

KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION

1079049

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 # 6142			API No. 15 -	15-121-290	48-00-00			
Name: Town Oil Company	Inc.		Spot Descrip			<u>-</u>		-
Address 1: _ 16205 W 287TH S	T				18 _{Twp}	17 s. R. 24	☑ East[West
Address 2: City: PAOLA S	Feet from North / South Line of Section 4250 Feet from East / [] West Line of Section							
Contact Person: Lester Town Phone: (913) 294-2125			. Footages Ca		Nearest Outs	side Section Corne		
CONTRACTOR: License #_614	2		County: Mia	ami				
Name: Town Oil Company In	c		Lease Name	1		Well #:	1	
Wellsite Geologist: NA				Paola-Rant	tout			
Purchaser:			Producing Fo	ormation: Pen	u			
Designate Type of Completion:			Elevation: G	Fround: 1013	ا	Kelly Bushing: 0		
✓ New Well Re	-Entry	Workover				Depth: 106		_
✓ Oil	SWD ENHR GSW E, Expl., etc.):	SIOW SIGW Temp. Abd.	Amount of Si Multiple Stag If yes, show	urface Pipe Se ge Cementing (depth set: completion, ce	t and Cemei Collar Used? ement circula	nted at: 20		Feet Feet
If Workover/Re-entry: Old Well In	fo as follows:		i ieet deput to.		. w/		;	sx cmt.
Operator: Well Name:				d Managemen				
Original Comp. Date: Original Total Depth: Conv. to SWD [] Conv. to GSW			Chloride con		ppm	Fluid volume: 80		bbls
Plug Back:	Plug	Back Total Depth	Location of fl	uid disposal if I	hauled offsite	e:		
Commingled Dual Completion	Permit #: Permit #:		Operator Nar	·				
SWD	Permit #:							
] ENHR			Quarter	Sec.	Twp.	S. R.	East	West
GSW			County:		Perm	iit #:		
3/23/2012 3/26/20		4/13/2012						
Spud Date or Date Rea Recompletion Date	icned ID	Completion Date or Recompletion Date						

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: Oserna German Date: 04/19/2012

Side Two



Operator Name: Town Oil Company Inc. Lease Name: Well #: Twp. 17 S. R. 24 Fast West County: Miami 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 Wireline Logs surveyed. Attach final geological well site report. **Drill Stem Tests Taken** [√] No ✓ Log Yes Formation (Top), Depth and Datum Sample (Attach Additional Sheets) Name Top Datum Samples Sent to Geological Survey Yes **V** No Gamma Ray Cores Taken ☐ Yes \mathbb{Z} No Electric Log Run ✓ Yes ☐ No √ Yes Electric Log Submitted Electronically (If no, Submit Copy) List All E. Logs Run: Gamma Ray Neutron Completion Log CASING RECORD ✓ New Report all strings set-conductor, surface, intermediate, production, etc. Size Hole Size Casing Weight Setting Type of Purpose of String # Sacks Type and Percent Drilled Set (In O.D. Lbs. / Ft Depth Cement Used Additives Surface 9 6.2500 10 20 Portland 3 50/50 POZ Completion 5.6250 2.8750 8 494 Portland 75 50/50 POZ ADDITIONAL CEMENTING / SQUEEZE RECORD Purpose: Depth Type of Cement # Sacks Used Type and Percent Additives Top Bottom Perforate Protect Casing Plug Back TD Plug Off Zone PERFORATION RECORD - Bridge Plugs Set/Type Acid, Fracture, Shot, Cement Squeeze Record (Amount and Kind of Material Used) Shots Per Fool Specify Footage of Each Interval Perforated Depth 2 40 Perfs 441.0-451.0 Acid 500 gal, 7.5% HCL TUBING RECORD: Size: Set At: Packer At: No Yes Date of First, Resumed Production, SWD or ENHR. Producing Method: Gas Lift , Flowing Pumping Other (Explain) Estimated Production Bbls Gas Mcf Water Bbis. Gas-Oil Ratio Per 24 Hours DISPOSITION OF GAS: METHOD OF COMPLETION: PRODUCTION INTERVAL: Open Hole Dually Comp Vented Sold Used on Lease Commingled (Submit ACO-5) (Submit ACO-4) (If vented, Submit ACO-18.) Other (Specify)

