



KANSAS CORPORATION COMMISSION 1073348  
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 # 6142  
Name: Town Oil Company Inc.  
Address 1: 16205 W 287TH ST  
Address 2: \_\_\_\_\_  
City: PAOLA State: KS Zip: 66071 + 8482  
Contact Person: Lester Town  
Phone: ( 913 ) 294-2125  
CONTRACTOR: License # 6142  
Name: Town Oil Company Inc.  
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>11/29/2011</u>	<u>12/1/2011</u>	<u>1/20/2012</u>
Spud Date or Recompletion Date	Date Reached TD	Completion Date or Recompletion Date

API No. 15 - 15-121-28939-00-00  
Spot Description: \_\_\_\_\_  
S2\_S2\_N2 Sec. 13 Twp. 18 S. R. 21  East  West  
2970 Feet from  North /  South Line of Section  
2640 Feet from  East /  West Line of Section

Footages Calculated from Nearest Outside Section Corner:  
 NE     NW     SE     SW  
County: Miami  
Lease Name: Kitchen Well #: 6-W  
Field Name: Paola-Rantoul  
Producing Formation: Squirrel  
Elevation: Ground: 913 Kelly Bushing: 0  
Total Depth: 556 Plug Back Total Depth: 6  
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 Garcia Date: 02/03/2012



1073348

Operator Name: Town Oil Company Inc. Lease Name: Kitchen Well #: 6-W  
 Sec. 13 Twp. 18 S. R. 21  East  West County: Miami

**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:  Gamma Ray Nuutron Completion Log	<input checked="" type="checkbox"/> Log Formation (Top), Depth and Datum <input type="checkbox"/> Sample  Name Top Datum Gamma Ray
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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	6.2500	10	20	Portland	3	50/50 POZ
Competition	5.6250	2.8750	8	550	Portland	75	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
2	515.0-525.0 30 Perfs	Acid 500 gal. 7.5% HCL	

TUBING RECORD:	Size:	Set At:	Packer At:	Liner Run: <input type="checkbox"/> Yes <input type="checkbox"/> No
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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

PO Box 884, Chanute, KS 66720  
620-431-9210 or 800-467-8676

TICKET NUMBER 33133

LOCATION Ottawa KS

FOREMAN Fred Mader

**FIELD TICKET & TREATMENT REPORT**  
**CEMENT**

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
12/1/11	7823	Kitchen # 6 W	NE 13	18	21	M1
CUSTOMER <u>Town Oil Co</u>			TRUCK #	DRIVER	TRUCK #	DRIVER
MAILING ADDRESS <u>16205 W. 287th</u>			506	FREMAD	Safety	MM
CITY <u>Paola</u>			368	ARLMCD	WPM	
STATE <u>KS</u>			570	KEICAR	KL	
ZIP CODE <u>66021</u>						

JOB TYPE Longstring HOLE SIZE 5 7/8 HOLE DEPTH 556 CASING SIZE & WEIGHT 2 1/8 EUE  
 CASING DEPTH 550 DRILL PIPE PIN O TUBING 5 45 OTHER \_\_\_\_\_  
 SLURRY WEIGHT \_\_\_\_\_ SLURRY VOL \_\_\_\_\_ WATER gal/sk \_\_\_\_\_ CEMENT LEFT IN CASING 2 1/2 Plug x 5'  
 DISPLACEMENT 3.17 DISPLACEMENT PSI \_\_\_\_\_ MIX PSI \_\_\_\_\_ RATE 4 BPM

REMARKS: Establish Circulation Mix Pump 100 # Premium Gel Flush,  
Mix Pump 75 sks 50/50 Poz Mix Cement 2% Gel, Cement  
to surface. Flush pump & lines clean. Displace 2 1/2" Rubber  
plug to pin in casing w/ 3.17 BBL Fresh water. Pressure  
to 650 # PSI. Hold Pressure for 30 min M.T. Shot  
in casing.

Scotty Kirkland

Fred Mader

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401	1	PUMP CHARGE	368	1080 <sup>00</sup>
5406	25	MILEAGE	368	100 <sup>00</sup>
5402	550	Casing footage		N/C
5407	Minimum	Ton Miles		350 <sup>00</sup>
1124	75 sks	50/50 Poz Mix Cement		821 <sup>25</sup>
1118B	226	Premium Gel		47 <sup>25</sup>
4405	1	2 1/2" Rubber Plug		28 <sup>00</sup>
		246269	7.55%	SALES TAX
				ESTIMATED TOTAL
				2444 <sup>40</sup>

Rev'n 3737

AUTHORIZATION

Scotty Kirkland

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 to.

Miami County, KS  
Well: Kitchen 6-W  
Lease Owner: TOC

Town Oil Company, Inc.  
(913) 294-2125

Commenced Spudding:  
11/29/2011

WELL LOG

Thickness of Strata	Formation	Total Depth
15	Soil-Caly	15
23	Lime	38
18	Shale	56
3	Lime	59
1	Shale	60
5	Lime	65
26	Shale	91
3	Lime	64
5	Shale	99
2	Lime	101
4	Shale	105
14	Lime	119
11	Shale	130
28	Lime	158
9	Shale & Slate	167
22	Lime	189
5	Shale & Slate	194
3	Lime	197
1	Shale & Slate	198
7	Lime	205
19	Shale & Slate	224
9	Sand	233
137	Sandy Shale	370
10	Lime	380
4	Shale	384
3	Lime	387
6	Shale	393
7	Sand	399
29	Sandy Shale	428
6	Lime	434
14	Shale	448
2	Lime	450
16	Shale	466
8	Lime	474
26	Shale	502
6	Lime	506
5	Shale	511
2	Sand	513
10	Sand	523
33	Sandy Shale	556-TD