



KANSAS CORPORATION COMMISSION 1067039
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 # 33734
Name: Hat Drilling LLC
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>10/18/2011</u>	<u>10/19/2011</u>	<u>11/08/2011</u>
Spud Date or Recompletion Date	Date Reached TD	Completion Date or Recompletion Date

API No. 15 - 15-091-23607-00-00

Spot Description: _____
SE NW SW NE Sec. 29 Twp. 14 S. R. 22 East West
3355 Feet from North / South Line of Section
2100 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 #: I-10

Field Name: Gardner South

Producing Formation: Bartlesville

Elevation: Ground: 1023 Kelly Bushing: 0

Total Depth: 900 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/ 6 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 Gertson Date: 11/16/2011



1067039

Operator Name: ST Petroleum, Inc. Lease Name: Thomas A. Well #: I-10
 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 GammaRay
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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	6	50/50 POZ
Completion	5.6250	2.8750	8	895	Portland	120	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	850.0-860.0	2" DML RTG	10

TUBING RECORD: Size: _____ Set At: _____ Packer At: _____ Liner Run: Yes No

Date of First, Resumed Production, SWD or ENHR. _____ Producing Method: Flowing Pumping Gas Lift Other (Explain) _____

Estimated Production Per 24 Hours	Oil Bbls.	Gas Mcf	Water Bbls.	Gas-Oil Ratio	Gravity
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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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PO Box 884, Chanute, KS 66720
620-431-9210 or 800-487-8676

TICKET NUMBER 32970
LOCATION Qttaung
FOREMAN Alan Madar

**FIELD TICKET & TREATMENT REPORT
CEMENT**

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
10-19-11	7532	Thomas "A" I-10	NE 29	14	22	Jo
CUSTOMER ST Petroleum			TRUCK # DRIVER TRUCK # DRIVER			
MAILING ADDRESS 18800 Edgerton Rd			516	Alan M	Safety	Meet
CITY STATE ZIP CODE Edgerton KS 66021			495	Harold B	HSB	
			370	Derek M	DM	
			578	Keith C	KC	

JOB TYPE long string HOLE SIZE 5 9/8 HOLE DEPTH 900 CASING SIZE & WEIGHT 2 7/8
CASING DEPTH 894 DRILL PIPE _____ TUBING _____ OTHER 884 baffle
SLURRY WEIGHT _____ SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT In CASING yes
DISPLACEMENT 5.14 DISPLACEMENT PSI 800 MIX PSI 200 RATE 5 bpm

REMARKS: Held crew meet. Established rate. Mixed + pumped 120 # gel to flush hole followed by 120 sk 50/150 pot plus 290 gal + 1/4 # floreal per sack. Circulated cement. Flushed pump. Pumped plug to baffle. Well held 800 PSI for 30 minutes. M.I.T. Set float. Closed valve.

HAT, ERIC

Alan Madar

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401	1	PUMP CHARGE		975.00
5406		MILEAGE		
5402	894	casing footage		
5407A	154.8	ton miles		195.05
5502C	2 1/2	80 vac		225.00
1124	120 sk	50/150 pot		1254.00
1118B	302 #	gel		60.40
1107	30 #	Flaseal		66.60
4402	1	2 1/2 plug		28.00
				SALES TAX
				ESTIMATED
				TOTAL

Ravin 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, are in effect for services identified on this form.

HAT DRILLING
 12371 KS HWY 7
 MOUND CITY, KS 66056
 LICENSE # 33734

Thomas A #I-10
 API # 15-091-23607-00-00
 SPUD DATE 10-18-11

Footage	Formation	Thickness	Set 20' of 7"
2	Topsoil	2	TD 900'
7	clay	5	Ran 895' of 2 7/8
43	shale	36	
50	lime	7	
53	shale	3	
70	lime	17	
79	shale	9	
90	lime	11	
93	shale	3	
114	lime	21	
130	shale	16	
151	lime	21	
156	shale	5	
210	lime	54	
231	shale	21	
244	lime	13	
255	shale	11	
276	lime	21	
309	shale	33	
313	lime	4	
320	shale	7	
346	lime	26	
356	shale	10	
396	lime	40	
569	shale	173	
581	lime	12	
585	shale	4	
593	lime	8	
607	shale	14	
610	lime	3	
616	shale	6	
618	lime	2	
624	shale	6	
626	lime	2	
738	shale	112	
745	sand	7	
852	shale	107	
855	sand	3	little odor, little bleed
900	shale	45	