



KANSAS CORPORATION COMMISSION 1068558
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: _____

API No. 15 - 15-091-23598-00-00
Spot Description: _____
SW NW NE NE Sec. 29 Twp. 14 S. R. 22 East West
4730 Feet from North / South Line of Section
1000 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 #: 35
Field Name: Gardner South
Producing Formation: Bartlesville

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.): _____

Elevation: Ground: 1041 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 cm.

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 #: _____
10/13/2011 10/17/2011 11/21/2011
Spud Date or Date Reached TD Completion Date or Recompletion Date

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 Gantner Date: 11/23/2011



1068558

Operator Name: ST Petroleum, Inc. Lease Name: Thomas A Well #: 35
 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	22	Portland	3	50/50 POZ
Completion	5.6250	2.8750	8	932	Portland	128	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	883.0-893.0	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"/> Duality Comp. <input type="checkbox"/> Commingled <i>(Submit ACO-5)</i> <input type="checkbox"/> Other (Specify) _____	PRODUCTION INTERVAL: _____ _____
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CONSOLIDATED
Oil Well Services, LLC

TICKET NUMBER 32960
LOCATION Ottawa
FOREMAN Alan Mader

FIELD TICKET & TREATMENT REPORT
CEMENT

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

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
10-27-11	7532	Thomas A 35	NE 29	14	20	So
CUSTOMER						
ST Petroleum						
MAILING ADDRESS						
18800 S ...						
CITY						
Edgerton ...						
JOB TYPE <u>10M5</u> HOLE SIZE <u>5 7/8</u> HOLE DEPTH <u>958</u> CASING SIZE & WEIGHT <u>2 7/8</u>						
OTHER <u>922 baffle</u>						
CASING DEPTH <u>932</u> DRILL PIPE _____ TUBING _____						
SLURRY WEIGHT _____ SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT In CASING <u>yes</u>						
DISPLACEMENT _____ DISPLACEMENT PSI <u>800</u> MIX PSI <u>200</u> RATE <u>5 bpm</u>						

TRUCK #	DRIVER	TRUCK #	DRIVER
516	Alan M	Safety	Maet
495	Harold B	HJB	
369	Derek M	DM	
348	Keith D	KD	

REMARKS: Held crew meeting. Established rate. Mixed & pumped 100 # gel to flush hole followed by 128 sk 50/50 poz plus 2% gel + 1/2# floccul per sack. Circulated cement. Flushed pump. Pumped plug to baffle. Well held 800 PSI. Set float. Closed valve.

W.S. Jeff Alan Mader

ACCOUNT CODE	QUANTITY of UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL	
5401	1	PUMP CHARGE		975.00	
5406	30	MILEAGE		120.00	
5402	932	casing footage		330.00	
5407	min	ten miles		180.00	
5502c	2	80 val			
1124	128 sk	50/50 poz		1337.60	
1118B	315 #	gel		63.00	
1107	64 #	1/2#		142.08	
4402	1	2 7/8		28.00	
				SALES TAX	119.19
				ESTIMATED TOTAL	3293.87

Revin 3737

AUTHORIZATION [Signature] TITLE _____ DATE _____

... unless specifically amended in writing on the front of the form or in the customer's ...

Johnson County, KS
Well: Thomas A-35
Lease Owner: ST Petroleum

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

Commenced Spudding:
10/13/2011

WELL LOG

Thickness of Strata	Formation	Total Depth
0-15	Soil-Clay	15
55	Shale	70
23	Lime	93
10	Shale	103
8	Lime	111
7	Shale	118
17	Lime	135
15	Shale	150
24	Lime	174
6	Shale	180
55	Lime	235
23	Shale	258
9	Lime	267
18	Shale	285
5	Lime	290
7	Shale	297
10	Lime	307
41	Shale	348
8	Lime	356
2	Shale	358
16	Lime	374
9	Shale	383
23	Lime	406
4	Shale	410
5	Lime	415
3	Shale	418
7	Hertha	425
4	Shale	429
2	Lime	431
24	Shale	455
9	Sand	464
16	Sandy Shale	480
116	Shale	590
4	Lime	600
6	Shale	606
19	Lime	625
12	Shale	637
28	Lime	665
96	Shale	761
1	Sand	762

