



KANSAS CORPORATION COMMISSION 1105423  
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: 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>09/20/2012</u>	<u>09/26/2012</u>	<u>10/26/2012</u>
Spud Date or Recompletion Date	Date Reached TD	Completion Date or Recompletion Date

API No. 15 - 15-121-29242-00-00

Spot Description: \_\_\_\_\_  
SW SE NE SE Sec. 24 Twp. 17 S. R. 21  East  West  
1485 Feet from  North /  South Line of Section  
495 Feet from  East /  West Line of Section

Footages Calculated from Nearest Outside Section Corner:  
 NE     NW     SE     SW

County: Miami  
Lease Name: Hunt Well #: 10  
Field Name: PAOLA/RANTOUL

Producing Formation: BARTLESVILLE  
Elevation: Ground: 994 Kelly Bushing: 0  
Total Depth: 740 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: \_\_\_\_\_ 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



1105423

Operator Name: Town Oil Company Inc. Lease Name: Hunt Well #: 10  
 Sec. 24 Twp. 17 S. R. 21  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:  <b>GAMMA RAY NEUTRON COMPLETION LOG</b>	<input type="checkbox"/> Log Formation (Top), Depth and Datum <input type="checkbox"/> Sample  Name Top Datum <b>GAMMA RAY</b>
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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	20	PORTLAND	3	50/50 POZ
COMPLETION	5.625	2.875	8	730	PORTLAND	105	50/50POZ

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 Bb/s.	Gas Mcf	Water Bb/s.	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 800-467-8876

TICKET NUMBER **34948**

LOCATION **Chanute, KS**

FOREMAN **Casey Kennedy**

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

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
9/26/12	7823	Hunt # 10	SE 24	17	21	M1

**CUSTOMER**  
Town Oil Co

**MAILING ADDRESS**  
116205 W. 287th

**CITY** Paola **STATE** KS **ZIP CODE** 66071

TRUCK #	DRIVER	TRUCK #	DRIVER
481	CarKen	CK	
666	Kei Car	KC	
558	Bre Man	BA	

**JOB TYPE** Logging **HOLE SIZE** 5 7/8" **HOLE DEPTH** 740' **CASING SIZE & WEIGHT** 2 1/2" EUE

**CASING DEPTH** 730' **DRILL PIPE** **TUBING** 725' **OTHER**

**SLURRY WEIGHT** **SLURRY VOL** **WATER gal/sk** **CEMENT LEFT IN CASING**

**DISPLACEMENT** 4.22 bbls **DISPLACEMENT PSI** **MIX PSI** **RATE** 4.5 bpm

**REMARKS:** held safety meeting, established circulation, mixed & pumped 100 # Premium Gcel followed by 10 bbls fresh water, mixed & pumped 105 sks 50/50 Pozmix cement w/ 2% gel per sk, cement to surface, flushed pump clean, pumped 2 1/2" rubber plug to pin w/ 4.22 bbls fresh water, pressured to 600 PSI, shut in casing.

Customer supplied H<sub>2</sub>O

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401	1	PUMP CHARGE		1030.00
5406	20 mi	MILEAGE		80.00
5402	730'	casing footage		
5407	minimum	tax mileage		350.00
1124	105 sks	50/50 Pozmix cement		1149.75
118B	276 #	Premium Gcel		57.96
4402	1	2 1/2" rubber		28.00
			<b>7.55%</b>	<b>SALES TAX</b>
				<b>93.30</b>
				<b>ESTIMATED TOTAL</b>
				<b>2789.01</b>

Ravin 3757

**AUTHORIZATION** Scott Rickland **TITLE** 9-26-12 **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.

253273

Miami County, KS  
Well: Hunt # 10  
Lease Owner: TOC

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

Commenced Spudding:  
9/20/2012

WELL LOG

Thickness of Strata	Formation	Total Depth
3	Soil-Clay	3
4	Rocks	7
16	Lime	23
86	Shale	109
17	Lime	126
27	Shale	154
3	Lime	157
43	Shale	200
16	Lime	216
11	Shale	227
26	Lime	253
8	Shale and Slate	261
23	Lime	284
6	Shale and Slate	290
4	Lime	294
2	Shale and Slate	296
5	Lime	301
34	Shale	335
8	Sand	343
61	Shale	404
5	Green Shale	409
6	Sand	415
32	Shale	447
11	Sand	458
3	Sandy Shale	461
14	Lime	475
45	Shale	520
6	Lime	526
14	Shale	540
3	Lime	543
15	Shale	558
6	Lime	564
6	Green Shale	570
7	Red Bed	577
5	Shale	582
3	Lime	585
6	Shale	591
5	Lime	596
18	Shale	614
4	Sand	618

