



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1231255
OIL & GAS CONSERVATION DIVISION

Form ACO-1

August 2013

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
- Plug Back Conv. to GSW Conv. to Producer
- Commingled Permit #: _____
- Dual Completion Permit #: _____
- SWD Permit #: _____
- ENHR Permit #: _____
- GSW Permit #: _____

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

GPS Location: Lat: _____, Long: _____
(e.g. xx.xxxxx) (e.g. -xxx.xxxxx)

Datum: NAD27 NAD83 WGS84

County: _____

Lease Name: _____ Well #: _____

Field Name: _____

Producing Formation: _____

Elevation: Ground: _____ Kelly Bushing: _____

Total Vertical 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

- Confidentiality Requested
Date: _____
- Confidential Release Date: _____
- Wireline Log Received
- Geologist Report Received
- UIC Distribution
- ALT I II III Approved by: _____ Date: _____



1231255

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

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

INSTRUCTIONS: Show important tops 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.

Final Radioactivity Log, Final Logs run to obtain Geophysical Data and Final Electric Logs must be emailed to kcc-well-logs@kcc.ks.gov. Digital electronic log files must be submitted in LAS version 2.0 or newer AND an image file (TIFF or PDF).

Drill Stem Tests Taken <i>(Attach Additional Sheets)</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Log	Formation (Top), Depth and Datum	<input type="checkbox"/> Sample
Samples Sent to Geological Survey	<input type="checkbox"/> Yes <input type="checkbox"/> No	Name	Top	Datum
Cores Taken	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Electric Log Run	<input type="checkbox"/> Yes <input type="checkbox"/> No			
List All E. Logs Run:				

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
<input type="checkbox"/> Perforate				
<input type="checkbox"/> Protect Casing				
<input type="checkbox"/> Plug Back TD				
<input type="checkbox"/> Plug Off Zone				

Did you perform a hydraulic fracturing treatment on this well? Yes No *(If No, skip questions 2 and 3)*

Does the volume of the total base fluid of the hydraulic fracturing treatment exceed 350,000 gallons? Yes No *(If No, skip question 3)*

Was the hydraulic fracturing treatment information submitted to the chemical disclosure registry? Yes No *(If No, fill out Page Three of the ACO-1)*

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> <input type="checkbox"/> Other <i>(Specify)</i> _____ <i>(Submit ACO-4)</i>	PRODUCTION INTERVAL: _____ _____
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Form	ACO1 - Well Completion
Operator	Crawford, Garry F. dba Crawford Production Company
Well Name	Tabing 11
Doc ID	1231255

Tops

Name	Top	Datum
Lansing	1707	-391
Kansas City	2034	-718
Stark Shale	2149	-833
Hushpuckney Shale	2180	-864
Base Kansas City	2206	-890
Altamont	2342	-1026
Cherokee	2464	-1148
Mississippian	2679	-1363
Kinderhook Shale	2944	-1628
Viola	3012	-1696
Simpson Sand	3058	-1742
Arbuckle	3066	-1750

DIAMOND TESTING

General Information Report

General Information

Company Name	CRAWFORD PRODUCTION COMPANY	Representative	TIM VENTERS
Contact	BRANCE CRAWFORD	Well Operator	CRAWFORD PRODUCTION CO.
Well Name	TABING #11	Report Date	2014/12/19
Unique Well ID	DST #2, VIOLA, 2940-3018	Prepared By	TIM VENTERS
Surface Location	SEC 31-27S-6E, BUTLER CO. KS.	Qualified By	LARRY FRIEND
Field	KRAMER-STERN		
Well Type	Vertical		
Test Type	CONVENTIONAL		
Formation	DST #2, VIOLA, 2940-3018		
Well Fluid Type	01 Oil		
Start Test Date	2014/12/19	Start Test Time	13:45:00
Final Test Date	2014/12/19	Final Test Time	22:40:00

Test Recovery:

RECOVERED: 395' GAS IN PIPE
105' DRLG. MUD W/TR. O, TRACE OIL, 100% MUD
550' HMCW W/TR. O, TRACE OIL, 57% WATER, 43% MUD
30' SWCM W/TR. O, TRACE OIL, 11% WATER, 89% MUD
685' TOTAL FLUID

TOOL SAMPLE: TRACE OIL, 64% WATER, 36% MUD

PH: 7.5
RW: .29 @ 70 deg.

