



KANSAS CORPORATION COMMISSION 1073840
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 # 33715
Name: Town Oilfield Service
Wellsite Geologist: NA
Purchaser: _____

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 #: _____

<u>1/26/2012</u>	<u>1/27/2012</u>	<u>2/10/2012</u>
Spud Date or Recompletion Date	Date Reached TD	Completion Date or Recompletion Date

API No. 15 - 15-091-23600-00-00

Spot Description: _____
NE NE NE NE Sec. 29 Twp. 14 S. R. 22 East West

5005 Feet from North / South Line of Section

175 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 #: 41

Field Name: Gardner South

Producing Formation: Bartlesville

Elevation: Ground: 1021 Kelly Bushing: 0

Total Depth: 939 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: _____
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 Garbar Date: 03/01/2012



1073840

Operator Name: ST Petroleum, Inc. Lease Name: Thomas A Well #: 41
 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	3	50/50 POZ
Completion	5.6250	2.8750	8	918	Portland	131	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	874.0-882.0	2" DML RTG	8

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 <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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Johnson County, KS
Well: Thomas A-41
Lease Owner: ST
Petroleum

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

Commenced Spudding:
1/26/2012

WELL LOG

Thickness of Strata	Formation	Total Depth
0-14	Soil-Clay	14
18	Shale	32
1	Lime	33
22	Shale	55
3	Lime	58
7	Shale	65
14	Lime	79
9	Shale	88
9	Lime	97
7	Shale	104
18	Lime	122
19	Shale	141
18	Lime	159
7	Shale	166
56	Lime	222
23	Shale	245
8	Lime	253
19	Shale	272
6	Lime	278
6	Shale	284
8	Lime	292
33	Shale	325
1	Lime	326
11	Shale	337
26	Lime	363
6	Shale	369
24	Lime	393
3	Shale	396
6	Lime	402
3	Shale	405
7	Lime	412
34	Shale	446
2	Sand	448
138	Shale	586
4	Lime	590
2	Shale	592
2	Lime	594
7	Shale	601
6	Lime	607
17	Shale	624

CONSOLIDATED
Oil Well Services, LLC

TICKET NUMBER 36903
LOCATION Ottawa
FOREMAN Alan Mader

Box 884 Chanute, KS 66720
31-9210 or 800-467-8676

FIELD TICKET & TREATMENT REPORT
CEMENT

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
7-12-12	7532	Thomas A #41	NE 29	14	22	JO
7 Petroleum			TRUCK #	DRIVER	TRUCK #	DRIVER
3800 Sunflower Rd			516	Alan	Safety	Meet
decarbon			368	Arlean	DM	
STATE KS ZIP CODE 66031			369	Derek	DM	
HOLE SIZE 5 7/8 HOLE DEPTH 940 CASING SIZE & WEIGHT 2 7/8			348	Daniel G	DG	
DRILL PIPE TUBING OTHER baffle 906						
SLURRY VOL WATER gal/sk CEMENT LEFT in CASING yes						
DISPLACEMENT PSI 800 MIX PSI 200 RATE 4 bpm						
<p>ARKS: Held crew meet. Established rate. Mixed + pumped 100# + 100# by 131 sk 50/50 cement plus 2# gel + 1/4# Flo-seal. Flushed pump. Pumped plug to casing Well held 800 PST, set float closed valve.</p>						

Alan Mader

COUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
121	1	PUMP CHARGE		1030.00
526		MILEAGE		
3-2	918	casing footage		
6-7	mi	for miles		350.00
32-2	1 1/2	80 gal		135.00
1-1	131 sk	50/50 cement		1434.45
8-3	320#	gel		67.20
17	33#	Flo-seal		77.55
8-4	1	2 1/2 plug		28.00
				2476.00
SALES TAX				120.95
ESTIMATED TOTAL				3243.15

SCANNED

ORIGIN: *A. J. J. J.* TITLE _____ DATE _____

I acknowledge that the payment terms, unless specifically amended in writing on the front of the form or in the customer's unit records, at our office, and conditions of service on the back of this form are in effect for services identified on this form.