



KANSAS CORPORATION COMMISSION 1059009
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 # _____

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: _____



1059009

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
---	---

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 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: _____ _____
---	---	--

Miami County, KS
Well: Knoche #14
Lease Owner: Keith Crawford

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

Commenced Spudding:
6/20/2011

WELL LOG

Thickness of Strata	Formation	Total Depth
14	Soil and Clay	14
32	Shale	46
8	Lime	54
13	Shale	67
32	lime	99
7	slate and shale	106
20	lime	126
4	slate and shale	130
3	Lime	133
3	slate and shale	136
6	Lime	142
5	slate and shale	147
1	Lime	148
6	sandy shale	154
17	Shale	171
91	sandy shale	262
3	slate and shale	265
32	sandy shale	297
8	sand	305
5	lime	310
18	sandy shale	328
2	lime	330
15	Shale	345
7	Lime	352
12	slate and shale	364
2	Lime	366
2	Shale	368
2	coal	370
5	shale	375
8	Lime	383
15	Shale	398
6	Lime	404
9	Shale	413
25	Lime	438
7	Shale	445
3	Lime	447
66	Shale	513
1	sand	514

Core Time Elapsed	Feet	Depth	Time
31	1	513	31
38	2	514	1:09
30	3	515	1:39
34	4	516	2:13
32	5	517	2:45
30	6	518	3:15
34	7	519	3:49
36	8	520	4:26
38	9	521	5:04
35	10	522	5:39
30	11	523	6:09
36	12	524	6:45
35	13	525	7:20
33	14	526	7:53
39	15	527	8:32
39	16	528	9:11
39	17	529	9:50
	18	530	
	19	531	
	20	532	



CONSOLIDATED
Oil Well Services, LLC

TICKET NUMBER 32631

LOCATION Ottawa KS

FOREMAN Fred Maden

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
6/22/11	2571	Knoche #14	NW 14	16	24	M1
CUSTOMER			TRUCK #	DRIVER	TRUCK #	DRIVER
Crawford O:1 (Keith Crawford)			506	Fred	Safety	WJG
MAILING ADDRESS			368	Harold	N/A	
30842 Indianapolis Rd			503	Tim	TL	
CITY	STATE	ZIP CODE				
Paola	KS	66071				

JOB TYPE Long string HOLE SIZE 5 5/8 HOLE DEPTH 562 CASING SIZE & WEIGHT 2 7/8 EUE
 CASING DEPTH 554 DRILL PIPE Pm @ TUBING 549 OTHER _____
 SLURRY WEIGHT _____ SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT in CASING 5' x Plug
 DISPLACEMENT 3.2 BBL DISPLACEMENT PSI _____ MIX PSI _____ RATE 4 BPM

REMARKS: Establish Circulation. Mix Pump 100 # Premium Gel Flush.
Mix Pump 72 sks 50/50 Por Mix Cement 2% Gel.
Cement to Surface. Flush pump & lines clean. Displace
2 1/2" Rubber plug to piston casing w/ 3.2 BBL Fresh Water
Pressure to 900 PSI. Hold pressure for 30 min MIT.
Release pressure to set float valve. Shut in casing

Rig Supplied Water
from Drilling

Fred Maden

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	554	Casing footage		N/C
5407	Minimum	1000 Miles		330 ⁰⁰
1124	72 sks	50/50 Por Mix Cement		752 ⁰⁰
118B	221 ⁰⁰	Premium Gel		442 ⁰⁰
4402	1	2 1/2" Rubber Plug		25 ⁰⁰
<u>WO # 242.15.3</u>				
			<u>7.55%</u>	SALES TAX
				ESTIMATED TOTAL
				<u>62⁰⁰</u>
				<u>2351⁰⁰</u>

SCANNED

Revin 3737

AUTHORIZATION Scott Hickland

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