

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 WorkoverOil WSW SWD SIOWGas D&A ENHR SIGWOG 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 #:

3/7/2012 3/14/2012 3/26/2012

Spud Date or 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 West3905 Feet from North / South Line of Section1000 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

(Date 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 DistributionALT I II III Approved by: Deanna Garner Date: 05/14/2012

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 Yes No
 (Attach Additional Sheets)

Samples Sent to Geological Survey Yes No

Cores Taken Yes No

Electric Log Run Yes No

Electric Log Submitted Electronically Yes No
 (If no, Submit Copy)

List All E. Logs Run:

GammaRay/Neutron/CCL

Log Formation (Top), Depth and Datum Sample

Name Top Datum

GammaRay

CASING RECORD New 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 (Amount and Kind of Material Used)	Depth
3	883.0-890.0	2" DML RTG	7

TUBING RECORD: Size: _____ Set At: _____ Packer At: _____ Liner Run: Yes No

Date of First, Resumed Production, SWD or ENHR. _____ Producing Method: Flowing Pumping Gas Lift Other (Explain) _____
 Estimated Production Per 24 Hours: Oil Bbls. _____ Gas Mcf _____ Water Bbls. _____ Gas-Oil Ratio _____ Gravity _____

DISPOSITION OF GAS:

Vented Sold Used on Lease
 (If vented, Submit ACO-18.)

METHOD OF COMPLETION:

Open Hole Perf. Dually Comp. Commingled
 (Submit ACO-5) (Submit ACO-4)
 Other (Specify) _____

PRODUCTION INTERVAL:

Summary of Changes

Lease Name and Number: Thomas A I-17

API/Permit #: 15-091-23654-00-00

Doc ID: 1080725

Correction Number: 1

Approved By: Deanna Garrison

Field Name	Previous Value	New Value
Approved Date	04/12/2012	05/14/2012
Save Link	../kcc/detail/operatorE ditDetail.cfm?docID=10 77244	../kcc/detail/operatorE ditDetail.cfm?docID=10 80725
Well Type	OIL	EOR