



KANSAS CORPORATION COMMISSION 1080703
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>1/26/2012</u>	<u>1/27/2012</u>	<u>1/27/2012</u>
Spud Date or Recompletion Date	Date Reached TD	Completion Date or Recompletion Date

API No. 15 - 15-091-23650-00-00

Spot Description: _____
W2_NW_SE_NE Sec. 29 Twp. 14 S. R. 22 East West
3630 Feet from North / South Line of Section
1275 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-12

Field Name: Gardner South

Producing Formation: Bartlesville

Elevation: Ground: 1021 Kelly Bushing: 0

Total Depth: 938 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: 05/11/2012



1080703

Operator Name: ST Petroleum, Inc. Lease Name: Thomas A Well #: I-12
 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	937	Portland	124	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	870.0-880.0	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: _____ _____
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HAT DRILLING
12371 KS HWY 7
MOUND CITY, KS 66056
LICENSE # 33734

Thomas A #1-12
API # 15-091-23650-00-00
SPUD DATE 1-26-12

Footage	Formation	Thickness	Set 20' of 7"
2	Topsoil	2	TD 943'
14	clay	12	Ran 938' of 2 7/8
55	shale	41	
62	lime	7	
69	shale	7	
128	lime	59	
141	shale	13	
162	lime	21	
170	shale	8	
224	lime	54	
244	shale	20	
250	lime	6	
270	shale	20	
280	lime	10	
337	shale	57	
363	lime	26	
373	shale	10	
395	lime	22	
399	shale	4	
403	lime	4	
408	shale	5	
414	lime	6	
599	shale	185	
611	lime	12	
622	shale	11	
625	lime	3	
628	shale	3	
636	lime	8	
869	shale	233	
871	sandy shale	2	
878	sand	7	
879	sandy shale	1	
943	shale	64	



CONSOLIDATED
Oil Well Services, LLC

TICKET NUMBER 36902
LOCATION Ottawa
FOREMAN Alan 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
1-27-12	7532	Thomas A ⁿ I-12	NE 29	14	22	Wb
CUSTOMER S J Petroleum			TRUCK #	DRIVER	TRUCK #	DRIVER
MAILING ADDRESS 18800 Sunflower Rd			516	Alan M	Safety	Meat
CITY Edgerton			368	Artem	AKM	
STATE KS			370	Keith D	KD	
ZIP CODE 66021			510	Asa M	Asa	

JOB TYPE long string HOLE SIZE 5 5/8 HOLE DEPTH 943 CASING SIZE & WEIGHT 2 29
CASING DEPTH 937 DRILL PIPE _____ TUBING _____ OTHER 927 barrel
SLURRY WEIGHT _____ SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT IN CASING yes
DISPLACEMENT _____ DISPLACEMENT PSI 800 MIX PSI 200 RATE _____

REMARKS: Held crew meet. Established rate. Mixed & pumped 100# gel followed by 124 wk 50150 po2 plus 2% gel 2 1/4 # flo seal. Circulated cement. Flushed pump. Pumped plug to casing TD. Well held 800 PSI for 30 minute MIT. Set float. Closed valve.

HAT, Eric
Alan Maden

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL	
5401	1	PUMP CHARGE		1030.00	
5406	36	MILEAGE		120.00	
5402		casing footage			
5407	n/n	ten miles		350.00	
5502C	1 1/2	80 val		135.00	
1124	124	50150 cement		1357.80	
1118B	308 #	gel		64.68	
1107	31 #	flo seal		72.85	
4402	1	2 1/4 plug		29.00	
				SALES TAX	114.63
				ESTIMATED TOTAL	3272.96

SCANNED

247598

Ravin 9797 AUTHORIZATION [Signature] 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.