



KANSAS CORPORATION COMMISSION 1078357
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 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 #: _____
10/21/2011 10/22/2011 2/2/2012
Spud Date or Date Reached TD Completion Date or
Recompletion Date Recompletion Date

API No. 15 - 15-091-23653-00-00
Spot Description: _____
NW NW SE NE Sec. 29 Twp. 14 S. R. 22 East West
3681 Feet from North / South Line of Section
1278 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-16
Field Name: Gardner South
Producing Formation: Bartlesville
Elevation: Ground: 1021 Kelly Bushing: 0
Total Depth: 935 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: _____
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 Gansor Date: 04/12/2012



1078357

Operator Name: ST Petroleum, Inc. Lease Name: Thomas A Well #: I-16
 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	928	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	863.0-873.0	2" DML RTG	10

TUBING RECORD: Size: _____ Set At: _____ Packer At: _____ Liner Run: Yes 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 #I-16
API # 15-091-23653-00-00
SPUD DATE 10-21-11

Footage	Formation	Thickness	Set 20' of 7"
2	Topsoil	2	TD 935'
15	clay	13	Ran 928' of 2 7/8
25	shale	10	
35	lime	10	
52	shale	17	
77	lime	25	
87	shale	10	
97	lime	10	
104	shale	7	
122	lime	18	
138	shale	16	
160	lime	22	
164	shale	4	
220	lime	56	
241	shale	21	
250	lime	9	
266	shale	16	
290	lime	24	
332	shale	42	
356	lime	24	
372	shale	16	
398	lime	26	
401	shale	3	
407	lime	6	
582	shale	175	
584	lime	2	
586	shale	2	
592	lime	6	
597	shale	5	
605	lime	8	
618	shale	13	
622	lime	4	
627	shale	5	
633	lime	6	
865	shale	232	
870	sand	5	good odor, good bleed
935	shale	65	



CONSOLIDATED
Oil Well Services, LLC

TICKET NUMBER 36920

LOCATION Ottawa

FOREMAN Alan Mader

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
2-2-12	7532	Thomas A" E-16	NE 29	14	22	JO
CUSTOMER ST Petroleum			TRUCK #			
MAILING ADDRESS 18800 Sunflower			DRIVER			
CITY Edgerton			TRUCK #			
STATE KS			DRIVER			
ZIP CODE			TRUCK #			
			DRIVER			

JOB TYPE log string HOLE SIZE 5 7/8 HOLE DEPTH 935 CASING SIZE & WEIGHT 2 7/8
 CASING DEPTH 928 DRILL PIPE _____ TUBING _____ OTHER 913
 SLURRY WEIGHT _____ SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT in CASING _____
 DISPLACEMENT 5.3 DISPLACEMENT PSI 800 MIX PSI 200 RATE 40 pm

REMARKS: Held crew meet Established rate. Mixed & pumped
100# gel followed by 137 sk 5015D cement plus 2 bags
of floeal. Circulated cement. Flushed pump.
Pumped plug to battle. Well held 800 PSI for
30 minute MIT. Set float. Closed valve.

HAT Drilling, Eric
REC Taylor Herman

Alan Mader

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401	1	PUMP CHARGE		1032.00
5406	30	MILEAGE		180.00
5402	928	casing footage		
5407	mi	tan miles		350.00
5501C	1/2	trans part.		168.00
1124	137	5015D cem		1500.15
1118B	330#	gal		69.30
1107	34#	floeal		79.90
W402	1	2 1/2 plug		26.00
<u>247763</u>				
SALES TAX				126.22
ESTIMATED TOTAL				3471.57

Rev'n 3737

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.