

KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION
WELL COMPLETION FORM
WELL HISTORY - DESCRIPTION OF WELL & LEASE

ORIGINAL

Form ACO-1
June 2009
Form Must Be Typed
Form must be Signed
All blanks must be Filled

OPERATOR: License # 3525
Name: Black-Travis Inc
Address 1: Two South Gold Street
Address 2:
City: Paola State: KS Zip: 66071
Contact Person: Bill West
Phone: (913) 557-9639
CONTRACTOR: License # 6124
Name: Town Oil
Wellsite Geologist:
Purchaser:
Designate Type of Completion:

API No. 15 - 121-28913-00-00
Spot Description:
sw se nw sw Sec. 10 Twp. 17 S. R. 22 ✓ East West
1,405 Feet from North / ✓ South Line of Section
830 Feet from East / ✓ West Line of Section

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Footages Calculated from Nearest Outside Section Corner:
NE NW SE ✓ SW
County: Miami
Lease Name: Travis Well #: Travis #102
Field Name: Paola Rantoul
Producing Formation: Squirrel
Elevation: Ground: 980 Kelly Bushing:
Total Depth: 702 Plug Back Total Depth: 678
Amount of Surface Pipe Set and Cemented at: 28' Feet
Multiple Stage Cementing Collar Used? Yes No
If yes, show depth set: Feet
If Alternate II completion, cement circulated from: 702
feet depth to: surface w/ 79 sx cmt.

- | | | |
|--|-----------------------------------|-----------------------------------|
| <input checked="" type="checkbox"/> New Well | <input type="checkbox"/> Re-Entry | <input type="checkbox"/> Workover |
| <input checked="" type="checkbox"/> Oil | WSW | SWD |
| Gas | D&A | ENHR |
| 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 #:
7/12/2011 7/14/2011 7/14/2011
Spud Date of Recompletion Date Date Reached TD Completion Date or Recompletion Date

Drilling Fluid Management Plan
(Data must be collected from the Reserve Pit)
Chloride content: ppm Fluid volume: bbls
Dewatering method used:
Location of fluid disposal if hauled offsite:
Operator Name:
Lease Name: License #:
Quarter Sec. Twp. S. R. East of Range
County: Permit #:

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INSTRUCTIONS: An original and two copies of this form shall be filed with the Kansas Corporation Commission, 130 S. Market - Room 2078, Wichita, Kansas 67202, within 120 days of the spud date, recompletion, workover or conversion of a well. Rule 82-3-130, 82-3-106 and 82-3-107 apply. Information of side two of this form will be held confidential for a period of 12 months if requested in writing and submitted with the form (see rule 82-3-107 for confidentiality in excess of 12 months). One copy of all wireline logs and geologist well report shall be attached with this form. ALL CEMENTING TICKETS MUST BE ATTACHED. Submit CP-4 form with all plugged wells. Submit CP-111 form with all temporarily abandoned wells.

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.

Signature: *[Signature]*
Title: President Date: 3/21/2012

KCC Office Use ONLY	
Letter of Confidentiality Received	
Date:	
Confidential Release Date:	
<input checked="" type="checkbox"/> Wireline Log Received	
<input type="checkbox"/> Geologist Report Received	
<input type="checkbox"/> UIC Distribution	
ALT I <input checked="" type="checkbox"/> II III Approved by: <i>[Signature]</i> Date: 6/12/12	

Operator Name: Black-Travis Inc

Lease Name: Travis

Well #: Travis #102

Sec. 10 Twp. 17 S. R. 22 ✓ East 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 Wire-line Logs surveyed. Attach final geological well site report.

Drill Stem Tests Taken <i>(Attach Additional Sheets)</i>	Yes	✓ No	Log	Formation (Top), Depth and Datum	✓ Sample
Samples Sent to Geological Survey	✓ Yes	No	Name	Top	Datum
Cores Taken	Yes	✓ No	Knobtown	291	
Electric Log Run	✓ Yes	No	Peru	397	
Electric Log Submitted Electronically <i>(If no, Submit Copy)</i>	Yes	✓ No	Squirrel	569	

List All E. Logs Run:

Gamma Ray / Neutron / CCL

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	8	6.25		28	portland	4	
casing	5.625	2.875		702	50/50 poz cement mix	79	gel/bentonite

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
4	564-572	frac with water/gel/sand mix	
4	619-623	2000 lbs of sand	

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

Date of First, Resumed Production, SWD or ENHR. *8/15/2012 ? 9/15/2011*
Producing Method: Flowing ✓ Pumping Gas Lift Other (Explain)
Estimated Production Per 24 Hours Oil Bbls. Gas Mcf Water Bbls. Gas-Oil Ratio

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23

DISPOSITION OF GAS:

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

METHOD OF COMPLETION:

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

PRODUCTION INTERVAL:



CONSOLIDATED
Oil Well Services, LLC

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

MT 1212090-W.VV

TICKET NUMBER 32686
LOCATION Ottawa
FOREMAN Alan Mader

FIELD TICKET & TREATMENT REPORT
CEMENT

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
7-11-11	7823	Travis Travis #102	SW10	17	22	MT
CUSTOMER			TRUCK #	DRIVER	TRUCK #	DRIVER
Town Oil			516	Alan M	Safety Meet	
MAILING ADDRESS			495	Cusey K	CK	
16205 W 285th			510	Derek M	DM	
CITY	STATE	ZIP CODE				
Paola	KS	66071				

JOB TYPE long string HOLE SIZE 5 7/8 HOLE DEPTH 690 CASING SIZE & WEIGHT 2 1/8
 CASING DEPTH 680 DRILL PIPE _____ TUBING _____ OTHER pin 630
 SLURRY WEIGHT _____ SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT in CASING YES
 DISPLACEMENT 3.7 DISPLACEMENT PSI 800 MIX PSI 200 RATE 5 bpm

REMARKS: Checked casing depth. Held crew meeting. Established rate. Mixed + pumped 100# gel to flush hole, followed by 79 sk 50150 poz plus 20 gal circulated cement. Flushed pump. Pumped plug to pin @ 630

Town Oil, Winton water
Alan Mader

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401	1	PUMP CHARGE		975.00
5406	30	MILEAGE		120.00
5402	680'	casing footage		
5407	min	ton miles		330.00
424	79	50150 poz		825.55
418B	233	gel		46.60
4402	1	2 1/2 plug		28.00
		WO # 242683		
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			7.55	SALES TAX
				ESTIMATED
				TOTAL
				167.96
				2393.11

Ravin 3737

AUTHORIZATION Winton Jones 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.