



KANSAS CORPORATION COMMISSION 1091787
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 # 6142
Name: Town Oil Company Inc.
Address 1: 16205 W 287TH ST
Address 2: _____
City: PAOLA State: KS Zip: 66071 + 8482
Contact Person: Lester Town
Phone: (913) 294-2125
CONTRACTOR: License # 33715
Name: Town Oilfield Service
Wellsite Geologist: NA
Purchaser: _____

Designate Type of Completion:

- New Well Re-Entry Workover
- Oil WSW SWD S1OW
- 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>7/17/2012</u>	<u>7/18/2012</u>	<u>8/16/2012</u>
Spud Date or Recompletion Date	Date Reached TD	Completion Date or Recompletion Date

API No. 15 - 15-121-29212-00-00

Spot Description: _____
NW SE SW SW Sec. 18 Twp. 17 S. R. 25 East West
520 Feet from North / South Line of Section
4315 Feet from East / West Line of Section

Footages Calculated from Nearest Outside Section Corner:

- NE NW SE SW

County: Miami

Lease Name: Lowe Well #: 5

Field Name: Louisburg

Producing Formation: Peru

Elevation: Ground: 1089 Kelly Bushing: 0

Total Depth: 519 Plug Back Total Depth: 480

Amount of Surface Pipe Set and Cemented at: 21 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: 21 w/ 3 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 Garriss Date: 08/29/2012



1091787

Operator Name: Town Oil Company Inc. Lease Name: Low Well #: 5
 Sec. 18 Twp. 17 S. R. 25 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 <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: Gamma Ray Neutron Completion Log	<input checked="" type="checkbox"/> Log Formation (Top), Depth and Datum <input type="checkbox"/> Sample Name Top Datum Gamma Ray
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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	6.2500	10	21	Portland	3	50/50 POZ
Completion	5.6250	2.8750	8	480	Portland	60	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
2	437.0-447.0 40 Perfs	Acid 500 gal. 7.5% HCL	

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 Bbbs.	Gas Mcf	Water Bbbs. 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> <input type="checkbox"/> Other (Specify) _____	PRODUCTION INTERVAL: _____ _____
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Miami County, KS
Well: Lowe # 5
Lease Owner: TOC

Town Oilfield Service, Inc.
(913) 837-8400

Commenced Spudding:
7/17/2012

WELL LOG

Thickness of Strata	Formation	Total Depth
11	Soil/Clay	11
16	Lime	27
52	Shale	79
10	Lime	89
6	Shale	95
8	Sand	103
16	Shale	119
8	Lime	127
18	Shale	145
7	Sandy Shale	152
18	Shale	170
11	Sandy Shale	181
14	Shale	195
30	Lime	225
8	Shale	238
21	Lime	254
4	Shale	258
3	Lime	261
5	Shale	266
5	Lime	271
7	Shale	278
6	Sand	284
13	Shale	297
2	Sand	299
8	Sand	307
2	Sand	309
3	Sand	312
19	Sandy Shale	331
57	Shale	388
3	Sand	391
9	Sandy Shale	400
38	Shale	438
4	Sand	442
4	Sand	446
2	Sandy Shale	448
10	Sandy Shale	458
4	Lime	462
15	Shale	477
5	Lime	482
6	Shale	488



CONSOLIDATED
Oil Well Services, LLC

TICKET NUMBER 37439
LOCATION Ottawa
FOREMAN Alan Madon

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

FIELD TICKET & TREATMENT REPORT
CEMENT

DATE <u>7-18-12</u>	CUSTOMER # <u>7823</u>	WELL NAME & NUMBER <u>Lowe #5</u>	SECTION <u>SW 18</u>	TOWNSHIP <u>17</u>	RANGE <u>25</u>	COUNTY <u>Mi</u>
CUSTOMER <u>Town Oil</u>			TRUCK # <u>576</u> <u>368</u> <u>510</u>			
MAILING ADDRESS <u>110205 W 287th</u>			DRIVER <u>Alan Madon</u> <u>Art Madon</u> <u>Set Tru ST</u>			
CITY <u>Paola</u>	STATE <u>KS</u>	ZIP CODE <u>66071</u>	OTHER			
JOB TYPE <u>plug string</u>		HOLE SIZE <u>5 5/8</u>	HOLE DEPTH <u>519</u>	CASING SIZE & WEIGHT <u>2 7/8</u>		
CASING DEPTH <u>480</u>		DRILL PIPE	TUBING	OTHER		
SLURRY WEIGHT		SLURRY VOL	WATER gal/sk	CEMENT LEFT, in CASING <u>yes</u>		
DISPLACEMENT <u>2 3/4</u>		DISPLACEMENT PSI <u>300</u>	MIX PSI <u>200</u>	RATE <u>4 bpm</u>		
REMARKS: <u>Held crew meet. Established rate. Mixed & pumped 100# gel followed by 60 sk 50/50 cement plus 2% gel. Circulated cement. Flushed pump. Pumped plug to casing TD. Well held 800 PSI. Set float. Closed valve.</u>						

JOS, Chad
Town Water, Art

Alan Madon

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
<u>5401</u>	<u>1</u>	<u>PUMP CHARGE</u>		<u>1032.00</u>
<u>5406</u>	<u>47</u>	<u>MILEAGE</u>		<u>160.00</u>
<u>5702</u>	<u>480</u>	<u>casing footage</u>		
<u>5407</u>	<u>41 n</u>	<u>ton miles</u>		<u>350.00</u>
<u>1124</u>	<u>60</u>	<u>50/50 cem</u>		<u>657.00</u>
<u>1118B</u>	<u>201 #</u>	<u>gel</u>		<u>42.21</u>
<u>4402</u>	<u>1</u>	<u>2 1/2 plug</u>		<u>28.00</u>
			SALES TAX	<u>54.90</u>
			ESTIMATED TOTAL	<u>2322.11</u>

Ravin 3737

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

05127C