



KANSAS CORPORATION COMMISSION 1076997
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) 980-5036
CONTRACTOR: License # 33734
Name: Hat Drilling LLC
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 #: _____
2/23/2012 2/24/2012 3/22/2012
Spud Date or Date Reached TD Completion Date or
Recompletion Date Recompletion Date

API No. 15 - 15-091-23638-00-00
Spot Description: _____
NW SW NE NE Sec. 29 Twp. 14 S. R. 22 East West
4455 Feet from North / South Line of Section
1275 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 #: 30
Field Name: Gardner South
Producing Formation: Bartlesville
Elevation: Ground: 1038 Kelly Bushing: 0
Total Depth: 928 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/ 5 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 Gattisor Date: 03/27/2012



1076997

Operator Name: ST Petroleum, Inc. Lease Name: Thomas A Well #: 30
 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	5	50/50 POZ
Completion	5.6250	2.8750	8	923	Portland	143	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	878.0-888.0	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 <i>(Explain)</i> _____	
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> <i>(Submit ACO-4)</i> <input type="checkbox"/> Other <i>(Specify)</i> _____	PRODUCTION INTERVAL: _____ _____
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HAT DRILLING
12371 KS HWY 7
MOUND CITY, KS 66056
LICENSE # 33734

Thomas A #30
API # 15-091-23638-00-00
SPUD DATE 2-23-12

Footage	Formation	Thickness	Set 20' of 7"
2	Topsoil	2	TD 928'
17	clay	15	Ran 923' of 2 7/8
62	shale	45	
64	lime	2	
70	shale	6	
92	lime	22	
102	shale	10	
111	lime	9	
117	shale	6	
135	lime	18	
153	shale	18	
176	lime	23	
181	shale	5	
237	lime	56	
260	shale	23	
266	lime	6	
284	shale	18	
290	lime	6	
297	shale	7	
306	lime	9	
337	shale	31	
339	lime	2	
348	shale	9	
375	lime	27	
380	shale	5	
412	lime	32	
416	shale	4	
423	lime	7	
596	shale	173	
602	lime	6	
605	shale	3	
608	lime	3	
617	shale	9	
620	lime	3	
636	shale	16	
640	lime	4	
877	shale	237	
887	sand	10	good odor & good bleed
928	shale	41	



CONSOLIDATED
Oil Well Services, LLC

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

TICKET NUMBER 34196
LOCATION Ottawa KS
FOREMAN Fred Maden

FIELD TICKET & TREATMENT REPORT
CEMENT

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
2/24/12	7532	Thomas "A" #30	NE 29	14	22	JO
CUSTOMER			TRUCK #	DRIVER	TRUCK #	DRIVER
SY Petroleum			506	FREMAN	So Fed	My
MAILING ADDRESS			495	HARBEC	H/S	
18500 Sunflower Rd			370	KEICAR	KC	
CITY	STATE	ZIP CODE	55R	DANGAR	PG	
Edgerton	KS	66021				

JOB TYPE long string HOLE SIZE _____ HOLE DEPTH 928' CASING SIZE & WEIGHT 2 1/2" EUE
CASING DEPTH 923' DRILL PIPE Baffle in tubing @ 909' OTHER _____
SLURRY WEIGHT _____ SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT in CASING 2 1/2" Plug + 14'
DISPLACEMENT 5.28 DISPLACEMENT PSI _____ MIX PSI _____ RATE 5BPM

REMARKS: Establish circulation. Mix & Pump 100# Premium Gel Flush.
Mix & Pump 143 sks 50/50 for Mix Cement 2 1/2" Gel 14" Flo Seal
per sack. Cement to surface. Flush pump & lines clean.
Displace 2 1/2" Rubber plug to Baffle. Pressure to 800*PSI
Release pressure to set float valve.

Next Drilling Fred Maden

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401	1	PUMP CHARGE	495	1038 ⁰⁰
5406	30	MILEAGE	495	120 ⁰⁰
5402	923	Casing footage		1018
5407	Minimum	Tom Miles	588	350 ⁰⁰
5502	2 hrs	60 BBL Vac Truck	370	180 ⁰⁰
1124	143 sks	50/50 For Mix Cement		1565 ⁸⁵
118B	340#	Premium Gel		71 ²⁰
#1107	36#	Flo Seal		84 ⁶⁰
4402	1	2 1/2" Rubber Plug		28 ⁰⁰
<u>248027</u>				
SCANNED				
7.525%				
			SALES TAX	131 ⁶⁸
			ESTIMATED TOTAL	3561 ⁵³

Rev'n 8737 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 form