



KANSAS CORPORATION COMMISSION 1067037  
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

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>10/21/2011</u>	<u>10/25/2011</u>	<u>11/08/2011</u>
Spud Date or Recompletion Date	Date Reached TD	Completion Date or Recompletion Date

API No. 15 - 15-091-23608-00-00  
Spot Description: \_\_\_\_\_  
NW NE SW NE Sec. 29 Twp. 14 S. R. 22  East  West  
3668 Feet from  North /  South Line of Section  
1842 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-15  
Field Name: Gardner South  
Producing Formation: Bartlesville  
Elevation: Ground: 1028 Kelly Bushing: 0  
Total Depth: 920 Plug Back Total Depth: \_\_\_\_\_  
Amount of Surface Pipe Set and Cemented at: 21 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: 21 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 Gansor Date: 11/16/2011



1067037

Operator Name: ST Petroleum, Inc. Lease Name: Thomas A. Well #: I-15  
 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	21	Portland	6	50/50 POZ
Completion	5.6250	2.8750	8	914	Portland	138	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	Add, Fracture, Shot, Cement Squeeze Record (Amount and Kind of Material Used)	Depth
3	856.0-866.0	2" DML RTG	10

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) (Submit ACO-4)</i> <input type="checkbox"/> Other (Specify) _____	PRODUCTION INTERVAL: _____ _____
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**CONSOLIDATED**  
Oil Well Services, LLC

TICKET NUMBER 33012  
LOCATION Ottawa 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
10/25/11	7532	Thomas # I.15	NE 29	14	22	JO

  

CUSTOMER		TRUCK #		DRIVER	
SIT Petroleum		506	FREMAO	Safety	mtg
MAILING ADDRESS		495	NARBEC	HPB	
18500 Sunflower Rd		309	DEARMAS	DM	
CITY	STATE	ZIP CODE			
Edgerton	KS	66021	503	NEIDET	KD

JOB TYPE Long string HOLE SIZE 5 7/8 HOLE DEPTH 920' CASING SIZE & WEIGHT 2 7/8 EUE  
 CASING DEPTH 914' DRILL PIPE Baffle in TUBING @ 904' OTHER \_\_\_\_\_  
 SLURRY WEIGHT \_\_\_\_\_ SLURRY VOL \_\_\_\_\_ WATER gal/sk \_\_\_\_\_ CEMENT LEFT in CASING 2 1/2" Plug + 10'  
 DISPLACEMENT 5.26 BBL DISPLACEMENT PSI \_\_\_\_\_ MIX PSI \_\_\_\_\_ RATE 50 BPM

REMARKS: Establish circulation. Mix + Pump # 500 Premium Gel Flush.  
Mix + Pump 138 sks 50/50 Por Mix Cement 2% Gel 4" Flo Seal/Sk.  
Cement to Surface. Flush pump + lines clean. Displace 2 1/2"  
Rubber plug to Baffle in casing w/ 5.26 BBL Fresh water  
Pressure to 800 PSI. Hold pressure for 30 min MIT.  
Release pressure to set float valve. Shut in Casing.

Not Drilling Fred Maden

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401	1	PUMP CHARGE	925 <sup>00</sup>	925 <sup>00</sup>
5406	30mi	MILEAGE	400	120 <sup>00</sup>
5402	914	Casing footage		N/C
5407	Minimum	Ten Miles	503	330 <sup>00</sup>
5500C	1 1/2 hrs	90 BBL Vac Truck	360	135 <sup>00</sup>
1124	138 sks	50/50 Por Mix Cement		1442 <sup>00</sup>
1180	332*	Premium Gel		660 <sup>40</sup>
1107	35*	Flo Seal		77 <sup>20</sup>
4402	1	2 1/2" Rubber Plug		28 <sup>00</sup>
			7.526%	SALES TAX
				ESTIMATED TOTAL
				121 <sup>48</sup>
				3295 <sup>68</sup>

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 account records, at our office, and conditions of service on the back of this form are in effect for services identified on this form.

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

Thomas A #I-15  
API # 15-091-23608-00-00  
SPUD DATE 10-21-11

Footage	Formation	Thickness	Set 21' of 7"
2	Topsoil	2	TD 920'
14	clay	12	Ran 920' of 2 7/8
54	shale	40	
79	lime	25	
89	shale	10	
98	lime	9	
105	shale	7	
162	lime	57	
167	shale	5	
218	lime	51	
242	shale	24	
250	lime	8	
266	shale	16	
274	lime	8	
279	shale	5	
286	lime	7	
330	shale	44	
355	lime	25	
363	shale	8	
387	lime	24	
392	shale	5	
407	lime	15	
580	shale	173	
583	lime	3	
596	shale	13	
603	lime	7	
617	shale	14	
621	lime	4	
640	shale	19	
650	red bed	10	
736	shale	86	
740	sand	4	
854	shale	114	
862	sand	8	good odor, good bleed
920	shale	58	