



KANSAS CORPORATION COMMISSION 1105502  
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 #: \_\_\_\_\_  
10/25/2012    10/26/2012    11/22/2012  
Spud Date or    Date Reached TD    Completion Date or  
Recompletion Date       Recompletion Date

API No. 15 - 15-121-29300-00-00  
Spot Description: \_\_\_\_\_  
SW\_NE\_SW\_SW Sec. 18 Twp. 17 S. R. 25  East  West  
985 Feet from  North /  South Line of Section  
4410 Feet from  East /  West Line of Section  
Footages Calculated from Nearest Outside Section Corner:  
 NE     NW     SE     SW  
County: Miami  
Lease Name: Lowe Well #: I-2  
Field Name: LOUISBURG  
Producing Formation: PERU  
Elevation: Ground: 1080 Kelly Bushing: 80  
Total Depth: 519 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: Dawna Garrison Date: 12/27/2012



1105502

Operator Name: Town Oil Company Inc. Lease Name: Low Well #: I-2  
 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 <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 NUETRON COMPLETION LOG	<input 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	6.25	10	21	PORTLAND	3	50/50 POZ
COMPLETION	5.625	2.875	8	498	PORTLAND	70	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

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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**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 35032

LOCATION Chanute, KS

FOREMAN Crosby Kennedy

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
10/26/12	7823	Lowe # I-2	SW 18	17	25	MI
CUSTOMER			TRUCK #	DRIVER	TRUCK #	DRIVER
Town Oil Co.			481	Casken	✓	Safety Meeting
MAILING ADDRESS			600	Gar Moo	✓	
16205 W 287th St			503	Dan Det	✓	
CITY	STATE	ZIP CODE	370	Kei Car	✓	
Paola	KS	66071				

JOB TYPE remedial HOLE SIZE 5 7/8" HOLE DEPTH 519' CASING SIZE & WEIGHT 2 7/8" EUS  
CASING DEPTH 498' DRILL PIPE \_\_\_\_\_ TUBING \_\_\_\_\_ OTHER \_\_\_\_\_  
SLURRY WEIGHT \_\_\_\_\_ SLURRY VOL \_\_\_\_\_ WATER gal/sk \_\_\_\_\_ CEMENT LEFT IN CASING \_\_\_\_\_  
DISPLACEMENT 2.9 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, 70 sks 50% Pozmix cement w/ 2% gel per sk, cement to surface, flushed pump clean, pumped 2 1/2" rubber plug to casing TD w/ 29 bbls fresh water, pressured to 8000 PSI, well held pressure for 30 min MIT, released pressure, shot in casing.

*[Signature]*

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	498	casing footage		
5407	minimum	for mileage		350.00
5502 C	2.5 hrs	80 Vac		225.00
1124	70 sks	50% Pozmix cement		716.50
1118B	218 #	Premium Gel		45.78
4402	1	2 1/2" rubber plug		28.00
			7.55%	SALES TAX 63.44
				ESTIMATED TOTAL 2668.72

Rev'n 8737

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.

*254084*

Miami County, KS  
Well: Lowe I-2  
Lease Owner: TOC

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

Commenced Spudding:  
10/25/2012

WELL LOG

Thickness of Strata	Formation	Total Depth
7	Soil-Clay	7
22	Lime	29
51	Shale	80
9	Lime	89
10	Shale	99
3	Lime	102
21	Shale	123
5	Lime	128
13	Shale	141
7	Sandy Shale	148
25	Shale	173
2	Lime	175
3	Sandy Lime	178
2	Lime	180
14	Shale	194
30	Lime	224
6	Shale	230
22	Lime	252
4	Shale	256
3	Lime	259
4	Shale	263
6	Lime	269
4	Shale	273
11	Sand	284
11	Shale	295
3	Sand	298
1	Sand	299
7	Sand	306
1	Sand	307
5	Sand	312
2	Sandy Shale	314
16	Sandy Shale	330
54	Shale	384
2	Sand	386
2	Sand	388
3	Sandy Shale	391
2	Sandy Shale	393
40	Shale	433
1	Sand	434
4	Sand	438

