



KANSAS CORPORATION COMMISSION 1096381  
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     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 #: \_\_\_\_\_  
12/14/2011    12/16/2011    9/9/2012  
Spud Date or    Date Reached TD    Completion Date or  
Recompletion Date       Recompletion Date

API No. 15 - 15-121-28989-00-00  
Spot Description: \_\_\_\_\_  
SW\_NW\_NE\_SE Sec: 20 Twp. 16 S. R. 24  East  West  
2165 Feet from  North /  South Line of Section  
1080 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-1  
Field Name: Paola-Rantoul  
Producing Formation: Peru  
Elevation: Ground: 989 Kelly Bushing: 0  
Total Depth: 499 Plug Back Total Depth: 472  
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 Garrison Date: 10/12/2012



1096381

Operator Name: Somerset Energy, Inc. Lease Name: N. Hansen Well #: SW-1  
 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 checked="" type="checkbox"/> Yes <input 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 Nuutron 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	472	Portland	69	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	428.0-438.0 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)</i> <i>(Submit ACO-4)</i> <input type="checkbox"/> Other (Specify) _____	PRODUCTION INTERVAL: _____ _____
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Miami County, KS  
 Well: N. Hansen SW-1  
 Lease Owner: TOC

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

Commenced Spudding:  
 12/14/2011

WELL LOG

Thickness of Strata	Formation	Total Depth
0-4	Soil/Clay	4
30	Lime	34
44	Shale	78
14	Lime	92
10	Shale	102
5	Lime	107
13	Shale	120
2	Lime	122
25	Sandy Shale	147
11	Lime	158
15	Shale	173
27	Lime	200
8	Shale	208
19	Lime	227
4	Shale	231
3	Lime	234
5	Shale	239
5	Lime	244
13	Shale	257
2	Sandy Shale	259
18	Shale	277
11	Sand	288
37	Sandy Shale	325
31	Shale	356
35	Sandy Shale	391
9	Sandy Shale	400
4	Sand	404
15	Core	419
20	Core	439
18	Core	457
6	Lime	463
4	Shale	467
8	Lime	475
19	Shale	494
2	Lime	496
3	Shale	499-TD





**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 33193  
LOCATION Outawa  
FOREMAN Alan Mader

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
12-19-11	7823	N #12345 SW 1/4	SE 20	16	24	M:
CUSTOMER			TRUCK#			
Mailing Address			DRIVER			
CITY			TRUCK#			
STATE			DRIVER			
ZIP CODE			TRUCK#			
CITY			DRIVER			
STATE			TRUCK#			
ZIP CODE			DRIVER			

JOB TYPE Logging HOLE SIZE 5 1/8 HOLE DEPTH 499 CASING SIZE & WEIGHT 2 7/8  
 CASING DEPTH 498 DRILL PIPE \_\_\_\_\_ TUBING \_\_\_\_\_ OTHER pin 472  
 SLURRY WEIGHT \_\_\_\_\_ SLURRY VOL \_\_\_\_\_ WATER: gal/sk \_\_\_\_\_ CEMENT LEFT In CASING yes  
 DISPLACEMENT 2 3/4 DISPLACEMENT PSI 800 MIX PSI 200 RATE 46 bpm

REMARKS: Held crew meet. Established rate. Mixed & pumped 100# gel followed by 69 sk 50150 ppa plus 290 gal. Circulated cement. Flashed pump. Pumped plug to pin Well held 800 PSI. Closed valve

TOS was  
Tanna water

*Alan Mader*

ACCOUNT CODE	QUANTITY of UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401	1	PUMP CHARGE		1030.00
5406	35	MILEAGE		140.00
5422	478	Casing Footage		-
5427	min	ten miles		350.00
1124	69	50150 cem		755.55
11183	216 #	gel		45.36
4402	1	2 1/2 plug		28.00
				SALES TAX
				ESTIMATED TOTAL

246023

AUTHORIZATION Wesley D. Hood 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.