



KANSAS CORPORATION COMMISSION 1068992
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 #: _____
11/14/2011 11/15/2011 11/28/2011
Spud Date or Date Reached TD Completion Date or
Recompletion Date Recompletion Date

API No. 15 - 15-091-23649-00-00
Spot Description: _____
SE NE SW NE Sec. 29 Twp. 14 S. R. 22 East West
3355 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 #: I-11
Field Name: Gardner South
Producing Formation: Bartlesville
Elevation: Ground: 1020 Kelly Bushing: 0
Total Depth: 918 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 Garriot Date: 11/29/2011



1068992

Operator Name: ST Petroleum, Inc. Lease Name: Thomas A Well #: I-11
 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	3	50/50 POZ
Completion	5.6250	2.8750	8	915	Portland	136	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	852.0-862.0	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)</i> <input type="checkbox"/> Other (Specify) _____	PRODUCTION INTERVAL: _____ _____
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CONSOLIDATED
Oil Well Services, LLC

TICKET NUMBER 33101

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
11/15/11	7532	Thomas A. #1-11	NW 29	14	21	30
CUSTOMER <u>S T Petroleum</u>			TRUCK#	DRIVER	TRUCK#	DRIVER
MAILING ADDRESS <u>18800 Sunflower Rd</u>			<u>506</u>	<u>FREMAD</u>	<u>Sateh</u>	<u>WJG</u>
CITY <u>Edgerton</u>	STATE <u>KS</u>	ZIP CODE <u>66021</u>	<u>368</u>	<u>ARLMCD</u>	<u>ARMA</u>	
			<u>370</u>	<u>GARMBO</u>	<u>GM</u>	
			<u>503</u>	<u>REICAR</u>	<u>KC</u>	

JOB TYPE Long string HOLE SIZE 5 7/8 HOLE DEPTH 918 CASING SIZE & WEIGHT 2 1/2 EUE
 CASING DEPTH 891 DRILL PIPE Baffle @ TUBING 6 F1 OTHER _____
 SLURRY WEIGHT _____ SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT in CASING 2 1/2 Plug + 10'
 DISPLACEMENT 5.12 BBL DISPLACEMENT PSI _____ MIX PSI _____ RATE 4 BPM

REMARKS: Establish pump rate. Mixt Pump 1/2 Gal ESA-41 x 1/2 Gal HE-100
Polymer. Flush. Circulate from pit to condition hole.
Mixt Pump 545 50/50 Per Mix Cement 2 1/2 Gal 1/4" Fla Seal
per sack. Cement to surface. Flush pump & lines clear.
Displace 2 1/2" Rubber plug to Baffle w/ 5.12 BBL Fresh water.
pressure to 800 PSI. Hold pressure for 30 min MIT. Release
pressure to set Float Valve. Shut in casing.

TGS Drilling. (WFF)

Fred Maden

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401	1	PUMP CHARGE	368	925 ⁰⁰
5406	30 mi	MILEAGE	368	120 ⁰⁰
5402	891	Casing footage		NIC
5407	Minimum	Ton Miles	503	330 ⁰⁰
5502C	2 1/2 hrs	80 BBL Vac Truck	370	225 ⁰⁰
1124	145 sks	50/50 Per Mix Cement		1515 ²⁵
2618B	244#	Premium Gel		98 ⁰⁰
1107	37#	Fla Seal		82 ¹⁴
4402	.1	2 1/2" Rubber Plug		28 ⁰⁰
1143	1/2 Gal	ESA-41		20 ²⁰
1401	1/2 Gal	HE-100 Polymer		23 ⁰⁰
			7.525%	SALES TAX
				ESTIMATED
				TOTAL
				3497 ²⁰

215919
SCANNED

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 for

Johnson County, KS
Well: Thomas A- I-11
Lease Owner: ST Petroleum

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

Commenced Spudding:
11/14/2011

WELL LOG

Thickness of Strata	Formation	Total Depth
0-15	Soil-Clay	15
31	Shale	46
5	Lime	51
5	Shale	56
17	Lime	73
10	Shale	83
7	Lime	90
4	Shale	94
1	Lime	95
3	Shale	98
19	Lime	117
16	Shale	133
20	Lime	153
7	Shale	160
55	Lime	215
19	Shale	234
10	Lime	244
16	Shale	260
10	Lime	270
5	Shale	275
8	Lime	283
47	Shale	330
25	Lime	355
8	Shale	363
20	Lime	383
4	Shale	387
14	Lime	401
49	Shale	450
8	Sand	458
122	Shale	580
12	Lime	592
144	Shale	736
14	Sand	750
107	Shale	857
5	Sand	862
2	Shale	864
10	Sandy Shale	874
44	Shale	918-TD