DIAMOND TESTING

General Information Report

General Information

Company Name CRAWFORD PRODUCTION COMPANY
Contact BRANCE CRAWFORD
Well Name TABING #11
Unique Well ID DST #1, MISSISSIPPIAN, 2720-2730
Surface Location SEC 21-27S-6E, BUTLER CO. KS.
Field KRAMER-STERN
Well Type Vertical
Test Type CONVENTIONAL
Formation DST #1, MISSISSIPPIAN, 2720-2730
Well Fluid Type 01 Oil

Representative TIM VENTERS
Well Operator CRAWFORD PRODUCTION CO.
Report Date 2014/12/17
Prepared By TIM VENTERS
Qualified By LARRY FRIEND

Start Test Date 2014/12/17
Final Test Date 2014/12/17
Gauge Name
Gauge Serial Number

Start Test Time 10:10:00
Final Test Time 19:00:00

Test Recovery:

RECOVERED: 620' GIP

105' G,W&MCO, 2% GAS, 61% OIL, 14% WATER, 23% MUD
155' G,M,HOCW, 2% GAS, 30% OIL, 54% WATER, 12% MUD
850' SMCW W/TR. O, TRACE OIL, 88% WATER, 13% MUD
30' SOHWCM, 3% OIL, 38% WATER, 39% MUD
1140' TOTAL FLUID

GRAVITY: 33

TOOL SAMPLE: 6% GAS, 22% OIL, 31% WATER, 41% MUD

CHLORIDES: 70,000 ppm

PH: 6.5

RW: .21 @ 64 deg.



CONSOLIDATED
Oil Well Services, LLC

REMIT TO
Consolidated Oil Well Services, LLC
Dept:970
P.O.Box 4346
Houston, TX 77210-4346

MAIN OFFICE

P.O.Box884
Chanute,KS 66720
620/431-9210,1-800/467-8676
Fax 620/431-0012

Invoice

Invoice#

802753

Invoice Date: 12/23/14

Terms: Net 30

Page 1

CRAWFORD PRODUCTION CO

P.O. BOX 727
EL DORADO KS 67042
USA
6203213942

TABING #11

Part No	Description	Quantity	Unit Price	Discount(%)	Total
5401	Cement Pumper	1.000	1,085.0000	0.000	1,085.00
5406	Mileage Charge	25.000	4.2000	0.000	105.00
5407	Min. Bulk Delivery Charge	1.000	368.0000	0.000	368.00
5402	Casing Footage	500.000	0.2300	0.000	115.00
1104S	Class A Cement	100.000 <i>sks</i>	15.7000	30.000	1,099.00
1118B	Premium Gel / Bentonite	300.000	0.2200	30.000	46.20
1102	Calcium Chloride (50#)	200.000	0.7800	30.000	109.20
1110A	Kol Seal (50# BAG)	500.000	0.4600	30.000	161.00
1144G	Mud Flush	500.000	1.1000	0.000	550.00
4253	Type A Packer Shoe 6 1/2 x 6 3/4 (5 1/2)	1.000	1,663.0000	0.000	1,663.00
4454	5 1/2 Latch Down Plug	1.000	266.7500	0.000	266.75
4130	Centralizer 5 1/2	2.000	50.5000	0.000	101.00
4136S	Turbolizer S Band 5 1/2"	3.000	52.5000	0.000	157.50
4104	Cement Basket 5 1/2	1.000	290.0000	0.000	290.00

These field ticket would not copy very well. This is the list of exp. on the production cement job. Set packer @ 1500.

