

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

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			
Geologist Report / Mud Logs	<input type="checkbox"/> Yes	<input type="checkbox"/> No			
List All E. Logs Run:					

<div style="text-align: center;"> CASING RECORD <input type="checkbox"/> New <input type="checkbox"/> Used Report all strings set-conductor, surface, intermediate, production, etc. </div>							
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				

1. Did you perform a hydraulic fracturing treatment on this well? ☐ Yes ☐ No (If No, skip questions 2 and 3)
2. Does the volume of the total base fluid of the hydraulic fracturing treatment exceed 350,000 gallons? ☐ Yes ☐ No (If No, skip question 3)
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)

Date of first Production/Injection or Resumed Production/Injection:		Producing Method: <input type="checkbox"/> Flowing <input type="checkbox"/> Pumping <input type="checkbox"/> Gas Lift <input type="checkbox"/> Other (Explain) _____			
Estimated Production Per 24 Hours	Oil Bbls.	Gas Mcf	Water	Bbls.	Gas-Oil Ratio Gravity

DISPOSITION OF GAS:	METHOD OF COMPLETION:	PRODUCTION INTERVAL:	
<input type="checkbox"/> Vented <input type="checkbox"/> Sold <input type="checkbox"/> Used on Lease <i>(If vented, Submit ACO-18.)</i>	<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>	Top	Bottom

Shots Per Foot	Perforation Top	Perforation Bottom	Bridge Plug Type	Bridge Plug Set At	Acid, Fracture, Shot, Cementing Squeeze Record (Amount and Kind of Material Used)

TUBING RECORD:	Size:	Set At:	Packer At:	
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Form	ACO1 - Well Completion
Operator	Crawford Oil LLC
Well Name	FEEBECK-THOMPSON C-4
Doc ID	1415695

Casing

Purpose Of String	Size Hole Drilled	Size Casing Set	Weight	Setting Depth	Type Of Cement	Number of Sacks Used	Type and Percent Additives
Surface	9	6.5	10	20	Portland	3	50/50 POZ
Production	5.875	2.875	8	410	Portland	45	50/50 POZ

DRILL LOG

Operator License# 32428

API # 15-121-31491-00-00

Operator _____ Crawford Oil LLC

Lease Feebeck

Address 30842 Indianapolis Rd.

Well # C-4

Contractor JTC Oil, Inc.

Spud Date 7/9/18 Cement 7/12/18

Contractor License 32834

Location _____ of _____

T.D. 420 T.D. of Pipe 410

_____ feet from _____

Surf. Pipe Size 6.5" Depth ft. 20 ft.

_____ feet from _____

Kind of Well Production

3sy

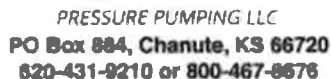
County Miami

Thickness	Strata	From	To	Thickness	Strata	From	To
2	soil	0	2	22	lime	181	203
16	clay	2	18	5	coal	203	208
5	shale	18	23	13	lime	208	221
29	lime	23	52	141	shale	221	362
23	shale	52	75	2	oil sand	362	364 v good
6	lime	75	81	3	oil sand	364	367 v good
42	shale	81	123	3	oil sand	367	370 v good
14	lime	123	137	3	oil sand	370	373 v good
9	shale	137	146	1	oil sand	373	374 good
27	lime	146	173	1	lime oil	374	375 ok
8	coal	173	181	4	sand/shale	375	379 ok

<u>7</u>	<u>shale</u>	<u>379</u>	<u>386</u>
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<u>14</u>	<u>lime</u>	<u>386</u>	<u>400</u>
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<u>20</u>	<u>shale</u>	<u>400</u>	<u>420</u>
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TICKET NUMBER 54056
LOCATION Ottawa, KS
FOREMAN Casey Kennedy

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
7/12/18	2571	Freeback # C-4	SW29	17	22	M1
CUSTOMER Crawford, Keith						
MAILING ADDRESS 30842 Indianapolis Rd						
CITY Paola		STATE KS	ZIP CODE 66071			

TRUCK #	DRIVER	TRUCK #	DRIVER
729	Cas Ken	✓ Safety	Meeting
467	Kei Car	✓	
548	Afa Mad	✓	
675	Har Bec	✓	

JOB TYPE long string HOLE SIZE 5 7/8" HOLE DEPTH 420' CASING SIZE & WEIGHT 2 3/8" EUE
CASING DEPTH 410' DRILL PIPE _____ TUBING _____ OTHER _____
SLURRY WEIGHT _____ SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT in CASING _____
DISPLACEMENT 2.37 bbls DISPLACEMENT PSI _____ MIX PSI _____ RATE 4 bpm
REMARKS: held safety meeting, established circulation, mixed & pumped 100#
Gel followed by 5 bbls fresh water, mixed & pumped, 45 sks thixoided
1 cement w/ 1/4 # Fibersal per sk, cement to surface, flushed pump
clean, pumped 2 1/2" rubber plug to casing TD w/ 2.37 bbls fresh water,
pressured to 800 PSI, released pressure to set float valve.

[illegible]

Rayin 3737

AUTHORIZATION

TITLE

DATE _____

**ESTIMATED
TOTAL**

58. 106

1949 86

(3249.76)

I acknowledge that the payment terms, unless specifically amended in writing on the front of the form or in the customer's