



KANSAS CORPORATION COMMISSION 1077245
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>3/6/2012</u> | <u>3/7/2012</u> | <u>3/26/2012</u> |
| Spud Date or Recompletion Date | Date Reached TD | Completion Date or Recompletion Date |

API No. 15 - 15-091-23678-00-00
Spot Description: _____
NW NE SE NE Sec. 29 Twp. 14 S. R. 22 East West
3905 Feet from North / South Line of Section
450 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-22
Field Name: Gardner South
Producing Formation: Bartelsville
Elevation: Ground: 1040 Kelly Bushing: 0
Total Depth: 928 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 Garrison Date: 04/12/2012



1077245

Operator Name: ST Petroleum, Inc. Lease Name: Thomas A Well #: I-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 |
|--|---|

| 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 | 923 | Portland | 136 | 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 | 880.0-890.0 | 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)</i> <i>(Submit ACO-4)</i> <input type="checkbox"/> Other (Specify) _____ | PRODUCTION INTERVAL: _____ _____ |
|---|---|--|

HAT DRILLING
12371 KS HWY 7
MOUND CITY, KS 66056
LICENSE # 33734

Thomas A #I-22
API # 15-091-23678-00-00
SPUD DATE 3-6-12

| Footage | Formation | Thickness | Set 20' of 7" |
|---------|-----------|-----------|------------------------|
| 2 | Topsoil | 2 | TD 928' |
| 19 | clay | 17 | Ran 923' of 2 7/8 |
| 68 | shale | 49 | |
| 71 | lime | 3 | |
| 76 | shale | 5 | |
| 91 | lime | 15 | |
| 100 | shale | 9 | |
| 108 | lime | 8 | |
| 116 | shale | 8 | |
| 128 | lime | 12 | |
| 154 | shale | 26 | |
| 171 | lime | 17 | |
| 179 | shale | 8 | |
| 232 | lime | 53 | |
| 256 | shale | 24 | |
| 264 | lime | 8 | |
| 284 | shale | 20 | |
| 293 | lime | 9 | |
| 297 | shale | 4 | |
| 304 | lime | 7 | |
| 338 | shale | 34 | |
| 340 | lime | 2 | |
| 350 | shale | 10 | |
| 378 | lime | 28 | |
| 383 | shale | 5 | |
| 406 | lime | 23 | |
| 410 | shale | 4 | |
| 413 | lime | 3 | |
| 420 | shale | 7 | |
| 425 | lime | 5 | |
| 603 | shale | 178 | |
| 606 | lime | 3 | |
| 613 | shale | 7 | |
| 622 | lime | 9 | |
| 636 | shale | 14 | |
| 639 | lime | 3 | |
| 881 | shale | 242 | |
| 889 | sand | 8 | good odor, great bleed |
| 928 | shale | 39 | |



CONSOLIDATED
Oil Well Services, LLC

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

TICKET NUMBER 36492

LOCATION D+Jaws

FOREMAN Alan Madu

FIELD TICKET & TREATMENT REPORT
CEMENT

| DATE | CUSTOMER # | WELL NAME & NUMBER | SECTION | TOWNSHIP | RANGE | COUNTY |
|--------|------------|--------------------|---------|----------|-------|--------|
| 3-7-12 | 7532 | Thomas A I-22 | NE 29 | 14 | 22 | 30 |

| TRUCK # | DRIVER | TRUCK # | DRIVER |
|---------|-----------|---------|--------|
| 516 | Alan Madu | Safety | Meer |
| 308 | Alan Madu | GM | |
| 309 | Alan Madu | DM | |
| 558 | Keith D | 15D | |

CUSTOMER
ST Petroleum

MAILING ADDRESS
18800 Sunflower Rd

CITY
Edgerton

STATE
KS

ZIP CODE
66021

JOB TYPE long string HOLE SIZE 5 7/8 HOLE DEPTH 948 CASING SIZE & WEIGHT 2 7/8
 CASING DEPTH 923 DRILL PIPE _____ TUBING _____ OTHER 912 bafflo
 SLURRY WEIGHT _____ SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT IN CASING yes
 DISPLACEMENT 5.3 DISPLACEMENT PSI 800 MIX PSI 200 RATE 4 bpm

REMARKS: Hold crew meet. Established rate. Mixed & pumped 100# gel followed by 136 sk 50/50 cement plus 2 bags of 1/4# flo seal per sack. Circulated cement. Flushed pump pumped plus to bafflo. Well held 800 PSI for 30 minute MIT. Set float. Closed valve

HAT, Eric

Alan Madu

| ACCOUNT CODE | QUANTITY or UNITS | DESCRIPTION of SERVICES or PRODUCT | UNIT PRICE | TOTAL |
|-----------------|-------------------|------------------------------------|------------|---------|
| 5401 | 1 | PUMP CHARGE | | 1030.00 |
| 5406 | 130 | MILEAGE | | 120.00 |
| 5402 | 923 | casing footage | | |
| 5407 | mi | ten miles | | 350.00 |
| 5502C | 2 | 80 vac | | 180.00 |
| 1124 | 136 sk | 50/50 cement | | 1489.20 |
| 1180 | 328# | gel | | 69.88 |
| 1107 | 34# | flor seal | | 79.90 |
| 4402 | 1 | 2 1/2 plug | | 28.00 |
| <u>248292</u> | | | | |
| SCANNED | | | | |
| SALES TAX | | | | 125.36 |
| ESTIMATED TOTAL | | | | 3471.34 |

Rev 0727

AUTHORIZATION NO company rep TITLE _____ DATE _____
Jim Oksa

I acknowledge that the payment terms, unless specifically amended in writing on the front of the form or in the customer's