



KANSAS CORPORATION COMMISSION 1073346
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 #: _____
1/3/2012 1/5/2012 1/20/2012
Spud Date or Date Reached TD Completion Date or
Recompletion Date Recompletion Date

API No. 15 - 15-121-28943-00-00
Spot Description: _____
NA SW SW NE Sec. 13 Twp. 18 S. R. 21 East West
3270 Feet from North / South Line of Section
2610 Feet from East / West Line of Section
Footages Calculated from Nearest Outside Section Corner:
 NE NW SE SW
County: Miami
Lease Name: Kitchen Well #: 9-W
Field Name: Paola-Rantoul
Producing Formation: Squirrel
Elevation: Ground: 915 Kelly Bushing: 0
Total Depth: 562 Plug Back Total Depth: 4
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 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 Garrison Date: 02/03/2012



1073346

Operator Name: Town Oil Company Inc. Lease Name: Kitchen Well #: 9-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 Wireline Logs surveyed. Attach final geological well site report.

| | | | | |
|---|---|---|----------------------------------|---------------------------------|
| Drill Stem Tests Taken (Attach Additional Sheets) | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | <input checked="" type="checkbox"/> Log | Formation (Top), Depth and Datum | <input type="checkbox"/> Sample |
| Samples Sent to Geological Survey | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Name | Top | Datum |
| Cores Taken | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Gamma Ray | | |
| Electric Log Run | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | | | |
| Electric Log Submitted Electronically (If no, Submit Copy) | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | | | |
| List All E. Logs Run: | | | | |
| Gamma Ray Nuetron Completion Log | | | | |

| 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 | 22 | Portland | 3 | 50/50 POZ |
| Completion | 5.6250 | 2.8750 | 8 | 558 | Portland | 86 | 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 | 513.0-533.0 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 |
| 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 (If vented, Submit ACO-18.) | METHOD OF COMPLETION: <input type="checkbox"/> Open Hole <input type="checkbox"/> Perf. <input type="checkbox"/> Dually Comp. <input type="checkbox"/> Commingled (Submit ACO-5) (Submit ACO-4) <input type="checkbox"/> Other (Specify) _____ | PRODUCTION INTERVAL: _____ _____ |
|--|---|--|



CONSOLIDATED
Oil Well Services, LLC

TICKET NUMBER 00000
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 |
|-----------------|------------|--------------------|---------|----------|-------|--------|
| 1/5/12 | 7823 | Kitchen # 9-w | E 13 | 18 | 21 | M1 |
| CUSTOMER | | | TRUCK # | | | |
| Town 0:1 Co | | | DRIVER | | | |
| MAILING ADDRESS | | | TRUCK # | | | |
| 16205 W 267th | | | DRIVER | | | |
| CITY | | | TRUCK # | | | |
| Paola | | | DRIVER | | | |
| STATE | | | TRUCK # | | | |
| KS | | | DRIVER | | | |
| ZIP CODE | | | TRUCK # | | | |
| 66071 | | | DRIVER | | | |

JOB TYPE longstring HOLE SIZE _____ HOLE DEPTH 562 CASING SIZE & WEIGHT 2 7/8 EUE
CASING DEPTH 558 DRILL PIPE Pix TUBING 554 OTHER _____
SLURRY WEIGHT _____ SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT in CASING 2 1/2 Plug + 4'
DISPLACEMENT 3.208 DISPLACEMENT PSI _____ MIX PSI _____ RATE 48 BPM

REMARKS: Establish circulation. Mix + Pump 100 # Premium Gel
Flush. Mix + Pump 86 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/ air
BBL Fresh water. Pressure to 650 # PSI. Hold
pressure for 30 min MIT. Shut in casing.

Customer Supplied Water. Fred Maden

| ACCOUNT CODE | QUANTITY or UNITS | DESCRIPTION of SERVICES or PRODUCT | UNIT PRICE | TOTAL |
|--------------|-------------------|------------------------------------|------------|------------------------------------|
| 5401 | 1 | PUMP CHARGE | 455 | 7030 ⁰⁰ |
| 5406 | 25 mi. | MILEAGE | 495 | 100 ⁰⁰ |
| 5402 | 558 | Casing Footage | | NK |
| 5407 | Minimum | Ton Miles | | 350 ⁰⁰ |
| 1124 | 86 sks | 50/50 Poz Mix Cement | | 941 ⁷⁵ |
| 118B | 245 # | Premium Gel | | 5745 |
| 4402 | 1 | 2 1/2" Rubber Plug | | 25 ⁰⁰ |
| | | | 7.55% | SALES TAX 77 ⁰¹ |
| | | | | ESTIMATED TOTAL 2578 ²⁴ |

AUTHORIZATION Scott 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 form

Miami County, KS
 Well: Kitchen 9-W
 Lease Owner: TOC

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

Commenced Spudding:
 1/3/2012

WELL LOG

| Thickness of Strata | Formation | Total Depth |
|---------------------|-------------|-------------|
| 21 | Soil-Clay | 21 |
| 23 | Lime | 44 |
| 16 | Shale | 60 |
| 6 | Lime | 66 |
| 6 | Lime | 72 |
| 36 | Shale | 108 |
| 14 | Lime | 122 |
| 11 | Shale | 133 |
| 27 | Lime | 160 |
| 10 | Shale | 170 |
| 23 | Lime | 193 |
| 4 | Shale | 197 |
| 3 | Lime | 200 |
| 1 | Slate | 201 |
| 9 | Lime | 210 |
| 137 | Shale | 347 |
| 5 | Lime | 352 |
| 3 | Shale | 355 |
| 5 | Sandy Lime | 360 |
| 10 | Shale | 370 |
| 11 | Lime | 381 |
| 2 | Shale | 383 |
| 4 | Lime | 387 |
| 6 | Shale | 393 |
| 7 | Sand | 400 |
| 28 | Shale | 428 |
| 8 | Lime | 436 |
| 12 | Shale | 448 |
| 3 | Lime | 451 |
| 17 | Shale | 468 |
| 3 | Lime | 471 |
| 23 | Shale | 494 |
| 13 | Lime | 507 |
| 6 | Shale | 513 |
| 10 | Sand Oil | 523 |
| 39 | Sandy Shale | 562-TD |
| | | |
| | | |
| | | |
| | | |

