



KANSAS CORPORATION COMMISSION 1105500  
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 # 33715  
Name: Town Oilfield Service  
Wellsite Geologist: N/A  
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>10/26/2012</u>	<u>10/29/2012</u>	<u>11/29/2012</u>
Spud Date or Recompletion Date	Date Reached TD	Completion Date or Recompletion Date

API No. 15 - 15-121-29299-00-00

Spot Description: \_\_\_\_\_  
SE NW SW SW Sec. 18 Twp. 17 S. R. 25  East  West  
925 Feet from  North /  South Line of Section  
4750 Feet from  East /  West Line of Section

Footages Calculated from Nearest Outside Section Corner:

- NE     NW     SE     SW

County: Miami

Lease Name: Low Well #: I-1

Field Name: PAOLA-RANTOUL

Producing Formation: PERU

Elevation: Ground: 1062 Kelly Bushing: 0

Total Depth: 479 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: Deanna Garrison Date: 12/27/2012



1105500

Operator Name: Town Oil Company Inc. Lease Name: Lowe Well #: I-1  
Sec. 18 Twp. 17 S. R. 25  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 <i>(Attach Additional Sheets)</i>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input 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 NUETRON 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	6.25	10	21	PORTLAND	3	50/50 POZ
COMPLETION	5.625	2.875	8	467	PORTLAND	60	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

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 Bbbs.	Gas Mcf	Water Bbbs.	Gas-Oil Ratio	Gravity
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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 <i>(Specify)</i> _____	PRODUCTION INTERVAL: _____ _____
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Miami County, KS  
Well: Lowe I-1  
Lease Owner: TOC

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

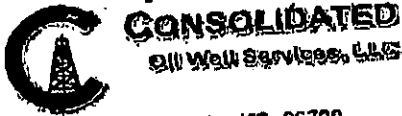
Commenced Spudding:  
10/26/2012

WELL LOG

Thickness of Strata	Formation	Total Depth
8	Soil-Clay	8
44	Shale	52
9	Lime	61
15	Shale	66
9	Sand	75
20	Shale	95
6	Lime	101
17	Shale	118
10	Sandy Shale	128
19	Shale	147
9	Lime	156
15	Shale	171
31	Lime	202
6	Shale	208
22	Lime	230
3	Shale	233
3	Lime	236
5	Shale	241
7	Lime	248
5	Shale	253
5	Sand	258
16	Shale	274
11	Sand	285
30	Sandy Shale	315
48	Shale	363
7	Sand	370
5	Sandy Shale	375
28	Shale	403
1	Sand	404
4	Sand	408
6	Sand	414
5	Sand	419
10	Sand	429
3	Sandy Shale	432
3	Sandy Shale	435
17	Shale	452
5	Lime	457
5	Shale	462
4	Lime	466
5	Shale	471



TICKET NUMBER 35089  
 LOCATION Atawa, KS  
 FOREMAN Casper Kennedy



PO Box 884, Chanute, KS 66720  
 620-431-9210 or 800-467-9676

**FIELD TICKET & TREATMENT REPORT**  
**CEMENT**

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
10/29/12	7823	Lowe # I-1	SW 18	17	25	MI
CUSTOMER			TRUCK #	DRIVER	TRUCK #	DRIVER
Town Oil Co.			481	Cashen	✓ Safety Meeting	
MAILING ADDRESS			6666	Gar Moo	✓	
16205 W. 287 St			558	Bretten	✓	
CITY	STATE	ZIP CODE	505 T106	Kei Car	✓	
Paola	KS	66607-1	CASING SIZE & WEIGHT <u>2 7/8" BUE</u>			

JOB TYPE Logging HOLE SIZE 5 5/8" HOLE DEPTH 479' CEMENT LEFT IN CASING \_\_\_\_\_  
 CASING DEPTH 467' DRILL PIPE \_\_\_\_\_ TUBING \_\_\_\_\_ OTHER \_\_\_\_\_  
 SLURRY WEIGHT \_\_\_\_\_ SLURRY VOL \_\_\_\_\_ WATER gel/sk \_\_\_\_\_ CEMENT LEFT IN CASING \_\_\_\_\_  
 DISPLACEMENT 2.72 bbls DISPLACEMENT PSI \_\_\_\_\_ MIX PSI \_\_\_\_\_ RATE 4.5 bpm

REMARKS: held safety meeting, established circulation, mixed + pumped 100# Premium Gel followed by 10 bbls fresh water, mixed + pumped 60 sks 5950 Pozuix cement w/ 2% gel per sk cement to surface, flushed pump clean, pumped 2 1/2" rubber plug to casing. TD w/ 2.72 bbls fresh water, pressured to 800 PSI, well held pressure for 30 min MIT, released pressure, shut in casing.

*Handwritten signature/initials*

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
				1030.00
5401	1	PUMP CHARGE		160.00
5406	40 mi	MILEAGE		
5402	467'	casing footage		350.00
5407	minimum	ton mileage		280.00
5501 c	2.5 hrs	transport		
				1657.00
1124	60 sks	5950 Pozuix cement		42.21
1118 B	201 #	Premium Gel		28.00
4402	1	2 1/2" rubber plug		
			7.55%	SALES TAX 24.90
				ESTIMATED TOTAL 2602.11

AUTHORIZATION No Co. Rep. on location 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

*Handwritten date: 11/2/12*