*David
12-26-14*

Subtotal 6,723.25
Discounted Amount 606.60
SubTotal After Discount 6,116.65
Amount Due 7,046.47 If paid after 01/22/15

Ran 100 sks of class "A"

Production 5 1/2

Tax: 284.39
Total: 6,401.04



CONSOLIDATED
Oil Well Services, LLC

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

JM 1483

FT 1449

TICKET NUMBER 48438

LOCATION 180

FOREMAN Jeff Shell

Invoice # 802685

FIELD TICKET & TREATMENT REPORT

CEMENT

API# 15-015-24050-00-00

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
12/14/12	2373	Tgbing # 11	21	27	6	Butler

CUSTOMER	TRUCK #	DRIVER	TRUCK #	DRIVER
Crawford Production Co. MAILING ADDRESS PO Box 727 CITY E/Dorado	603	Tracy		
	775	Dustin		
	539	Jeff		

STATE	ZIP CODE
KS	67042

JOB TYPE Surface HOLE SIZE 12 1/4 HOLE DEPTH 262 CASING SIZE & WEIGHT 8 5/8
 CASING DEPTH 261 DRILL PIPE _____ TUBING _____ OTHER _____
 SLURRY WEIGHT 14.7 SLURRY VOL 37 WATER gal/sk _____ CEMENT LEFT IN CASING 20ft
 DISPLACEMENT 15 DISPLACEMENT PSI 200 MIX PSI 150 RATE 5.0

REMARKS: Safety Meeting, broke circ. pumped 150 SKS C1955 A Cement
3% calcium 2% gel 1/2 lb Poly displaced to surface with 15 bbls
fresh water

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
54015	1	PUMP CHARGE	870.00	870.00
5406	16	MILEAGE	4.20	67.20
5407	1	min Bulk delivery	368.00	368.00
11045	2170	150 SKS C1955 A cement	15.70	2355.00
1102	400 lbs	calcium chloride	.78	312.00
1118B	300 lbs	Gel	1.22	66.00
1107	75 lbs	Polyflake	2.47	185.25
			Sub	4223.45
		less Customer Discount	-870.00	276.50
		Subtotal		3953.45
		Minus 30% material Discount	875.48	3077.97
		Subtotal		3077.97
		SALES TAX 6.4		113.46
		ESTIMATED TOTAL		3191.43

Revin 9737

AUTHORIZATION Cotton 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



CONSOLIDATED
Oil Well Services, LLC

JM 1760 FT 1708

TICKET NUMBER 48501
LOCATION 180
FOREMAN Jacob Storm

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

FIELD TICKET & TREATMENT REPORT
CEMENT INVOICE #802962

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
1-13-15	2373	Tatting #11	21	27	6E	Butler
CUSTOMER Crawford production						
MAILING ADDRESS PO Box 727						
CITY Eldorado		STATE KS	ZIP CODE 67042			
		TRUCK #	DRIVER	TRUCK #	DRIVER	
		603	Tracy			
		775	Taylor			
		692	Mark			
		702	Jacob			

JOB TYPE Squeez 2 B HOLE SIZE _____ HOLE DEPTH _____ CASING SIZE & WEIGHT 5 1/2
 CASING DEPTH _____ DRILL PIPE _____ TUBING _____ OTHER _____
 SLURRY WEIGHT 14.5 SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT in CASING _____
 DISPLACEMENT 12.61 DISPLACEMENT PSI _____ MIX PSI _____ RATE _____

REMARKS: Safety meeting. Preshear backside to 500 Shut in.
Find Rate at 3bpm 1600 psi mix 71 sls class A 1/4cc
displaced with 1 1/2 bbl stage for 2hr preshear to 1500 Held
for 15min flush packer and shut in at 600 psi

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401	1	PUMP CHARGE	1085.00	1085.00
5406	25	MILEAGE	4.20	105.00
5407	1	min bulk delivery	368.00	368.00
5502	4	80 vac	90.00	360.00
1104 S (2652)	71	class A	19.70	1114.70
1102	57	calcium chloride	1.78	44.46
5613	1	Squeez manifold	200.00	N/C
4478	1	5 1/2 Head	287.00	287.00
			Sub total	3964.16
			Sub total	3964.16
			-	347.74
			total	3016.42
			6.4	SALES TAX
				70.30
			ESTIMATED	
			TOTAL	3086.71

AUTHORIZATION _____ 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