



KANSAS CORPORATION COMMISSION 1073838
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: 1880 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>1/25/2012</u>	<u>1/26/2012</u>	<u>2/10/2012</u>
Spud Date or Recompletion Date	Date Reached TD	Completion Date or Recompletion Date

API No. 15 - 15-091-23591-00-00

Spot Description: _____
NE SE NE NE Sec. 29 Twp. 14 S. R. 22 East West
4455 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 #: 32
Field Name: Gardner South

Producing Formation: Bartlesville
Elevation: Ground: 1022 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: 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 Garcia Date: 03/01/2012



1073838

Operator Name: ST Petroleum, Inc. Lease Name: Thomas A Well #: 32
 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 (Attach Additional Sheets)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Log Formation (Top), Depth and Datum	<input type="checkbox"/> Sample
Samples Sent to Geological Survey	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Name	Top Datum
Cores Taken	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	GammaRay	
Electric Log Run	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
Electric Log Submitted Electronically (If no, Submit Copy)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
List All E. Logs Run:			
GammaRay/Neutron/CCL			

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	922	Portland	138	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	871.0-881	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 (If vented, Submit ACO-18.)	METHOD OF COMPLETION: <input type="checkbox"/> Open Hole <input type="checkbox"/> Perf. <input type="checkbox"/> Dually Comp. <input type="checkbox"/> Commingled (Submit ACO-5) (Submit ACO-4) <input type="checkbox"/> Other (Specify) _____	PRODUCTION INTERVAL: _____ _____
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Johnson County, KS
Well: Thomas A-32
Lease Owner: ST
Petroleum

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

Commenced Spudding:
1/25/2012

WELL LOG

Thickness of Strata	Formation	Total Depth
0-21	Soil-Clay	21
11	Shale	32
4	Lime	36
22	Shale	58
6	Lime	64
2	Shale	66
17	Lime	83
9	Shale	92
8	Lime	100
7	Shale	107
18	Lime	125
15	Shale	140
19	Lime	159
8	Shale	167
56	Lime	223
22	Shale	245
8	Lime	253
19	Shale	272
6	Lime	278
6	Shale	284
9	Lime	293
33	Shale	326
2	Lime	328
9	Shale	337
26	Lime	363
6	Shale	369
24	Lime	393
4	Shale	397
6	Lime	403
4	Shale	407
5	Lime	412
6	Shale	418
1	Lime	419
24	Shale	443
8	Sand	451
133	Shale	584
3	Lime	587
4	Shale	591
5	Lime	596
5	Shale	601



CONSOLIDATED
Oil Well Services, LLC

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

TICKET NUMBER 36876

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 - 32	NE 29	14	02	JO
CUSTOMER S T Petroleum			TRUCK #	DRIVER	TRUCK #	DRIVER
MAILING ADDRESS 18800 Sunflower Rd			506	FREMAD	Safety	MK
CITY Edgerton	STATE KS	ZIP CODE 66021	495	CASHEN	CIC	J
			369	DERMAS	DM	
			510	ASAMIC	AM	

JOB TYPE Long string HOLE SIZE 5 7/8 HOLE DEPTH 940 CASING SIZE & WEIGHT 2 7/8" EUE
 CASING DEPTH 922 DRILL PIPE Baffle in TUBING @ 912 OTHER _____
 SLURRY WEIGHT _____ SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT In CASING 10' + 1/4
 DISPLACEMENT 5.3 BBL DISPLACEMENT PSI _____ MIX PSI _____ RATE 5 BPM

REMARKS: Establish pump rate. Mix Pump 100# Premium Gel Flush. Mix +
Pump 138 SKS 50/50 Per Mix Cement 2% Gel. 1/4" Flo Seal/sk.
Cement to surface. Flush pump + lines clean. Displace 2 1/2"
Rubber plug to Baffle in casing. Pressure to 800# PSI.
Release pressure to set float valve. Shut in casing

TOS Drilling (wes) Fred Maden

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401	1	PUMP CHARGE	495	1030 ⁰⁰
5406	-	MILEAGE		N/C
5402	922	Casing footage		N/C
5407	Minimum	Ten Miles	510	350 ⁰⁰
5502c	2 hrs	80 BBL Vee Truck	369	180 ⁰⁰
1124	138 SKS	50/50 Per Mix Cement		1511 ¹⁰
1188B	332#	Premium Gel		69 ²³
1107	35#	Flo Seal		82 ³⁵
4402	1	2 1/2" Rubber Plug		28 ⁰⁰
			7.525%	SALES TAX
				ESTIMATED TOTAL
				3378 ³³

SCANNED

2/17/12

Rev 8/7/07

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.