



KANSAS CORPORATION COMMISSION 1066482
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 # 34586
Name: ST Petroleum, Inc.
Address 1: 18800 Sunflower Rd
Address 2: _____
City: Edgerton State: KS Zip: 66021 + _____
Contact Person: Rick Singleton
Phone: (913) 638-6398
CONTRACTOR: License # 33715
Name: Town Oilfield Service
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 #: _____

<u>9/29/2011</u>	<u>9/29/2011</u>	<u>10/31/2011</u>
Spud Date or Recompletion Date	Date Reached TD	Completion Date or Recompletion Date

API No. 15 - 15-091-23559-00-00

Spot Description: _____
SW SE SW NE Sec. 29 Twp. 14 S. R. 22 East West
2805 Feet from North / South Line of Section
1825 Feet from East / West Line of Section

Footages Calculated from Nearest Outside Section Corner:

- NE NW SE SW

County: Johnson

Lease Name: Thomas A Well #: 2

Field Name: Gardner South

Producing Formation: Bartlesville

Elevation: Ground: 1014 Kelly Bushing: 0

Total Depth: 918 Plug Back Total Depth: _____

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/ 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 Gantner Date: 11/01/2011



1066482

Operator Name: ST Petroleum, Inc. Lease Name: Thomas A Well #: 2
 Sec. 29 Twp. 14 S. R. 22 East West County: Johnson

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/CCL	<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	7	10	22	Portland	3	50/50 POZ
Completion	5.6250	2.8750	8	903	Portland	143	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
3	844.0-852.0	2"DML RTG	8

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-1B.)</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: _____ _____
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CONSOLIDATED
Oil Well Services, LLC

TICKET NUMBER 32906
LOCATION D. Thomas
FOREMAN Alan Mader

PO Box 884, Chanute, KS 68720
620-431-9210 or 800-467-8678

FIELD TICKET & TREATMENT REPORT
CEMENT

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
9-30-11	7532	Thomas A #2	NE 29	14	22	JO
CUSTOMER ST Petroleum						
MAILING ADDRESS 18800 S Sunflower						
CITY Edgerton		STATE KS	ZIP CODE 66021			
			TRUCK #	DRIVER	TRUCK #	DRIVER
			516	Alan M	Safety	Mark
			368	Kevin	Alan	
			370	Alan M	Alan	
			510	Gary M	GM	

JOB TYPE 10m string HOLE SIZE 5 1/8 HOLE DEPTH 919 CASING SIZE & WEIGHT 2 7/8
CASING DEPTH 903 DRILL PIPE _____ TUBING _____ OTHER 893 bullp.
SLURRY WEIGHT _____ SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT IN CASING yes
DISPLACEMENT 5/8 DISPLACEMENT PSI 800 MIX PSI 300 RATE 5 bpm

REMARKS: Hold crew making. Established rate. Mixed & pumped 100 # gel to flush hole followed by 143 sk 5050 #oz plug & 2 # gel & 2 # floreal poi back. Circulated cement. Flashed pump. Pumped plug to baffle @ 893'. Well hold 800 PSI. Set float. Closed valve.

TDS Jeff

Alan Mader

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL	
5401	1	PUMP CHARGE		975.00	
5406	80	MILEAGE		130.00	
5402	903	casing footage			
5407	nm	ten miles		330.00	
5502C	2	8D val		180.00	
1124	143 SK	50150 #oz		1494.35	
1118B	340 #	gel		68.00	
1107	72 #	f10 seal		159.84	
4402	1	2/2 plug		28.00	
				SALES TAX	137.71
				ESTIMATED TOTAL	3486.90

24704

SALES TAX

Rev 9/37

AUTHORIZATION [Signature] TITLE _____ DATE _____

I acknowledge that the payment terms, unless specifically amended in writing on the front of the form or in the customer's

Johnson County, KS
Well: Thomas A-2
Lease Owner: ST Petrolwum

Town Oilfield Service, Inc.
(913) 837-8400

Commenced Spudding:
9/29/2011

WELL LOG

Thickness of Strata	Formation	Total Depth
0-10	Clay/Soil	10
24	Shale	34
29	Lime	63
10	Shale	73
35	Lime	108
18	Shale	126
21	Lime	147
6	Shale	153
53	Lime	206
20	Shale	226
9	Lime	235
19	Shale	254
7	Lime	261
6	Shale	267
7	Lime	274
44	Shale	318
34	Lime	344
6	Shale	350
23	Lime	373
4	Shale	377
6	Lime	383
4	Shale	387
6	Lime	393
174	Shale	567
8	Lime	575
7	Shale	582
12	Lime	590
14	Shale	604
3	Lime	607
5	Shale	612
12	Lime	624
104	Shale	728
22	Sand	750
96	Shale	846
9	Sand	855
63	Shale	918-TD