



KANSAS CORPORATION COMMISSION 1073834
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 #:
1/24/2012 1/25/2012 2/10/2012
Spud Date or Date Reached TD Completion Date or Recompletion Date

API No. 15 - 15-091-23590-00-00
Spot Description:
NE NE SE NE Sec. 29 Twp. 14 S. R. 22 East West
3905 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 #: 23
Field Name: Gardner South
Producing Formation: Bartlesville
Elevation: Ground: 1038 Kelly Bushing: 0
Total Depth: 959 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/ 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 Gerrico Date: 03/01/2012



1073834

Operator Name: ST Petroleum, Inc. Lease Name: Thomas A Well #: 23
 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	950	Portland	3	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	883.0-893.0	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 (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-23
Lease Owner: ST
Petroleum

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

Commenced Spudding:
1/24/2012

WELL LOG

Thickness of Strata	Formation	Total Depth
0-30	Soil-Clay	30
7	Shale	37
8	Lime	45
27	Shale	72
4	Lime	76
3	Shale	79
16	Lime	95
9	Shale	104
9	Lime	113
7	Shale	120
18	Lime	138
16	Shale	154
19	Lime	173
7	Shale	180
56	Lime	236
21	Shale	257
9	Lime	266
18	Shale	284
7	Lime	291
7	Shale	298
8	Lime	306
32	Shale	338
3	Lime	341
10	Shale	351
24	Lime	375
9	Shale	384
23	Lime	407
4	Shale	411
4	Lime	415
6	Shale	421
6	Lime	427
5	Shale	432
2	Lime	464
30	Shale	467
3	Sand	605
138	Shale	607
2	Lime	613
6	Shale	617
4	Lime	637
20	Shale	640



CONSOLIDATED
Oil Well Services, LLC

TICKET NUMBER 36872

LOCATION Ottawa KS

FOREMAN Fred Maden

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

FIELD TICKET & TREATMENT REPORT
CEMENT

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
1/24/12	7532	Thomas "A" #23	NE 29	14	02	JO
CUSTOMER			TRUCK #			
G.F. Petroleum			506	FREMAN	Safety	MK
MAILING ADDRESS			368	ACLMCO	ARM	J
18500 Sunflower Rd			370	GARMCO	GM	
CITY	STATE	ZIP CODE	558	RYASIN	RS	
Edgerton	KS	66021				

JOB TYPE Long string HOLE SIZE 5 7/8 HOLE DEPTH 961 CASING SIZE & WEIGHT 2 3/8 EUE
 CASING DEPTH 950 DRILL PIPE Baffle in tubing @ 940 OTHER _____
 SLURRY WEIGHT _____ SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT in CASING 2 1/2" Plug + 10'
 DISPLACEMENT 5.46 DISPLACEMENT PSI _____ MIX PSI _____ RATE 4BPM

REMARKS: Establish pump rate. Mix + Pump 100# Premium Gel Flush.
Mix + Pump 140 sks 50/50 for Mix Cement 2% Gel 7 1/4" Flo
Seal/sk. Cement to surface. Flush pump + lines clean. Displace
2 1/2" Rubber plug to Baffle in casing. Pressure to 750#
PSI. Release pressure to set float valve. Shut in casing.

TOS Drilling

Fred Maden

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401	1	PUMP CHARGE	368	1036 ⁰⁰
5406	30 mi	MILEAGE	268	120 ⁰⁰
5402	950	Casing Footage		NK
5407	Minimum	Ton Miles.	558	350 ⁰⁰
5502C	2 1/2 hrs	50 BBL Vac Truck.	370	225 ⁰⁰
1124	140 sks	50/50 Por Mix Cement		1533 ⁰⁰
1188	335#	Premium Gel		70 ³⁵
1107	35#	Flo Seal		82 ³⁵
4402	1	2 1/2" Rubber Plug		28 ⁰⁰
			7,525⁷⁰	SALES TAX
				ESTIMATED
				TOTAL
				3567 ⁶⁵

SCANNED

247432

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.