



KANSAS CORPORATION COMMISSION 1071030  
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 # 30329  
Name: Thomas Well Service, Inc.  
Address 1: PO BOX 97  
Address 2: \_\_\_\_\_  
City: MCLOUTH State: KS Zip: 66054 + 0097  
Contact Person: Bobby G. Thomas  
Phone: ( 913 ) 758-0175  
CONTRACTOR: License # 33734  
Name: Hat Drilling LLC  
Wellsite Geologist: David B. Griffin, RG #498  
Purchaser: \_\_\_\_\_

API No. 15 - 15-103-21321-00-00  
Spot Description: \_\_\_\_\_  
NW SE SE NW Sec. 23 Twp. 8 S. R. 21  East  West  
3235 Feet from  North /  South Line of Section  
2086 Feet from  East /  West Line of Section  
Footages Calculated from Nearest Outside Section Corner:  
 NE  NW  SE  SW  
County: Leavenworth  
Lease Name: TAYLOR-BIRD Well #: T-9  
Field Name: \_\_\_\_\_  
Producing Formation: McLouth SS  
Elevation: Ground: 1013 Kelly Bushing: 1017  
Total Depth: 1418 Plug Back Total Depth: \_\_\_\_\_  
Amount of Surface Pipe Set and Cemented at: 41 Feet  
Multiple Stage Cementing Collar Used?  Yes  No  
If yes, show depth set: \_\_\_\_\_ Feet  
If Alternate II completion, cement circulated from: 1415  
feet depth to: 0 w/ 153 sx cmt.

Designate Type of Completion:

- New Well  Re-Entry  Workover  
 Oil  WSW  SWD  SLOW  
 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 #: \_\_\_\_\_

8/31/2011 9/1/2011 3/07/2012  
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: 0 ppm Fluid volume: 80 bbls  
Dewatering method used: Hauled to Disposal

Location of fluid disposal if hauled offsite:

Operator Name: Gregg Curry  
Lease Name: Curry License #: 33816  
Quarter SE Sec. 15 Twp. 22 S. R. 11  East  West  
County: Greenwood Permit #: D26554

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 Garrisor Date: 03/15/2012



1071030

Operator Name: Thomas Well Service, Inc. Lease Name: TAYLOR-BIRD Well #: T-9  
 Sec. 23 Twp. 8 S. R. 21  East  West County: Leavenworth

**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 checked="" type="checkbox"/> Yes <input 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: <small>Cased-Hole Gamma Ray / Neutron / CCL                  Dual Induction Open-Hole Log                  Dual Compensated Porosity Open-Hole Log</small>	<input type="checkbox"/> Log Formation (Top), Depth and Datum <input type="checkbox"/> Sample  Name Top Datum Attached Attached Attached
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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	12.25	8.625	20	41	Portland	12	
Longstring	6.75	4.5	10.5	1415	50/50 Poz&OWC	153	

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
4	1354-1366		

TUBING RECORD: Size: _____ Set At: _____ Packer At: _____		Liner Run: <input type="checkbox"/> Yes <input checked="" 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 checked="" type="checkbox"/> Used on Lease <i>(If vented, Submit ACO-18.)</i>	METHOD OF COMPLETION: <input type="checkbox"/> Open Hole <input checked="" type="checkbox"/> Perf. <input type="checkbox"/> Dually Comp. <input type="checkbox"/> Commingled <i>(Submit ACO-5)</i> <i>(Submit ACO-4)</i> <input type="checkbox"/> Other (Specify) _____	PRODUCTION INTERVAL: <u>1354-1366</u>
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Form	ACO1 - Well Completion
Operator	Thomas Well Service, Inc.
Well Name	TAYLOR-BIRD T-9
Doc ID	1071030

Tops

Base KC	630	+383
Cherokee	873	+140
Coal Marker	1243	-230
U. McLouth SS, 24'	1263	-250
L. McLouth SS, 15'	1353	-340
Burgess SS, 1'	1416	-403
Mississippi LS	1417	-404
RTD	1418	-405

