



WELL COMPLETION FORM
WELL HISTORY - DESCRIPTION OF WELL & LEASE

OPERATOR: License # _____

Name: _____

Address 1: _____

Address 2: _____

City: _____ State: _____ Zip: _____ + _____

Contact Person: _____

Phone: (_____) _____

CONTRACTOR: License # _____

Name: _____

Wellsite Geologist: _____

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 #: _____

Spud Date or Recompletion Date Date Reached TD Completion Date or Recompletion Date

API No. 15 - _____

Spot Description: _____

_____-_____-_____- Sec. _____ Twp. _____ S. R. _____ East West

_____ Feet from North / South Line of Section

_____ Feet from East / West Line of Section

Footages Calculated from Nearest Outside Section Corner:

- NE NW SE SW

County: _____

Lease Name: _____ Well #: _____

Field Name: _____

Producing Formation: _____

Elevation: Ground: _____ Kelly Bushing: _____

Total Depth: _____ Plug Back Total Depth: _____

Amount of Surface Pipe Set and Cemented at: _____ 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: _____ ppm Fluid volume: _____ bbls

Dewatering method used: _____

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: _____ Date: _____



1058383

Operator Name: _____ Lease Name: _____ Well #: _____

Sec. _____ Twp. _____ S. R. _____ East West County: _____

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 type="checkbox"/> No <i>(Attach Additional Sheets)</i> Samples Sent to Geological Survey <input type="checkbox"/> Yes <input type="checkbox"/> No Cores Taken <input type="checkbox"/> Yes <input type="checkbox"/> No Electric Log Run <input type="checkbox"/> Yes <input type="checkbox"/> No Electric Log Submitted Electronically <input type="checkbox"/> Yes <input type="checkbox"/> No <i>(If no, Submit Copy)</i> List All E. Logs Run:	<input type="checkbox"/> Log Formation (Top), Depth and Datum <input type="checkbox"/> Sample Name Top Datum
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CASING RECORD <input 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

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)</i> <i>(Submit ACO-4)</i> <input type="checkbox"/> Other (Specify) _____	PRODUCTION INTERVAL: _____ _____
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County, KS
Well: Windler #34
Lease Owner: Keith Crawford

Town Oil Company, Inc.
(913) 294-2125

Commenced Spudding:
6/8/2011

WELL LOG

Thickness of Strata	Formation	Total Depth
14	soil clay	14
9	lime	23 drum
13	shale	36
33	lime	69
6	shale/slate	75
20	lime	95 bethany falls
4	shale/slate	99
3	lime	101 KC
5	shale	106
5	lime	111 hertha
6	shale	117
2	lime shells	119
15	sandy shale	134
15	sand	149 slight oder
121	sandy shale	270
5	sand	275 Peru - no show - solid
11	lime shells	286
34	shale	320
10	lime	330
5	shale	335
13	lime shells	348
12	lime	360
10	shale	370
4	lime	374
6	shale	380
6	sand	386
29	lime	415
4	soil and clay	419
3	lime	422
11	shale	433
6	sandy shale	438
9	lime	447
38	shale	485
1	lime	486
7	shale slate	493
4	lime	497
45	shale	542

Core

Time Elapsed	Feet	Depth	Time
27	1	482	27
28	2	483	0:00
22	3	484	1:17
24	4	485	1:42
25	5	486	2:07
22	6	487	2:29
21	7	488	2:50
26	8	489	3:16
28	9	490	3:44
27	10	491	4:11
25	11	492	4:36
30	12	493	5:06
27	13	494	5:33
25	14	495	5:58
25	15	496	6:23
27	16	497	6:50
34	17	498	7:24
36	18	499	7:55
	19	500	
	20	501	



TICKET NUMBER 32599

LOCATION Ottawa KS

FOREMAN Fred Mader

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

**FIELD TICKET & TREATMENT REPORT
CEMENT**

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
6/10/11	2571	Windler #34	NW 21	18	24	MI
CUSTOMER			TRUCK #	DRIVER	TRUCK #	DRIVER
Crawford Oil (Kath Crawford)			506	Fred	Safety	Mfg
MAILING ADDRESS			495	Casdy	CK	
30842 Indianapolis Rd			558	Gary	GM	
CITY	STATE	ZIP CODE				
Paola	KS	66071				

JOB TYPE longstring HOLE SIZE 5 5/8 HOLE DEPTH 540 CASING SIZE & WEIGHT 2 7/8 EUE
 CASING DEPTH 533.0 DRILL PIPE Pm in TUBING @ 523' OTHER _____
 SLURRY WEIGHT _____ SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT in CASING 10' + Plug
 DISPLACEMENT 3.04 DISPLACEMENT PSI _____ MIX PSI _____ RATE 4BPM

REMARKS: Establish circulation. Mix Pump 100# Premium Gel Flush
Mix Pump 72 sks 50/50 Poz Mix Cement 2% Gel. Cement
to surface Flush pump + lines clean. Displace 2 1/2" Rubber
plug to pin in casing w/ 3.04 BBL Fresh water. Pressure to
700# PSI. ~~start~~ Hold Pressure for 30 min MIT. Shut
in casing

Rig Supplied H₂O.
Town Drilling

Fred Mader

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401	1	PUMP CHARGE		975 ⁰⁰
5406	40 mi	MILEAGE		160 ⁰⁰
5402	533	Casing footage		N/C
5407	Minimum	Tax Miles		330 ⁰⁰
1124	72 sks	50/50 Poz Mix Cement		252 ⁴⁵
1118B	221#	Premium Gel		44 ²⁰
4402	1	2 1/2" Rubber Plug		28 ⁰⁰
		WD # 242059		
			7.55%	SALES TAX
				62 ²⁶
				ESTIMATED
				TOTAL
				2351 ⁸⁶

SCANNED

Re: 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 fo