



KANSAS CORPORATION COMMISSION 1105496
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 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>10/24/2012</u>	<u>10/25/2012</u>	<u>11/29/2012</u>
Spud Date or Recompletion Date	Date Reached TD	Completion Date or Recompletion Date

API No. 15 - 15-121-29217-00-00

Spot Description: _____
NW NE SW SW Sec. 18 Twp. 17 S. R. 25 East West
1160 Feet from North / South Line of Section
4320 Feet from East / West Line of Section

Footages Calculated from Nearest Outside Section Corner:

- NE NW SE SW

County: Miami

Lease Name: Low Well #: 10

Field Name: LOUISBURG

Producing Formation: PERU

Elevation: Ground: 1067 Kelly Bushing: 0

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: Deema Garrison Date: 12/27/2012

1105496



Operator Name: Town Oil Company Inc. Lease Name: Lowe Well #: 10
 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	490	PORTLAND	59	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: <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 <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> <i>(Submit ACO-4)</i> <input type="checkbox"/> Other <i>(Specify)</i> _____	PRODUCTION INTERVAL: _____ _____
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Miami County, KS
Well: Lowe 10
Lease Owner: TOC

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

Commenced Spudding:
10/24/2012

WELL LOG

Thickness of Strata	Formation	Total Depth
8	Soil-Clay	8
20	Lime	28
52	Shale	80
9	Lime	89
10	Shale	99
4	Lime	103
18	Shale	121
5	Lime	126
13	Shale	139
11	Sandy Shale	150
22	Shale	172
8	Lime	180
15	Shale	195
30	Lime	225
7	Shale	232
21	Lime	253
3	Shale	256
3	Lime	259
5	Shale	264
7	Lime	271
2	Shale	273
7	Sand	280
3	Sandy Shale	283
9	Shale	292
4	Sand	296
2	Sand	298
7	Sand	305
2	Sand	307
23	Sandy Shale	330
53	Shale	383
7	Sand	390
3	Sandy Shale	393
40	Shale	433
1	Sand	434
6	Sand	440
4	Sand	444
10	Sand	454
4	Sand	459
4	Sandy Shale	463
4	Shale	472



CONSOLIDATED
Oil Well Services, LLC

PO Box 884, Chanute, KS 66720
620-431-9210 or 800-467-8676

TICKET NUMBER 35085
LOCATION Ottawa
FOREMAN Alan Mader

FIELD TICKET & TREATMENT REPORT
CEMENT

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY	
10-25-12	7823	lowe #10	SW 18	17	25	M:	
CUSTOMER John D. I.			TRUCK #				
MAILING ADDRESS 16205 W 287th			516	Alamad	Safety	Meat	
CITY Paola			368	Art Mac	ARM		
STATE KS			675	Kei Det	kd		
ZIP CODE 66601			558	Bré Man	BM		
JOB TYPE	long string	HOLE SIZE	5 7/8	HOLE DEPTH	513	CASING SIZE & WEIGHT	2 1/8
CASING DEPTH	490	DRILL PIPE		TUBING		OTHER	
SLURRY WEIGHT		SLURRY VOL.		WATER gal/sk		CEMENT LEFT in CASING	YES
DISPLACEMENT	2.8	DISPLACEMENT PSI	800	MIX PSI	200	RATE	4.6 bpm
REMARKS: Held meeting. Established rate. Mixed & pumped 100# gel followed by 59 sk 50/50 cement plus 2 nd gel. Circulated cement. Flushed pump. Pumped plug to casing TD. Well held 800 PSI. Set float. Closed valve.							

TO: Chad

Alan Mader

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL	
5401	1	PUMP CHARGE	368	1030.00	
5406	40	MILEAGE	368	160.00	
5402	490	casing footage	368		
5407	min	ten miles	558	350.00	
3502C	2	80 val	675	180.00	
1124	59	50/50 cement		646.05	
1188	199 #	gel		41.79	
4402	1	2 1/2 plug		28.00	
				SALES TAX	64.05
				ESTIMATED TOTAL	2489.89

Rev'n 9737

AUTHORIZATION Jim Okid 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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