



KANSAS CORPORATION COMMISSION 1066488  
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     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>09/23/2011</u>	<u>09/26/2011</u>	<u>10/31/2011</u>
Spud Date or Recompletion Date	Date Reached TD	Completion Date or Recompletion Date

API No. 15 - 15-091-23560-00-00  
Spot Description: \_\_\_\_\_  
SW SW SE NE Sec. 29 Twp. 14 S. R. 22  East  West  
2805 Feet from  North /  South Line of Section  
1275 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 #: 3  
Field Name: \_\_\_\_\_  
Producing Formation: Bartlesville  
Elevation: Ground: 1030 Kelly Bushing: 0  
Total Depth: 958 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 Carrace Date: 11/02/2011



1066488

Operator Name: ST Petroleum, Inc. Lease Name: Thomas A Well #: 3  
 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:  GammaRay/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	932	Portland	142	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
3	872.0-884.0	2" DML RTG	12

TUBING RECORD: Size: \_\_\_\_\_ Set At: \_\_\_\_\_ Packer At: \_\_\_\_\_ Liner Run:  Yes  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: _____ _____
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Johnson County, KS  
Well: Thomas A-3  
Lease Owner: ST Petroleum

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

Commenced Spudding:  
9/23/2011

WELL LOG

Thickness of Strata	Formation	Total Depth
0-12	Soil/Clay	12
4	Lime	16
39	Shale	55
23	Lime	78
11	Shale	89
36	Lime	125
15	Shale	140
22	Lime	162
6	Shale	168
54	Lime	222
20	Shale	242
9	Lime	251
17	Shale	268
7	Lime	275
10	Shale	285
7	Lime	292
59	Shale	351
14	Lime	365
7	Shale	372
21	Lime	393
3	Shale	396
4	Lime	400
6	Shale	406
6	Hertha	412
178	Shale	590
6	Lime	596
5	Shale	601
9	Lime	610
19	Shale	629
4	Lime	633
7	Shale	640
4	Lime	644
29	Shale	673
12	Lime	685
67	Shale	752
4	Sand	756
2	Sand	758
6	Sand	764
4	Sand	768
6	Shale	774





**CONSOLIDATED**  
Oil Well Services, LLC

TICKET NUMBER 32837  
LOCATION Ottawa  
FOREMAN Alan Made

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
9-23-11	7532	Thomas A #3	NE 99	14	22	JO

  

CUSTOMER	TRUCK #	DRIVER	TRUCK #	DRIVER
ST Petroleum	516	Alan M	Safety	Meat
	368	Ken H	KH	
	369	Derek M	DM	
	558	Gary M	GM	

MAILING ADDRESS: 18800 S Sunflower  
CITY: Edgerton STATE: KS ZIP CODE: 66021

JOB TYPE: long string HOLE SIZE: 5 7/8 HOLE DEPTH: 958 CASING SIZE & WEIGHT: 2 7/8  
CASING DEPTH: 932 DRILL PIPE: \_\_\_\_\_ TUBING: \_\_\_\_\_ OTHER: Baffle 922  
SLURRY WEIGHT: \_\_\_\_\_ SLURRY VOL: \_\_\_\_\_ WATER gal/ek: \_\_\_\_\_ CEMENT LEFT in CASING: yes  
DISPLACEMENT: 5.36 DISPLACEMENT PSI: 800 MIX PSI: 200 RATE: 3 bpm

REMARKS: Help crew meeting. Established rate. Mixed + pumped 100# gel to flush hole followed by 142 gk 50/50 po3 plus 20 gel and 1/2 flo-seal per sack. Circulated cement. Flushed pump. Pumped plug to baffle. Well held 800 PSI. Set float. Closed valve.

TOS, Jeff

*Alan Made*

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL	
3401	1	PUMP CHARGE		970.00	
3406	30	MILEAGE		120.00	
3402	932	Casing footage		—	
3407	min	tax miles		330.00	
3502C	2	80 var		180.00	
1124	142 #K	50/50 po3		1483.90	
11833	339 #	gel		67.80	
1107	71 #	fl-seal		157.62	
4402	1	2 1/2 plug		28.00	
				SALES TAX	130.73
				ESTIMATED TOTAL	3473.0

244566

SCANNED

Rev'n 3737

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 order on the back of this form are in effect for services identified on this f