HAT DRILLING  
12371 KS HWY 7  
MOUND CITY, KS 66056  
LICENSE # 33734

Taylor-Bird #T-9  
API # 15-103-21321-00-00  
SPUD DATE 8-31-11

Footage	Formation	Thickness	Set 41' of 8 5/8' TD 1418' Ran 1415' of 4 1/2
1	clay	1	
19	lime	18	
24	shale	5	
28	lime	4	
38	shale	10	
46	lime	8	
184	shale	138	
218	lime	34	
310	shale	92	
336	lime	26	
360	shale	24	
380	lime	20	
452	shale	72	
466	lime	14	
470	shale	4	
476	lime	6	
486	shale	10	
500	lime	14	
533	shale	33	
540	lime	7	
559	shale	19	
586	lime	27	
590	shale	4	
610	lime	20	
619	shale	9	
638	lime	19	
750	shale	112	
760	lime	10	
778	shale	18	
781	lime	3	
786	shale	5	
792	lime	6	
800	shale	8	
825	lime	25	
829	shale	4	
834	lime	5	
839	shale	5	
845	lime	6	
852	shale	7	
855	lime	3	
864	shale	9	
880	lime	16	

INVOICE

carbonless unit set

A-2872-3872 / T-3813

INVOICE

HAT Drilling

NO.

INVOICE DATE 8-31-11  
CUSTOMER'S ORDER NO.

SOLD TO: Thomas Well Service  
Taylor Bird # T-9

SHIP TO:

SALESPERSON SHIPPED VIA SHIP DATE TERMS F.O.B.

QTY. ORDERED	QTY. SHIPPED	DESCRIPTION	UNIT	AMOUNT
		Cerint 410' of 8 5/8 surface with 12 bags of cement		\$500.00



**CONSOLIDATED**  
Oil Well Services, LLC

PO Box 884, Chanute, KS 66720  
620-431-9210 or 800-457-8676

TICKET NUMBER **32801**  
LOCATION Oxtawa KS  
FOREMAN Fred Madu

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

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
9/2/11	8147	Taylor-Bird # 7-9	NE 23	8	21	LV
CUSTOMER			TRUCK #	DRIVER	TRUCK #	DRIVER
Thomas Well Service			506	FRE MAD	Safety Mtg	
MAILING ADDRESS			495	CASKEN	CK	
P. O. Box 97			510	GARMOD	GM	
CITY	STATE	ZIP CODE	546	DERMAS	505/TXG	HARBEC
McLough	KS	66				

JOB TYPE Longstring HOLE SIZE 6 3/4 HOLE DEPTH 1418 CASING SIZE & WEIGHT 4 1/2"  
 CASING DEPTH 1415' DRILL PIPE \_\_\_\_\_ TUBING \_\_\_\_\_ OTHER \_\_\_\_\_  
 SLURRY WEIGHT \_\_\_\_\_ SLURRY VOL \_\_\_\_\_ WATER gal/sk \_\_\_\_\_ CEMENT LEFT in CASING 4 1/2' ply  
 DISPLACEMENT 22.46 DISPLACEMENT PSI \_\_\_\_\_ MIX PSI \_\_\_\_\_ RATE 5BPM

REMARKS: Check casing depth w/wireline. Establish rate. Mix Pump 1 Gal  
ES#-41 Flush. Mix Pump 27 BBL Telltale dye. Mix Pump  
108 sks 50/50 Per Mix Cement 6% gel. Follow w/ 45 sks  
OWC Cement. Flush Pump & lines clean. Displace 4 1/2" Rubber  
Plug to casing TD w/ 22.46 BBL ~~formation water~~ formation water  
Pressure to 300 PSI. Release pressure to set fluid. Check plug depth/wireline.  
Mixed cement w/ City water.  
Customer Supplied Formation water

*Fred Madu*

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401	1	PUMP CHARGE	495	925.00
5406	65 mi	MILEAGE	495	260.00
5402	1415	Casing footage		NIC
5407	312.39	Ton Miles	598	393.61
5407	Minimum	Ton Miles	510	330.00
5501C	4 hrs	Transport	505/1106	448.00
1124	10.8 sks	50/50 Per Mix Cement		1125.60
1126	46 sks	OWC Cement		805.50
1118B	545 gal	Premium Gel.		109.00
1123	4000 Gal	City water		62.40
1143	1 Gal	ES#-41		40.40
4404	1	4 1/2" Rubber Plug		45.00
			7.02%	SALES TAX
				ESTIMATED TOTAL
				4759.46

Authz: *WJ Shaw* TITLE pan DATE 7-2-11

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