



KANSAS CORPORATION COMMISSION 1096906
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>7/26/2012</u>	<u>9/7/2012</u>	<u>10/5/2012</u>
Spud Date or Recompletion Date	Date Reached TD	Completion Date or Recompletion Date

API No. 15 - 15-107-24574-00-00

Spot Description: _____
SE SW NW Sec. 27 Twp. 19 S. R. 22 East West
2970 Feet from North / South Line of Section
4290 Feet from East / West Line of Section

Footages Calculated from Nearest Outside Section Corner:

- NE NW SE SW

County: Linn

Lease Name: McDonald Well #: 2-W

Field Name: Goodrich-Parker

Producing Formation: Cattleman

Elevation: Ground: 937 Kelly Bushing: 0

Total Depth: 702 Plug Back Total Depth: 693

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/ 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: Deanna Garisor Date: 10/17/2012



1096906

Operator Name: Town Oil Company Inc. Lease Name: McDonald Well #: 2-W
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 <i>(Attach Additional Sheets)</i>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Log Formation (Top), Depth and Datum	<input type="checkbox"/> Sample
Samples Sent to Geological Survey	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Name	Top Datum
Cores Taken	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Gamma Ray	
Electric Log Run	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
Electric Log Submitted Electronically <i>(If no, Submit Copy)</i>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
List All E. Logs Run:			
Gamma Ray Nuutron Completion Log			

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	6.250	10	21	Portland	3	50/50 POZ
Completion	5.6250	2.8750	8	693	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 <i>(Amount and Kind of Material Used)</i>	Depth
2	640.0-649.0 28 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 <i>(Explain)</i> _____	
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> <input type="checkbox"/> Other <i>(Specify)</i> _____	PRODUCTION INTERVAL: _____ _____
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Linn County, KS
Well: McDonald 2-W
Lease Owner: TOC

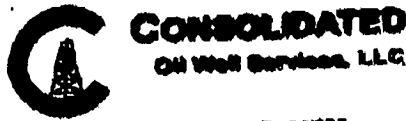
Town Oilfield Service, Inc.
(913) 837-8400

Commenced Spudding:
7/26/2012

WELL LOG

Thickness of Strata	Formation	Total Depth
0	Soil-Clay	12
3	Lime	15
49	Shale	64
9	Lime	73
10	Shale	83
36	Lime	119
9	Shale	128
19	Lime	147
4	Shale	151
3	Lime	154
3	Shale	157
7	Lime	164
4	Shale	168
4	Lime	172
15	Shale	187
9	Sand	196
14	Shale	210
13	Sand	223
61	Shale	284
9	Sand	293
24	Shale	317
5	Lime	322
15	Shale	337
14	Lime	351
10	Sandy Shale	361
9	Lime	370
84	Shale	404
8	Lime	412
13	Shale	425
3	Lime	428
16	Shale	444
18	Lime	462
13	Shale	475
3	Lime	478
82	Shale	560
8	Sand	568
25	Sandy Shale	593
3	Lime	596
18	Sandy Shale	614
6	Sand	620

TICKET NUMBER 39645
 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
9/10/12	7823	Mc Donald #2-W	SW 27	19	22	LN
CUSTOMER			TRUCK #	DRIVER	TRUCK #	DRIVER
Town Oil Co.			506	Fred Mad	Safety 1164	
MAILING ADDRESS			495	Harvey	AB	
16250 W 29th St.			555	BreMan	BM	
CITY	STATE	ZIP CODE				
Paola	KS	66071				

JOB TYPE loss circ HOLE SIZE 5 7/8 HOLE DEPTH 702 CASING SIZE & WEIGHT 2 7/8 EVE
 CASING DEPTH 697 DRILL PIPE Prin TUBING @ 692 OTHER _____
 SLURRY WEIGHT _____ SLURRY VOL _____ WATER gm/sk _____ CEMENT LEFT IN CASING 2 1/2 Plug + 5'
 DISPLACEMENT 4.02 BAL DISPLACEMENT PSI _____ MIX PSI _____ RATE 4 BPM

REMARKS: Establish circulation Mix Pump 100# Gel Flush. Mix & Pump
100 sks 50/50 Por Mix Cement 2 1/2" Rubber Plug to Surface
Flush pump + lines clean. Displace 2 1/2" Rubber plug to
pin in casing. Pressure to 800# PSI. Hold & Monitor
pressure for 130 min MIT. Shut in casing.

Customer Supplied Water Fred Maden

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401	1	PUMP CHARGE		1030.00
5406	40 mi	MILEAGE		160.00
5402	697	Casing foot log		N/C
5427	Minimum	Ten Miles		350.00
1124	100 sks	50/50 Por Mix Cement		1085.00
1188	268 #	Premium Gel		56.28
4402	1	2 1/2" Rubber Plug		26.00
			6.3%	SALES TAX 74.80
				ESTIMATED TOTAL 2793.58

AVIN 0737 AUTHORIZATION Scott Rikka TITLE Driller DATE 9-10-12

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 for

252875