



KANSAS CORPORATION COMMISSION 1090447  
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     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>6/19/2012</u>	<u>6/22/2012</u>	<u>8/10/2012</u>
Spud Date or Recompletion Date	Date Reached TD	Completion Date or Recompletion Date

API No. 15 - 15-107-24573-00-00

Spot Description: \_\_\_\_\_  
SE NE SE NW Sec. 27 Twp. 19 S. R. 22  East  West  
3550 Feet from  North /  South Line of Section  
2690 Feet from  East /  West Line of Section

Footages Calculated from Nearest Outside Section Corner:  
 NE     NW     SE     SW

County: Linn

Lease Name: McDonald Well #: 6-WR

Field Name: Goodrich-parker

Producing Formation: Cattleman

Elevation: Ground: 949 Kelly Bushing: 0

Total Depth: 717 Plug Back Total Depth: 12

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

(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: Deanne Garmon Date: 08/16/2012



1090447

Operator Name: Town Oil Company Inc. Lease Name: McDonald Well #: 6-WR  
 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	705	Portland	100	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	654.0-661.0 29 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 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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**CONSOLIDATED**  
Oil Well Services, LLC

TICKET NUMBER 39890

LOCATION Ottawa, KS

FOREMAN Cassey Kennedy

PO Box 884, Chanute, KS 66720  
820-431-9210 or 800-467-8676

**FIELD TICKET & TREATMENT REPORT**  
**CEMENT**

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
6/22/12	7823	McDonald #6-WR	SW 3	1	14	LN
CUSTOMER <u>Town Oil</u>						
MAILING ADDRESS <u>16205 W. 287 St</u>						
CITY <u>Parka</u>		STATE <u>KS</u>	ZIP CODE <u>66671</u>			
JOB TYPE <u>Longstring</u>		HOLE SIZE <u>5 5/8"</u>	HOLE DEPTH <u>717'</u>	CASING SIZE & WEIGHT <u>2 7/8" EUE</u>		
CASING DEPTH <u>710'</u>		DRILL PIPE	TUBING	OTHER <u>pin - 705'</u>		
SLURRY WEIGHT		SLURRY VOL.	WATER gal/sk	CEMENT LEFT in CASING <u>2 1/2" rubber plug + 5'</u>		
DISPLACEMENT <u>4.1 bbls</u>		DISPLACEMENT PSI	MIX PSI	RATE <u>4.6 bpm</u>		

TRUCK #	DRIVER	TRUCK #	DRIVER
481	Caskan	CK	
6666	Gar Moo	GM	
503	Set Tuc	ST	

REMARKS: held safety meeting, established circulation, mixed & pumped 100 sk Premium Gel followed by 10 bbls fresh water, mixed & pumped 100 sk 50/50 Pozmix cement w/ 27 gal per sk cement to surface, flushed pump clean, pumped 2 1/2" rubber plug to pin w/ 4.1 bbls fresh water, pressured to 800 PSI, well held pressure for 30 min MIT, shut in casing.

*(Handwritten signature)*

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401	1	PUMP CHARGE		1050.00
5406	40 mi	MILEAGE		160.00
5402	710	casing footage		
5407	minimum	ton mileage		350.00
1124	100 sks	50/50 Pozmix cement		1095.00
1118B	2708 #	Premium Gel		56.28
4402	1	2 1/2" rubber plug		28.00
			6.3%	SALES TAX
				74.30
				ESTIMATED TOTAL
				2793.58

Ravin 3737

AUTHORIZATION No Co. Rep. on location TITLE \_\_\_\_\_

250743

DATE \_\_\_\_\_

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 6-WR  
Lease Owner: TOC

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

Commenced Spudding:  
6/19/2012

WELL LOG

Thickness of Strata	Formation	Total Depth
9	Soil and Clay	9
6	Sandy Shale	15
12	Limey Sand	27
10	Green Shale	37
47	Shale	84
10	Lime	94
12	Shale	106
32	Lime	138
7	Shale and Slate	145
24	Lime	169
4	Shale and Slate	173
2	Lime	175
3	Shale	178
7	Lime	185
3	Shale	188
22	Green Shale	210
7	Sandy Shale	217
85	Shale	302
8	Sandy Shale	310
28	Shale	338
5	Lime	343
16	Shale	359
12	Lime	371
9	Sandy Shale	380
6	Sand	386
40	Shale	426
10	Lime	436
10	Shale	446
3	Lime	449
22	Shale	471
15	Lime	486
10	Sandy Shale	496
3	Lime	499
81	Shale	580
8	Sand	588
38	Sandy Shale	626
27	Sand	653
8	Sand	661
56	Sandy Shale	717-TD