



KANSAS CORPORATION COMMISSION 1095345  
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 # 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 # 33715  
Name: Town Oilfield Service  
Wellsite Geologist: NA

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>5/15/2012</u>	<u>5/16/2012</u>	<u>5/17/2012</u>
Spud Date or Recompletion Date	Date Reached TD	Completion Date or Recompletion Date

API No. 15 - 15-091-23631-00-00  
Spot Description: \_\_\_\_\_  
NW NW NE NE Sec. 29 Twp. 14 S. R. 22  East  West  
5005 Feet from  North /  South Line of Section  
1275 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 #: 39  
Field Name: Gardner South  
Producing Formation: Bartlesville  
Elevation: Ground: 1044 Kelly Bushing: 0  
Total Depth: 959 Plug Back Total Depth: \_\_\_\_\_  
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: \_\_\_\_\_  
feet depth to: \_\_\_\_\_ w/ \_\_\_\_\_ 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: NAOMI JAMES Date: 10/02/2012



1095345

Operator Name: ST Petroleum, Inc. Lease Name: Thomas A. Well #: 39  
 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 <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:  GammaRay/Neutron/CCL	<input type="checkbox"/> Log Formation (Top), Depth and Datum <input type="checkbox"/> Sample  Name Top Datum GammaRay
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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	7	10	20	Portland	5	50/50 POZ
Completion	5.6250	2.87500	8	936	Portland	143	50/50 POZ

ADDITIONAL CEMENTING / SQUEEZE RECORD				
Purpose:	Depth Top Bottom	Type of Cement	# Sacks Used	Type and Percent Additives
<input type="checkbox"/> Perforate <input type="checkbox"/> Protect Casing <input type="checkbox"/> Plug Back TD <input type="checkbox"/> 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	880.0-890.0	2" DML RTG	10

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: <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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TICKET NUMBER 39766  
 LOCATION Ottawa KS  
 FOREMAN Fred Maden

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

FIELD TICKET & TREATMENT REPORT  
 CEMENT

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
5/16/12	7532	Thomas # 39	NE 29	14	22	JO
CUSTOMER S J Petroleum			TRUCK # DRIVER TRUCK # DRIVER			
MAILING ADDRESS 18800 Edgerton Sunflower Rd			506 FREMAN Satisfy M/M			
CITY STATE ZIP CODE Edgerton KS 66028			495 HARBEC HB			
			369 JERMAS DM			
			558 BYASIN RS			

JOB TYPE Long string HOLE SIZE 6 3/4 HOLE DEPTH 959' CASING SIZE & WEIGHT 4 1/2"  
 CASING DEPTH 936' DRILL PIPE Buffloc 931' OTHER \_\_\_\_\_  
 SLURRY WEIGHT \_\_\_\_\_ SLURRY VOL \_\_\_\_\_ WATER gal/mk \_\_\_\_\_ CEMENT LEFT IN CASING 5' + 1/2" Plug  
 DISPLACEMENT 14.7800 DISPLACEMENT PSI \_\_\_\_\_ MIX PSI \_\_\_\_\_ RATE 5BPM

REMARKS: Establish pump rods. Mix Pump 100 # Premium Gel Flush. Mix Pump  
 9.5 BBL Tall tub dye. Mix Pump 143 sks 50/50 Poz Mix  
 Cement 2 1/2 gal 1/2" Flo Seal/sk. Flush pump + lines clean.  
 Displace 1/2" Rubber plug to baffle in casing. Pressure to  
 600 # PSI. Release pressure to set float valve. Check plug  
 depth w/ wire line. Shut in casing.

TOS Drilling Chad Fred Maden

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401	1	PUMP CHARGE	495	1030 <sup>00</sup>
5406	30 mi	MILEAGE	495	120 <sup>00</sup>
5402	936	Casing footage		N/C
5407	Minimum	Ten Miles	558	350 <sup>00</sup>
5502C	2 hrs	80 BBL Vac Truck	367	180 <sup>00</sup>
1124	143 sks	50/50 Poz Mix Cement		1565 <sup>05</sup>
118B	361 #	Premium Gel		71 <sup>01</sup>
1107	36 #	Flo Seal		84 <sup>60</sup>
4404	1	1/2" Rubber Plug		45 <sup>00</sup>
			7.525%	SALES TAX
				ESTIMATED
				TOTAL
				132 <sup>98</sup>
				3580 <sup>04</sup>

Flavin 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.

Thickness of Strata	Formation	Total Depth	Remarks
20	Soil/Clay	20	
54	Shale	74	
6	Lime	80	
3	Shale	83	
16	Lime	99	
9	Shale	108	
8	Lime	116	
8	Shale	124	
19	Lime	143	
17	Shale	160	
21	Lime	181	
5	Shale	186	
56	Lime	242	
22	Shale	264	
4	Lime	268	
2	Shale	270	
3	Lime	273	
16	Shale	289	
7	Lime	296	
8	Shale	304	
8	Lime	312	
42	Shale	354	
25	Lime	379	
8	Shale	387	
23	Lime	410	
4	Shale	414	
3	Lime	417	
5	Shale	422	
7	Lime	429	
51	Shale	480	
8	Sandy shale	488	
111	Shale	599	
14	Lime	613	
6	Shale	619	
8	Lime	627	
15	Shale	642	
4	Lime	646	
7	Sand	653	
11	Sand	664	
103	Shale	767	
11	Sand	778	odor, little oil
101	Shale	879	
4	Sand	883	20%-50% odor, good bleed
7	Sand	890	solid

3	Sandy shale	893	40%-60%
3	Sandy shale	896	no oil
63	shale	959	TD