

Kansas Corporation Commission Oil & Gas Conservation Division

1059017

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 #	API No. 15
Name:	Spot Description:
Address 1:	SecTwpS. R 🔲 East 🗌 West
Address 2:	Feet from North / South Line of Section
City: State: Zip:+	Feet from East / West Line of Section
Contact Person:	Footages Calculated from Nearest Outside Section Corner:
Phone: ()	□NE □NW □SE □SW
CONTRACTOR: License #	County:
Name:	Lease Name: Well #:
Wellsite Geologist:	Field Name:
Purchaser:	Producing Formation:
Designate Type of Completion:	Elevation: Ground: Kelly Bushing:
☐ New Well ☐ Re-Entry ☐ Workover	Total Depth: Plug Back Total Depth:
Oil WSW SWD SIOW Gas D&A ENHR SIGW OG GSW Temp. Abd. CM (Coal Bed Methane) Cathodic Other (Core, Expl., etc.):	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:
If Workover/Re-entry: Old Well Info as follows:	feet depth to:w/sx cmt.
Operator:	Drilling Fluid Management Plan (Data must be collected from the Reserve Pit)
Original Comp. Date: Original Total Depth: Deepening Re-perf. Conv. to ENHR Conv. to SWD Conv. to GSW	Chloride content: ppm Fluid volume: bbls Dewatering method used:
Plug Back: Plug Back Total Depth	Location of fluid disposal if hauled offsite:
Commingled Permit #:	Operator Name:
Dual Completion Permit #:	Lease Name: License #:
SWD Permit #:	Quarter Sec Twp S. R
☐ ENHR Permit #: ☐ GSW Permit #:	County: Permit #:
Spud Date or Date Reached TD Completion Date or Recompletion Date	

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 III Approved by: Date:				

Side Two



Operator Name:			Lease Name	e:			_ Well #:		
Sec Twp	S. R	East West	County:						
time tool open and clos	sed, flowing and shut s if gas to surface tes	I base of formations per in pressures, whether set, along with final chart well site report.	shut-in pressure	reached s	static level,	hydrostatic press	sures, bottom h	ole temperature, fl	
Orill Stem Tests Taken (Attach Additional S		Yes No		Log	Formatio	n (Top), Depth an	d Datum	Sample	
Samples Sent to Geolo		☐ Yes ☐ No	N	lame	Э		Тор	Datum	
Cores Taken Electric Log Run Electric Log Submitted (If no, Submit Copy)	I Electronically	Yes No Yes No Yes No							
List All E. Logs Run:			RECORD [Used				
	Size Hole	Report all strings set- Size Casing	-conductor, surface Weight		ate, producti Setting	on, etc. Type of	# Sacks	Type and Percen	
Purpose of String	Drilled	Set (In O.D.)	Lbs. / Ft.		Depth	Cement	Used	Additives	
		ADDITIONA	L OFMENTING (00115575	DECORD				
		ADDITIONA	L CEMENTING / :	SQUEEZE	RECORD				
Purpose: Perforate Protect Casing Plug Back TD Plug Off Zone	Depth Top Bottom	Type of Cement	nent # Sacks Used Type and Percent Addi		Percent Additives				
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:	Line	r Run:	Yes No			
Date of First, Resumed I	Production, SWD or ENI	HR. Producing Me	thod:	Gas Li	ift C	Other (Explain)			
Estimated Production Per 24 Hours	Oil E	Bbls. Gas	Mcf	Water	В	bls. (Gas-Oil Ratio	Gravity	
DISPOSITIO	Used on Lease	Open Hole	METHOD OF COM Perf. D	MPLETION: ually Comp omit ACO-5)	. Cor	nmingled mit ACO-4)	PRODUCTIO	ON INTERVAL:	
(If vented, Sub	mit ACO-18.)	Other (Specify) _							