Lease Owner: TOC

Miami County, KS Town Oilfield Service, Inc. Commenced Spudding: Well: Lowe #1 (913) 837-8400 Commenced Spudding: 3/23/2012

3/23/2012

WELL LOG

Thickness of Strata	Formation	Total Depth		
0-8	Soil-Clay	8		
26	Lime	34		
3	Shale	37		
1	Lime	38		
48	Shale	86		
9	Lime	95		
9	Shale	104		
6	Sand	110		
17	Shale	127		
6	Lime	133		
46	Shale	179		
8	Lime	187		
15	Shale	202		
31	Lime	233		
6	Shale	239		
21	Lime	260		
4	Shale	264		
3	Lime	267		
4	Shale	271		
7	Lime	278		
118	Shale	396		
12	Sandy Shale	408		
34	Shale	442		
18	Core	460		
1	Sand	461		
4	Lime	465		
11	Shale	476		
15	Lime	491		
5	Coal	496		
9	Lime	505		
18	Shale	523		
3	Lime	526		
4	Shale	530		
7	Sandy Shale	537		
4	Shale	_		
19	Lime	541		
8	Shale	560		
2	Lime	568		
27	Shale	570		
3	Black Shale	597 600-TD		



LOCATION OHOWA KS
FOREMAN Fred Madus

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

FIELD TICKET & TREATMENT REPORT CEMENT

DATE	CUSTOMER#				SECTION	TOWNSHIP	RANGE	COUNTY
3/26/12	7823	- 600	ue #1		5 W 18.	17	25	mi.
CUSTOMER	. 1	~						的海南岛海南
MAILING ADDRE	يين ٥٠١	<u>Co </u>		٠.	TRUCK#	DRIVER	TRUCK# ·	DRIVER
i		_			506	FREMAD	Sater	my
162		287+5° S		[· · .]	495	HARBEC	N/BO	0
CITY	•	STATE	ZIP CODE		510	ASAMIC	1471-	
Parila		人S	6607).	,	<u>.</u>	·		
JOB TYPE		HOLE SIZE	578	HOLE DEPTH	<u> ১৯০</u>	CASING SIZE & W	/EIGHT <u>≈ 7/8</u> -	EUE
. CASING DEPTH	1494	DRILL PIPE		TUBING		<u> </u>	OTHER	
SLURRY WEIGH		SLURRY VOL_		WATER gal/sl		CEMENT LEFT in	CASING 2/2	Pluc.
DISPLACEMENT	r <u>2.67</u>	DISPLACEMEN	T PSI	MIX PSI	 	RATE SBP.	n	2
REMARKS:	Zota blisi	Louris	cato.	MixxI	Umo 100°	Premio	ne Cil FI	ush
N	[· · · /]	mo 75	S/25.	50/50	Pormix	Coment	2% Cel	
7		0'501	ace. F		moxline	5 clean.	Displa	ce.
27	E Rubb	per Pli	ic to c	a5, //	10,	· · · · · · · · · · · · · · · · · · ·		
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Tel Control			-					******
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ACCOUNT CODE	QUANITY o	or UNITS	DES	SCRIPTION of	SERVICES or PRO	DUCT	UNIT PRICE	TOTAL
5401]	PUMP CHARGE			495		103000
5406		5m.	MILEAGE			495	······································	72/000
5402	49		Casni	Foots	70.0	77.0		/U/C
5407	Minim	(Ded	Ton	m-/0-	7	370		3500
<u> </u>	771770	<u> </u>	70,0	111,625		3/2	-	000
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11188	·	26 ≝	Frem	icre a	el ·			4746
.4402		1	_25" R	ubbar	Phi:			2800
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		Alexandria						
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				475	14			
					7.55%	(B)/3	SALES TAX	67 -
Ravin 9737				, , ,			ESTIMATED	<i>4 10</i> 0
•	Lestu	1 ew	n :				TOTAL DATE	2484
AUTHORIZTION_	0 000	1 0000	.\	ritle <u></u>	, ,		วิลิวิธ	· ·

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.