP	
CITY		STATE	ZIP CODE			
Paola		KS	66071			

JOB TYPE Long string HOLE SIZE 5 7/8 HOLE DEPTH 442 CASING SIZE & WEIGHT 2 3/8 EUE
 CASING DEPTH 435 DRILL PIPE Pine TUBING 425' OTHER _____
 SLURRY WEIGHT _____ SLURRY VOL _____ WATER gal/ek _____ CEMENT LEFT IN CASING 5' + Plug
 DISPLACEMENT 2.5BB - DISPLACEMENT PSI _____ MIX PSI _____ RATE 48 pm

REMARKS: Establish circulation. Mix + Pump 100* Premium Gel Flush
Mix + Pump 59 sks 50/50 Por Mix Cement 220 Gal Cement
to surface Flush pump + lines clean. Displace 2 1/2" Rubber Plug
to ~~open~~ pin in casing w/ 2.5 BBL Fresh water. Pressure to
600* PSI. Shut in Casing.

Customer Supplied Water. Fred Maden

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401	1	PUMP CHARGE		975 ⁰⁰
5406	-0-	MILEAGE Truck on lease		N/C
5402	430	Casing footage		N/C
5407	1/2 Minimum	Ton Miles		165 ⁰⁰
1124	59 sks	50/50 Por mix Cement		616 ⁵⁰
118B	200 th	Premium Gel.		40 ⁰⁰
4402	1	2 1/2" Rubber Plug		25 ⁰⁰
		W/O # 242919		
			7.55%	SALES TAX 51 ⁶⁸
				ESTIMATED TOTAL 1876 ³³

AUTHORIZATION Winters Town 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.