



KANSAS CORPORATION COMMISSION 1096511
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 # 6143
Name: Somerset Energy, Inc.
Address 1: 16205 W 287TH ST
Address 2:
City: PAOLA State: KS Zip: 66071 + 8482
Contact Person: Lester Town
Phone: (913) 491-1717
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 #:

12/19/2011	12/22/2011	9/9/2012
Spud Date or Recompletion Date	Date Reached TD	Completion Date or Recompletion Date

API No. 15 - 15-121-28991-00-00

Spot Description:
SE NE NW SE Sec. 20 Twp. 16 S. R. 24 East West
2165 Feet from North / South Line of Section
1510 Feet from East / West Line of Section

Footages Calculated from Nearest Outside Section Corner:

- NE NW SE SW

County: Miami

Lease Name: N. Hansen Well #: SW-3

Field Name: Paola-Rantoul

Producing Formation: Peru

Elevation: Ground: 988 Kelly Bushing: 0

Total Depth: 679 Plug Back Total Depth: 205

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/ 6 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: 10/12/2012



1096511

Operator Name: Somerset Energy, Inc. Lease Name: N. Hansen Well #: SW-3
 Sec. 20 Twp. 16 S. R. 24 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	6	50/50 POZ
Completion	5.6250	2.8750	8	474	Portland	68	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 <i>(Amount and Kind of Material Used)</i>	Depth
2	418.0-428.0 31 Perfs	Acid 500 gal. 7.5% HCL	
2	432.0-442.0 31 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) (Submit ACO-4)</i> <input type="checkbox"/> Other (Specify) _____	PRODUCTION INTERVAL: _____ _____
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Miami County, KS
Well: N. Hansen SW-3
Lease Owner: T0C

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

Commenced Spudding:
12/19/2011

WELL LOG

Thickness of Strata	Formation	Total Depth
0-6	Soil-Clay	6
24	Lime	30
44	Shale	74
14	Lime	88
11	Shale	99
4	Lime	103
13	Shale	116
2	Lime	118
25	Sandy Shale	143
11	Lime	154
15	Shale	169
27	Lime	196
7	Shale	203
19	Lime	222
3	Shale	225
3	Lime	228
6	Shale	234
4	Lime	238
5	Shale	243
9	Sand	252
17	Sandy Shale	269
1	Sand	270
1	Sand	271
18	Core	289
30	Sandy Shale	319
32	Shale	351
29	Sandy Shale	380
10	Shale	390
11	Sandy Shale	401
2	Sandy Lime	403
4	Sand	407
11	Sand	418
20	Core	438
17	Core	455
2	Lime	457
8	Shale	465
5	Lime	470
21	Shale	491
1	Lime	492
2	Shale	494



CONSOLIDATED
Oil Well Services, LLC

TICKET NUMBER 33197

LOCATION Offices

FOREMAN Alan Mader

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
12-28-11	7823	Hansen SW-3	SE 20	16	27	MT
CUSTOMER			TRUCK #			
Somersted Energy Co Town Oil			516	Alan M	Safety	Meat
MAILING ADDRESS			368	Alan M	AM	
16205 W 287 th			548	Derek M	DM	
CITY			STATE			
Paola			155			
STATE			ZIP CODE			
155			66071			

JOB TYPE long string HOLE SIZE 5 5/8 HOLE DEPTH 307 CASING SIZE & WEIGHT 2 7/8
 CASING DEPTH 478 DRILL PIPE _____ TUBING _____ OTHER 423 #4
 SLURRY WEIGHT _____ SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT in CASING YES
 DISPLACEMENT 23/4 DISPLACEMENT PSI 800 MIX PSI 200 RATE 4 bpm

REMARKS: Held crew meet. Est gel 1.5 gal rate. Mix & pump 100# gel followed by 6.8 gal 50/50 cem plus 29# gel. Circulate cem. Flush pump. Pump plug to pin. Well held 800 PSI for 30 minute MPT. Closed valve.

TDS Drilling, Was
Town water, hM

Alan Mader

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL	
5401	1	PUMP CHARGE		1030.00	
5406	20	MILEAGE from previous well		80.00	
5402	478	casing footage			
5407	1/2 min	ton miles		175.00	
1124	6.8	50/50 cem		744.60	
1183	2.94#	gel		49.94	
4402	1	2 1/2 ply		28.00	
				SALES TAX	61.72
				ESTIMATED TOTAL	2164.26

246805

Rev'n 8787

AUTHORIZATION Letta Town 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.