



KANSAS CORPORATION COMMISSION 1075467
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 #: _____
1/24/2012 1/26/2012 2/29/2012
Spud Date or Date Reached TD Completion Date or
Recompletion Date Recompletion Date

API No. 15 - 15-091-23645-00-00
Spot Description: _____
NW SW SW NE Sec. 29 Twp. 14 S. R. 22 East West
3080 Feet from North / South Line of Section
2375 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-5
Field Name: Gardner South
Producing Formation: Bartlesville
Elevation: Ground: 1015 Kelly Bushing: 0
Total Depth: 1020 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/ 6 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 Gantzer Date: 03/01/2012



1075467

Operator Name: ST Petroleum, Inc. Lease Name: Thomas A. Well #: I-5
 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	6	50/50 POZ
Completion	5.6250	2.8750	8	1016	Portland	184	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	984.0-1004.5	2" DML RTG	20

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) (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 36875
LOCATION Ottawa KS
FOREMAN Fred Maden

FIELD TICKET & TREATMENT REPORT
CEMENT

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
1/26/12	7532	Thomas A #15-I	NE 29	14	22	JO
CUSTOMER S T Petroleum			TRUCK #	DRIVER	TRUCK #	DRIVER
MAILING ADDRESS 18500 Sunflower Rd			506	FREMAO	Safety	Nudy
CITY Edgerton	STATE KS	ZIP CODE 66021	495	CASKEU	CK	
			369	DERMAS	DM	
			370	GARMED	GM	KEICARK

JOB TYPE Long string HOLE SIZE 7 7/8 HOLE DEPTH 1020 CASING SIZE & WEIGHT 5 1/2" - 15.5#
CASING DEPTH 1016 DRILL PIPE _____ TUBING _____ OTHER _____
SLURRY WEIGHT _____ SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT in CASING 5 1/2" Plug
DISPLACEMENT 24.78 BB DISPLACEMENT PSI _____ MIX PSI _____ RATE 5BPM

REMARKS: Establish circulation. Mix Pump 100# Premium Gel Flush.
Pump 18 BBL Tell tale dye. Mix + Pump 184 sks
50/50 Por Mix Cement 2% Gel 1/4" Flow Seal /sk. Flush
pump + lines clean. Displace 5 1/2" Rubber plug to casing TD.
Pressure to 500# PSI Hold pressure for 30 min WAIT.
Release pressure to set float valve. Check plug depth to
wireline.

Next Drilling

Fred Maden

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401	1	PUMP CHARGE	495	1030 ⁰⁰
5406	30 mi	MILEAGE	495	120 ⁰⁰
5402	1016	Casing footage		N/C
5407	Minimum	Ton Miles.	503	250 ⁰⁰
5302C	2 hrs	80 BBL Vac Truck	369	180 ⁰⁰
5502C	2 hrs	80 BBL Vac Truck	370	180 ⁰⁰
1124	1845ks	50/50 Por Mix Cement		2014 ⁸⁰
118B	410 #	Premium Gel		86 ¹⁰
1107	416 #	Flw Seal		108 ¹⁰
4406	1	5 1/2" Rubber plug		70 ⁰⁰
			7,525%	SALES TAX
				ESTIMATED TOTAL
				4310 ⁴⁹

SCANNED

247596

Form 0737

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

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

Thomas A #I-5
 API # 15-091-23645-00-00
 SPUD DATE 1-24-12

Footage	Formation	Thickness	Set 20' of 8 5/8" TD 1020'
2	Topsoil	2	Ran 1016.15' of 5 1/2
18	clay	16	
35	shale	17	
62	lime	27	
70	shale	8	
80	lime	10	
85	shale	5	
105	lime	20	
121	shale	16	
144	lime	23	
149	shale	5	
203	lime	54	
222	shale	19	
231	lime	9	
250	shale	19	
257	lime	7	
263	shale	6	
272	lime	9	
304	shale	32	
306	lime	2	
315	shale	9	
340	lime	25	
346	shale	6	
371	lime	25	
375	shale	4	
377	lime	2	
383	shale	6	
390	lime	7	
561	shale	171	
564	lime	3	
577	shale	13	
582	lime	5	
598	shale	16	
602	lime	4	
614	shale	12	
617	lime	3	
633	shale	16	
640	red bed	7	
748	shale	108	
752	lime	4	
844	shale	92	
855	oil sand	11	good odor, good bleed
984	shale	129	
1020	sand(white)	36	(Burgis)