



KANSAS CORPORATION COMMISSION 1090457
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 # 6142
Name: Town Oil Company Inc.
Wellsite Geologist: NA
Purchaser: _____

Designate Type of Completion:

- New Well Re-Entry Workover
- Oil WSW SWD SLOW
 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>6/22/2012</u>	<u>6/27/2012</u>	<u>8/10/2012</u>
Spud Date or Recompletion Date	Date Reached TD	Completion Date or Recompletion Date

API No. 15 - 15-107-24579-00-00
Spot Description: _____
NE NW SE NW Sec. 27 Twp. 19 S. R. 22 East West
3795 Feet from North / South Line of Section
3465 Feet from East / West Line of Section
Footages Calculated from Nearest Outside Section Corner:
 NE NW SE SW
County: Linn
Lease Name: McDonald Well #: 33
Field Name: Goodrich-Parker
Producing Formation: Cattleman
Elevation: Ground: 972 Kelly Bushing: 0
Total Depth: 720 Plug Back Total Depth: 8
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/ 3 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 Distribution
ALT I II III Approved by: Deanna Garrison Date: 08/16/2012



1090457

Operator Name: Town Oil Company Inc. Lease Name: McDonald Well #: 33
 Sec. 27 Twp. 19 S. R. 22 East West County: Linn

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	20	Portland	3	50/50 POZ
Completion	5.6250	2.8750	8	712	Portland	102	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
2	655.0-665.0	40 Perfs	Acid 500 gal. 7.5% HCL	

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 Bbbs.	Gas Mcf	Water Bbbs.	Gas-Oil Ratio	Gravity
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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) (Submit ACO-4)</i> <input type="checkbox"/> Other (Specify) _____	PRODUCTION INTERVAL: _____ _____
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CONSOLIDATED
Oil Well Services, LLC

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

FIELD TICKET & TREATMENT REPORT
CEMENT

TICKET NUMBER 37323

LOCATION Ottawa KS

FOREMAN Fred Maden

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
6/27/12	7823	McDonald # 33	SE 27	19	22	LN
CUSTOMER			TRUCK #			
Town Oil Company			506			
MAILING ADDRESS			DRIVER			
16205 W 287 th St			Fred Mad			
CITY			TRUCK #			
Paola			495			
STATE			DRIVER			
KS			Harbec			
ZIP CODE			TRUCK #			
66071			510			
			DRIVER			
			Safety Mfg			
			HS			
			ST			

JOB TYPE long str 54 HOLE SIZE 5 7/8 HOLE DEPTH 720 CASING SIZE & WEIGHT 2 7/8 EUE
 CASING DEPTH 712 DRILL PIPE Pm in TUBING @ 707 OTHER _____
 SLURRY WEIGHT _____ SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT in CASING 2 1/2" Ply x 5'
 DISPLACEMENT 4.1 BBL DISPLACEMENT PSI _____ MIX PSI _____ RATE SRPM

REMARKS: Establish circulation. Mix + Pump 100# Gel Flush. Mix + Pump
102-sks 50/50 Pm Mix Cement 2% Gel Cement to surface
Flush pump + lines clean. Displace 2 1/2" rubber plug to
Pm in casing - Pressure to 600# PSI. Shut in casing

Water by Town Oil Fred Maden

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401	1	PUMP CHARGE	495	1020 ⁰⁰
5406	40	MILEAGE	495	160 ⁰⁰
5402	712	Casing footage		N/C
5407	Minimum	Ten miles		350 ⁰⁰
1124	102sks	50/50 Pm Mix Cement		1116 ⁹⁰
111813	272#	Premium Gel		57 ¹³
4102	1	2 1/2" Rubber Plug		28 ⁰⁰

SALES TAX 6.3% 75⁷²
 ESTIMATED TOTAL 250896 287⁷⁴
 AUTHORIZATION [Signature] TITLE _____ DATE 6/27/12

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

Linn County, KS
Well: McDonald 33
Lease Owner: TOC

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

Commenced Spudding:
6/22/2012

WELL LOG

Thickness of Strata	Formation	Total Depth
9	Soil and Clay	9
26	Sandy Shale	35
4	Shale	39
3	Lime	42
48	Shale	90
8	Lime	98
9	Shale	107
36	Lime	143
7	Shale and Slate	150
22	Lime	172
4	Shale and Slate	176
3	Lime	179
1	Shale and Slate	180
8	Lime	188
154	Shale and Slate	342
6	Lime	348
14	Shale	362
12	Lime	374
7	Shale	381
12	Sand	393
36	Sandy Shale	429
11	Lime	440
10	Shale	450
3	Lime	453
19	Shale	472
20	Lime	492
90	Shale	582
3	Sand	585
5	Sand	590
26	Sandy Shale	616
4	Lime	620
17	Shale	637
10	Sand	647
18	Sand	665
55	Shale	720-TD