



KANSAS CORPORATION COMMISSION 1066489
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>09/28/2011</u>	<u>09/29/2011</u>	<u>10/31/2011</u>
Spud Date or Recompletion Date	Date Reached TD	Completion Date or Recompletion Date

API No. 15 - 15-091-23581-00-00

Spot Description: _____
NE SE SW NE Sec. 29 Twp. 14 S. R. 22 East West
3080 Feet from North / South Line of Section
1550 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 #: 7

Field Name: Gardner South

Producing Formation: Bartlesville

Elevation: Ground: 1015 Kelly Bushing: 0

Total Depth: 958 Plug Back Total Depth: _____

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/ 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 Garrison Date: 11/02/2011



1066489

Operator Name: ST Petroleum, Inc. Lease Name: Thomas A Well #: 7
 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	20	Portland	3	50/50 POZ
Completion	5.6250	2.8750	8	931	Portland	139	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	850.0-859.0	2" DML RTG	9

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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Johnson County, KS
 Well: Thomas A-7
 Lease Owner: ST Petroleum

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

Commenced Spudding:
 9/28/2011

WELL LOG

Thickness of Strata	Formation	Total Depth
0-8	Soil/Clay	8
3	Lime	11
25	Shale	36
28	Lime	64
10	Shale	74
35	Lime	109
17	Shale	126
80	Lime	206
20	Shale	226
8	Lime	234
17	Shale	251
10	Lime	261
6	Shale	267
8	Lime	275
43	Shale	318
33	Lime	345
6	Shale	351
24	Lime	375
5	Shale	380
4	Lime	384
5	Shale	389
5	Lime	394
174	Shale	568
10	Lime	578
5	Shale	583
9	Lime	592
13	Shale	605
4	Lime	609
4	Shale	613
10	Lime	623
109	Shale	734
16	Sand	748
163	sand	851
8	Sand	859
99	Shale	958-TD



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 32907
LOCATION Ottawa
FOREMAN Alan Maden

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
9-29-11	7532	Thomas A # 7	NE 29	14	22	JO
CUSTOMER ST Petroleum			TRUCK #			
MAILING ADDRESS 18800 S Sunflower			DRIVER			
CITY Edgerton, KS			TRUCK #			
STATE KS			DRIVER			
ZIP CODE 66021			TRUCK #			
			DRIVER			

JOB TYPE long string HOLE SIZE 5 7/8 HOLE DEPTH 958 CASING SIZE & WEIGHT 2 7/8
 CASING DEPTH 931 DRILL PIPE _____ TUBING _____ OTHER 921 bottle
 SLURRY WEIGHT _____ SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT in CASING was
 DISPLACEMENT 5.35 DISPLACEMENT PSI 800 MIX PSI 210 RATE 5 bpm

REMARKS: Held crew meeting. Mixed + pumped 100 # gel to flush hole. followed by 139 sk 50150 po2, plus 2 1/2 bags + 1/2 # Flo-seal per sack. Circulated cement. Flushed. Pump. Pumped plug to casing baffle @ 921' well held 800 PSI. Set float. Closed valve.

TOS: Jeff

Alan Maden

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401	1	PUMP CHARGE		975.00
5406	30	MILEAGE		120.00
5402	931'	casing footage		
5407	min	70.0 miles		330.00
5426	2	80 gal		180.00
1124	139 sk	50150 po2		1452.55
1118.3	334 #	gel		66.80
1107	70 #	Flo seal		155.40
4402	1	2 1/2 plug		26.00
				SALES TAX
				ESTIMATED TOTAL

244713

SALES TAX 128.13
ESTIMATED TOTAL 3435.88

Ravin 3737

AUTHORIZATION

[Signature]

TITLE

DATE