



KANSAS CORPORATION COMMISSION 1067169
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 #: _____
10/25/2011 10/27/2011 11/08/2011
Spud Date or Date Reached TD Completion Date or
Recompletion Date Recompletion Date

API No. 15 - 15-091-23704-00-00
Spot Description: _____
SE NE SW NE Sec. 29 Twp. 14 S. R. 22 East West
3385 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 #: G-1
Field Name: Gardner South
Producing Formation: Squirrel
Elevation: Ground: 1020 Kelly Bushing: 0
Total Depth: 819 Plug Back Total Depth: _____
Amount of Surface Pipe Set and Cemented at: 23 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: 23 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 Gansor Date: 11/16/2011



1067169

Operator Name: ST Petroleum, Inc. Lease Name: Thomas A Well #: G-1
 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	23	Portland	3	50/50 POZ
Completion	5.6250	2.8750	8	800	Portland	126	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
4	736.0-742.0	2" DML RTG	6

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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CONSOLIDATED
Oil Well Services, LLC

TICKET NUMBER 33021

LOCATION Ottawa KS

FOREMAN Fred Maden

Box 884, Chanute, KS 66720
-431-9210 or 800-467-8676

FIELD TICKET & TREATMENT REPORT
CEMENT

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
10/27/11	7502	Thomas "G-1"	NE 29	14	22	TO
STOMER ST Petro leum			TRUCK # DRIVER TRUCK # DRIVER			
BILLING ADDRESS 18800 Sunflower Rd			506	FREMAO	Safety	MK
Edgerton KS 66601			455	HARDEC	HDBO	o
STATE ZIP CODE			369	DERMAS	DM	
HOLE SIZE 5 7/8 HOLE DEPTH 819 CASING SIZE & WEIGHT 2 7/8 EVE			548	KEICAR	KC	
DRILL PIPE Baffle tubing @ 790 OTHER			CEMENT LEFT in CASING 2 1/2" Plug + 10'			
DISPLACEMENT 4.6 DISPLACEMENT PSI MIX PSI RATE 5 BPM						

REMARKS: Establish pump rate. Mix + Pump 100 # Premium Gel Flush.
Mix Pump 126 SKS 50/50 Poz Mix Cement 2 1/2" Gel 44" Flo
Seal/sk. Cement to Surface. Flush pump + lines clean.
Displace 2 1/2" Rubber Plug to Baffle w/ 4.6 BBL Fresh water.
Pressure to 700 PSI. Release pressure to set float valve.
Shut in casing.

TOS Drilling

Fred Maden

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401	1	PUMP CHARGE	495	975.00
5406	-0-	MILEAGE Truck on lease		N/C
5402	800'	Casing footage		N/C
5407	1/2 Minimum	Tom Miles	548	165.00
5502C	1 1/2 hr	80 BBL Vac Truck	369	135.00
1124	126 SKS	50/50 Poz Mix Cement		1314.70
1118B	312 #	Premium Gel		6240
1107	32 #	Flo Seal		71.04
4402	1	2 1/2" Rubber Plug		28.00
			7.525%	SALES TAX
				ESTIMATED
				TOTAL
				2864.34

245430

AUTHORIZATION *[Signature]* TITLE _____ DATE _____

... 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 G-1
Lease Owner: ST Petroleum

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

Commenced Spudding:
10/25/2011

WELL LOG

Thickness of Strata	Formation	Total Depth
14	Soil-Clay	14
31	Shale	45
5	Lime	50
6	Shale	56
17	Lime	73
10	Shale	83
7	Lime	90
4	Shale	94
23	Lime	117
16	Shale	133
22	Lime	155
5	Shale	160
54	Lime	214
20	Shale	234
9	Lime	243
18	Shale	261
6	Lime	267
8	Shale	275
7	Lime	282
32	Shale	314
2	Lime	316
10	Shale	326
24	Lime	350
18	Shale	368
33	Lime	401
5	Shale	406
2	Lime	408
24	Shale	432
12	Sand	444
134	Shale	578
3	Lime	581
5	Shale	586
12	Lime	598
10	Shale	608
22	Lime	630
23	Shale	653
7	Lime	660
76	Shale	736
4	Sand	740
4	Coal	744

