



KANSAS CORPORATION COMMISSION 1077244
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 # 33734
Name: Hat Drilling LLC
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 #: _____

<u>3/7/2012</u>	<u>3/14/2012</u>	<u>3/26/2012</u>
Spud Date or Recompletion Date	Date Reached TD	Completion Date or Recompletion Date

API No. 15 - 15-091-23654-00-00

Spot Description: _____
NW NW SE NE Sec. 29 Twp. 14 S. R. 22 East West
3905 Feet from North / South Line of Section
1000 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 #: I-17
Field Name: Gardner South

Producing Formation: Bartlesville

Elevation: Ground: 1024 Kelly Bushing: 0

Total Depth: 945 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/ 6 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 Carbo Date: 04/12/2012



1077244

Operator Name: ST Petroleum, Inc. Lease Name: Thomas A Well #: I-17
 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	6	50/50 POZ
Completion	5.6250	2.8750	8	940	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 <i>(Amount and Kind of Material Used)</i>	Depth
3	883.0-890.0	2" DML RTG	7

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)</i> <i>(Submit ACO-4)</i> <input type="checkbox"/> Other (Specify) _____	PRODUCTION INTERVAL: _____ _____
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HAT DRILLING
12371 KS HWY 7
MOUND CITY, KS 66056
LICENSE # 33734

Thomas A #1-17
API # 15-091-23654-00-00
SPUD DATE 3-7-12

Footage	Formation	Thickness	Set 20' of 7"
2	Topsoil	2	TD 945'
18	clay	16	Ran 940' of 2 7/8
67	shale	49	
70	lime	3	
74	shale	4	
90	lime	16	
99	shale	9	
108	lime	9	
115	shale	7	
136	lime	21	
148	shale	12	
168	lime	20	
178	shale	10	
232	lime	54	
252	shale	20	
261	lime	9	
282	shale	21	
286	lime	4	
295	shale	9	
300	lime	5	
345	shale	45	
370	lime	25	
381	shale	11	
404	lime	23	
407	shale	3	
421	lime	14	
608	shale	187	
615	lime	7	
632	shale	17	
636	lime	4	
642	shale	6	
652	lime	10	
880	shale	228	
882	white sand	2	
889	oil sand	7	good bleed
945	shale	56	



CONSOLIDATED
Oil Well Services, LLC

TICKET NUMBER 36516

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
3/14/12	7532	Thomas A # I-17	NE 29	14	22	JO
CUSTOMER			TRUCK #	DRIVER	TRUCK #	DRIVER
ST Petroleum			506	FREMAN	Safety	Yuky
MAILING ADDRESS			495	NARBEC	NAB	
18800 Sunflower Rd			369	DERMAS	DM	
CITY	STATE	ZIP CODE	510	ASAMIC	AM	
Edgerton	KS	66021				

JOB TYPE Long string HOLE SIZE 5 7/8 HOLE DEPTH 945 CASING SIZE & WEIGHT 2 3/8 EUE
 CASING DEPTH 940 DRILL PIPE Baffle in tubing @ 928 OTHER _____
 SLURRY WEIGHT _____ SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT in CASING 2 1/2 Plug 12'
 DISPLACEMENT 5.4 DISPLACEMENT PSI _____ MIX PSI _____ RATE 5 B.P.M.

REMARKS: Establish circulation Mix + Pump 100# Premium Gel Flush
 Mix + Pump 137 SKS 50/50 Por Mix Cement 220 Gal 1/4" Flo
 Seal/sk. Cement to surface. Flush pump + lines + lean.
 Displace 2 1/2" Rubber plug to Baffle Pressure to 800# PSI
 Hold + Monitor pressure for 30 min - MIT Release pressure
 to set float valves. Shut in Casing.

Walt Drilling

Fred Maden

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401	1	PUMP CHARGE	455	1030 ⁰⁰
5406	30 mi	MILEAGE	455	120 ⁰⁰
5402	940	Casing footage		N/C
5407	Minimum	Tax Miles	510	350 ⁰⁰
5502C	2 hrs	60 BBL Vae Truck	389	180 ⁰⁰
1124	137 SKS	50/50 Por Mix Cement		1500 ¹⁵
1118B	330*	Premium Gel		693 ⁰⁰
1107	35**	1/4" Seal		62 ²⁵
4402	1	2 1/2" Rubber Plug		28 ⁰⁰
		<u>248418</u>		
			SCANNED	
		7.025%	SALES TAX	126 ⁴⁰
			ESTIMATED	
			TOTAL	3456 ¹⁰

Rev 03/07

AUTHORIZATION _____ 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.