



KANSAS CORPORATION COMMISSION 1094112
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 # 34708
Name: Lowe's Arena, LLC
Address 1: 34474 JINGO RD
Address 2: _____
City: PAOLA State: KS Zip: 66071 + _____
Contact Person: James Lowe
Phone: (913) 244-4203
CONTRACTOR: License # 33715
Name: Town Oilfield Service
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 #: _____

<u>8/29/2012</u>	<u>8/30/2012</u>	<u>8/30/2012</u>
Spud Date or Recompletion Date	Date Reached TD	Completion Date or Recompletion Date

API No. 15 - 15-059-26158-00-00

Spot Description: _____
NE SW NW SW Sec. 17 Twp. 16 S. R. 21 East West
1775 Feet from North / South Line of Section
4800 Feet from East / West Line of Section

Footages Calculated from Nearest Outside Section Corner:

NE NW SE SW

County: Franklin
Lease Name: Lowe Well #: 2

Field Name: _____

Producing Formation: Bartlesville

Elevation: Ground: 990 Kelly Bushing: 0

Total Depth: 839 Plug Back Total Depth: _____

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: _____

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: Deanna Garrison Date: 11/14/2012



1094112

Operator Name: Lowe's Arena, LLC Lease Name: Lowe Well #: 2
 Sec. 17 Twp. 16 S. R. 21 East West County: Franklin

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	3	50/50 POZ
Completion	5.6250	2.8750	8	818	Portland	112	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
3	743.0-751.0	2" DML RTG	8

TUBING RECORD:	Size:	Set At:	Packer At:	Liner Run: <input type="checkbox"/> Yes <input type="checkbox"/> No
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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> <input type="checkbox"/> Other (Specify) _____	PRODUCTION INTERVAL: _____ _____
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Franklin County, KS
Well: Lowe # 2
Lease Owner: Lowe Arena

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

Commenced Spudding:
8/29/2012

WELL LOG

Thickness of Strata	Formation	Total Depth
22	Soil-Clay	22
24	Lime	46
6	Shale	52
11	Lime	63
5	Shale	68
19	Lime	87
38	Shale	125
22	Lime	147
72	Shale	219
21	Lime	240
28	Shale	268
5	Lime	273
26	Shale	299
7	Lime	306
27	Shale	333
7	Lime	340
3	Shale	343
12	Lime	355
9	Shale	364
23	Lime	387
4	Shale	391
12	Lime	403
37	Shale	440
9	Sandy Shale	449
10	Sand	459
4	Sandy Shale	463
51	Shale	514
7	Sand	521
3	Sand	524
3	Sandy Shale	527
33	Shale	560
9	Lime	569
56	Shale	625
3	Lime	628
12	Shale	640
3	Lime	643
6	Shale	649
3	Lime	651
12	Shale	663
3	Lime	666



CONSOLIDATED
Oil Well Services, LLC

PO Box 884, Chanute, KS 66720
820-431-9210 or 800-467-8876

TICKET NUMBER 39621
LOCATION Chanute KS
FOREMAN Fred Maden

FIELD TICKET & TREATMENT REPORT
CEMENT

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
8/30/12	7984	Lowe # 2	Sw 32	15	21	FR
CUSTOMER			TRUCK #			
Town Oilfield Services			DRIVER			
MAILING ADDRESS			TRUCK #			
P.O. Box 339			DRIVER			
CITY			STATE			
Louisburg			KS			
ZIP CODE			66053			

JOB TYPE Long string HOLE SIZE 5 7/8 HOLE DEPTH 839' CASING SIZE & WEIGHT 2 7/8 EUE
 CASING DEPTH 787' DRILL PIPE Baffle in TUBING 7 87' OTHER _____
 SLURRY WEIGHT _____ SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT in CASING 2 1/2" Plug x 31'
 DISPLACEMENT 4.58 DISPLACEMENT PSI _____ MIX PSI _____ RATE 5BPM

REMARKS: Establish pump rate. Mix & Pump 100# Gel Flush. Mix & Pump 112 sks 50/50 Pce Mix Cement 2% Gel. Cement to surface Flush pump & lines clean. Displace 2 1/2" Rubber plug to baffle in casing. Pressure to 800# PSI. Release pressure to set float valve. Shut in casing.

Rig Supplied water
Chad Fred Maden

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401	1	PUMP CHARGE	495	1030 ⁰⁰
5406	20	MILEAGE	495	8000 ⁰⁰
5402	818'	Casing Footage		N/C
5407	Minimum	Ten Miles	558	350 ⁰⁰
1124	112 sks	50/50 Pce Mix Cement		1226 ⁴⁰
1118B	288#	Premium Gel		604 ⁸
4402	1	2 1/2" Rubber Plug		25 ⁰⁰
			7.8%	SALES TAX
				ESTIMATED
				TOTAL
				10256
				2577 ⁴⁴

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

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