



KANSAS CORPORATION COMMISSION 1073839
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 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 #: _____
1/27/2012 1/30/2012 2/10/2012
Spud Date or Date Reached TD Completion Date or
Recompletion Date Recompletion Date

API No. 15 - 15-091-23599-00-00
Spot Description: _____
SW NE NE NE Sec. 29 Twp. 14 S. R. 22 East West
4730 Feet from North / South Line of Section
450 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 #: 36
Field Name: Gardner South
Producing Formation: Bartlesville
Elevation: Ground: 1031 Kelly Bushing: 0
Total Depth: 939 Plug Back Total Depth: _____
Amount of Surface Pipe Set and Cemented at: 21 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: 21 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 Gerritt Date: 03/01/2012



1073839

Operator Name: ST Petroleum, Inc. Lease Name: Thomas A Well #: 36
 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	21	Portland	3	50/50 POZ
Completion	5.6250	2.8750	8	928	Portland	133	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
3	882.0-890.0	2" DML RTG	8

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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Johnson County, KS
Well: Thomas A-36
Lease Owner: ST
Petroleum

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

Commenced Spudding:
1/27/2012

WELL LOG

Thickness of Strata	Formation	Total Depth
0-20	Soil-Clay	20
25	Shale	45
3	Lime	48
16	Shale	64
4	Lime	68
3	Shale	71
17	Lime	88
9	Shale	97
9	Lime	106
7	Shale	113
18	Lime	131
17	Shale	148
20	Lime	168
6	Shale	174
56	Lime	230
22	Shale	252
8	Lime	260
18	Shale	278
7	Lime	285
6	Shale	291
8	Lime	299
33	Shale	332
1	Lime	333
11	Shale	344
27	Lime	371
7	Shale	378
23	Lime	401
4	Shale	405
5	Lime	410
3	Shale	413
7	Lime	420
5	Shale	425
1	Lime	426
24	Shale	450
7	Sandy Shale	457
134	Shale	591
5	Lime	596
6	Shale	602
2	Lime	604
4	Shale	608

CONSOLIDATED
Oil Well Services, LLC

TICKET NUMBER 36911
LOCATION Ottawa
FOREMAN Alan Maden

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
3-12-12	7532	Thomas A 36	NE 29	14	22	JD
OPERATOR Petroleum						
ADDRESS 300 Sunflower						
CITY Georgetown						
STATE KS						
ZIP CODE 66021						
TRUCK #	DRIVER	TRUCK #	DRIVER			
576	Alan M	Safety	Moat			
368	Arlean	AM				
369	Derek M.	DM				
518	Ryan S	RS				

TYPE Loss string HOLE SIZE 5 7/8 HOLE DEPTH 940 CASING SIZE & WEIGHT 2 7/8
 CEMENT DEPTH 28 DRILL PIPE _____ TUBING _____ OTHER haffle 9 1/4
 CEMENT WEIGHT _____ SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT IN CASING yes
 CEMENT DISPLACEMENT PSI 800 MIX PSI 200 RATE 4 bpm
 REMARKS: Hold crew meet. Established rate. Mixed & pumped 100# followed by 133 sk 50/50 cement plus 2 1/2 gal 1/4# floisegal per sack. Circulated cement. Flushed pump. Set plug to haffle. Well hold 800 PSI. Set vent. Closed valve.

105 Was

Alan Maden

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL	
401	1	PUMP CHARGE		1030.00	
405	1	MILEAGE			
408	928	casing footage			
407	min	ten miles		350.00	
502	1 1/2	80 val		135.00	
505	133	50/50 cement		1456.35	
503	323#	gel		67.83	
507	33#	floisegal		77.55	
502	1	2 1/2 plug		28.00	
				SALES TAX	122.64
				ESTIMATED TOTAL	3267.37

SCANNED

247603

AUTHORITY *[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 unit records at our office, and conditions of service on the back of this form are in effect for services identified on this form.