Commenced Spudding: 6/14/2011

Lease Owner: Keith Crawford

WELL LOG

hickness of Strata	Formation	Total Depth		
14	soil and clay	14		
9	lime	23		
13	shale	36		
33	lime	69		
5	slate and shale	74		
21	lime	95		
5	slate and shale	100		
2	lime	102		
5	shale	107		
5	lime	112		
13	slate and shale	125		
12	shale	137		
10	sand	147		
121	sandy shale	268		
3	Red Bed	271		
9	lime sand	280		
3	sandy shale	283		
3	lime	286		
35	shale	321		
7	lime	328		
7	shale	335		
2	limeshells	337		
3	shale	340		
3	coal	343		
5	shale	348		
4	lime	352		
3	shale	355		
7	lime sand	362		
8	shale	370		
5	lime	375		
12	shale	387		
23	lime	410		
20	shale	430		
6	lime	436		
9	shale	445		
4	limeshells	449		
37		486		
8	sandy shale sand	494		

Miami County, KS Well: Holtz #14

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

Commenced Spudding: 6/14/2011

Lease Owner: Keith Crawford

3	sand	497
43	shale	540

Core			
Time Elapsed	Feet	Depth	Time
	1	486	41
	2	487	1:11
	3	488	1:44
	4	489	2:15
	5	490	3:00
	6	491	3:33
	7	493	4:07
	8	493	4:34
	9	494	5:02
	10	495	5:33
	11	496	6:01
	12	497	6:48
	13	498	7:28
	14	499	8:02
	15	500	8:35
	16	501	9:04
	17	502	9:40
	18	503	
	19	504	
	20	505	

TICKET NUMBER LOCATION O HOLOWA FOREMAN Fred made

Box 884, Ch	nanute, KS 6672 or 800-487-8676	-A	D TICKET	& TREAT	TMENT REP T	ORT		
DATE	CUSTOMER#		NAME & NUME		SECTION	TOWNSHIP	RANGE	COUNTY
6/16/11	2571	Holtz	#14	1	5w 16	18	24	mı
CVawfor	d 0:1	Keith C.	rawford		TRUCK#	DRIVER	TRUCK#	DRIVER
MAILING ADDRE					506	Fred	Satek	nexs
3084	a Indi	STATE	Rd	*	364	Ken	KH	0
CITY					503	Derek	DIN	- 00- 1- 2
Paola		KS	66071					. : 1 Nose 4-1 L
JOB TYPE ho		HOLE SIZE	578	HOLE DEPTH		CASING SIZE & V	VEIGHT 23	EUE
CASING DEPTH		DRILL PIPE	on in	TUBING_	528'		OTHER	
SLURRY WEIGH	IT	SLURRY VOL_		WATER gal/s	sk			Plus
DISPLACEMENT		-DISPLACEMEN		MIX PSI		RATE 4BP		
REMARKS: E	stablis	h Circu	laxion.	Mixx	Dump 100	# Premiu	M GED F	lush.
m:	x+Pump	74 5KS	50/50	Por mi	r teme	ax 270 Cel.	Cema	
SU	v face	Flush p	U min y	Linos	clean.	Displace	e 2% A	
plu	s to Pin	m ca	site w	3.07	BBL Fre	sh wax.	ex. Pre.	ssure
Yes	Name and Address of the Owner, where the Owner, which is the Owner, where the Owner, which is the Owner, where the Owner, which is the Owner, which	SI. Rel	ease f	VESSUN	e to se	x floor	Valve.	
Sh	wthe C	asing						
A STATE OF THE STA						-1	1500	
K)	& JUNDII	ed War	Red.			tud	Mode	
70	eun Dil	Drilley						artisti in a standard
10001117							T	
ACCOUNT	QUANITY	or UNITS	DE	SCRIPTION o	f SERVICES or PF	RODUCT	UNIT PRICE	TOTAL
5401		1	PUMP CHARG	E				97500
5406		40mi	MILEAGE					160 %
5402		533	Casi	y foot	0.0			NC
5407	Minim		Ton	miles	0	Man.		33000
							TEP9	
1124		74 sles	50/50	Par M	ix Come	4		7733
1118B	-	25		un 6 e				45 00
4402		1	74" 2	ubber	alue			265
7702			22	UG A ZI	7			
			Wo# ?	24200	W			
			woo	1200	-			
								1 300
								6
	+					7.55%	SALES TAX	63 59
in 3737			<u></u>				ESTIMATED	- 25-19
	0						TOTAL	237519
AUTHORIZTION	N Heist C	noughable		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 i