



KANSAS CORPORATION COMMISSION 1073833
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 #: _____
2/01/2012 2/02/2012 2/10/2012
Spud Date or Date Reached TD Completion Date or
Recompletion Date Recompletion Date

API No. 15 - 15-091-23594-00-00
Spot Description: _____
NE_NW_SE_NE Sec. 29 Twp. 14 S. R. 22 East West
3905 Feet from North / South Line of Section
725 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 #: 22
Field Name: Gardner South
Producing Formation: Bartlesville
Elevation: Ground: 1035 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/ 4 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 Gantner Date: 03/01/2012



1073833

Operator Name: ST Petroleum, Inc. Lease Name: Thomas A Well #: 22
 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	4	50/50 POZ
Completion	5.6250	2.8750	8	931	Portland	137	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	879.0-889.0	2" DML RTG	10

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 (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-22
Lease Owner: ST
Petroleum

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

Commenced Spudding:
1/1/2012

WELL LOG

Thickness of Strata	Formation	Total Depth
0-25	Soil-Clay	25
23	Shale	48
1	Lime	49
15	Shale	64
3	Lime	67
3	Shale	70
17	Lime	87
9	Shale	96
9	Lime	105
8	Shale	113
18	Lime	131
14	Shale	145
21	Lime	166
8	Shale	174
56	Lime	230
20	Shale	250
9	Lime	259
20	Shale	279
8	Lime	287
5	Shale	292
9	Lime	301
33	Shale	334
2	Lime	336
10	Shale	346
25	Lime	371
6	Shale	377
24	Lime	401
4	Shale	405
5	Lime	410
4	Shale	414
7	Lime	421
29	Shale	450
6	Sand	456
140	Shale	596
2	Lime	598
3	Shale	601
15	Lime	616
263	Shale	879
5	Sand	884
2	Sand	886

CONSOLIDATED
Oil Well Services, LLC

TICKET NUMBER 308
LOCATION Offshore
FOREMAN Alan Maden

FIELD TICKET & TREATMENT REPORT
CEMENT

31-9210 or 800-467-8676

DATE 7/20 CUSTOMER # 7532 WELL NAME & NUMBER Thomas A" 22
TYPE Petroleum
ADDRESS Sunflower
STATE KS ZIP CODE 675

SECTION	TOWNSHIP	RANGE	COUNTY
<u>NE 29</u>	<u>14</u>	<u>22</u>	<u>JD</u>
TRUCK #	DRIVER	TRUCK #	DRIVER
<u>516</u>	<u>Adam</u>	<u>Safety</u>	<u>Maat</u>
<u>368</u>	<u>Adam</u>	<u>AD</u>	
<u>505/1106</u>	<u>Keith D</u>	<u>KD</u>	
<u>558</u>	<u>Keith C</u>	<u>KC</u>	

LOCATION String HOLE SIZE 5 7/8 HOLE DEPTH 940 CASING SIZE & WEIGHT 2 1/8
TUBING _____ CEMENT LEFT in CASING was
DRILL PIPE _____ WATER gal/sk _____ RATE 4 bpm
SLURRY VOL _____ MIX PSI 200
DISPLACEMENT PSI 800
*crew needs established rate. Mixed & pumped 100# gel
by 137 sk 50/50 cement plus 29 gal 1/4" flow seal
circulated cement. Flushed pump. Pumped
to baffle. Well held 800 PSI. Set float. Closed*

REMARKS was

Alan Maden

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
	1	PUMP CHARGE		1030.00
		MILEAGE		350.00
	931	casing depth		168.00
	min	for nails		
	1 1/2	transport		
	137	50/50 cement		1500.15
	330	gel		69.30
	34#	flow seal		79.90
		2 1/2 plug		28.00
			SALES TAX	126.22
			ESTIMATED TOTAL	3351.57

BY *[Signature]* TITLE _____ DATE _____
I hereby acknowledge that the payment terms, unless specifically amended in writing on the front of the form or in the customer's current records at our office, and conditions of service on the back of this form are in effect for services identified on this form.