

ORIGINAL

**KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION**

Form ACO-1
October 2008
Form Must Be Typed

**WELL COMPLETION FORM
WELL HISTORY - DESCRIPTION OF WELL & LEASE**

OPERATOR: License # 32218
 Name: TDR Construction, Inc.
 Address 1: PO Box 339
 Address 2: _____
 City: Louisburg State: KS Zip: 66053 + _____
 Contact Person: Lori Driskell
 Phone: (913) 837-8400
 CONTRACTOR: License # 33715
 Name: Town Oilfield Service, Inc.
 Wellsite Geologist: _____
 Purchaser: Pacer Energy Marketing
 Designate Type of Completion:
 New Well Re-Entry Workover
 Oil SWD SIOW
 Gas ENHR SIGW
 CM (Coal Bed Methane) Temp. Abd.
 Dry Other _____
 (Core, WSW, Expl., Cathodic, 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: _____ Plug Back Total Depth _____
 Commingled Docket No.: _____
 Dual Completion Docket No.: _____
 Other (SWD or Enhr.?) Docket No.: _____

<u>9/7/2010</u>	<u>9/8/2010</u>	<u>10/1/2010</u>
Spud Date or Recompletion Date	Date Reached TD	Completion Date or Recompletion Date

API No. 15 - 059-25508-00-00
 Spot Description: _____
 NE NE NW SW Sec. 32 Twp. 15 S. R. 21 East West
2390 Feet from North / South Line of Section
4100 Feet from East / West Line of Section
 Footages Calculated from Nearest Outside Section Corner:
 NE NW SE SW
 County: Franklin
 Lease Name: Duffy Well #: 30
 Field Name: Paola-Rantoul
 Producing Formation: Squirrel
 Elevation: Ground: 991 Kelly Bushing: NA
 Total Depth: 818' Plug Back Total Depth: 43'
 Amount of Surface Pipe Set and Cemented at: 20' Feet
 Multiple Stage Cementing Collar Used? Yes No
 If yes, show depth set: _____ Feet
 If Alternate II completion, cement circulated from: 20'
 feet depth to: surface w/ 3 sx cmt.

Drilling Fluid Management Plan

(Data must be collected from the Reserve Pit)

Chloride content: 1500-3000 ppm Fluid volume: 80 bbls
 Dewatering method used: on lease
 Location of fluid disposal if hauled offsite: _____
 Operator Name: _____
 Lease Name: _____ License No.: _____
 Quarter _____ Sec. _____ Twp. _____ S. R. _____ East West
 County: _____ Docket No.: _____

INSTRUCTIONS: An original and two copies of this form shall be filed with the Kansas Corporation Commission, 130 S. Market - Room 2078, Wichita, Kansas 67202, within 120 days of the spud date, recompletion, workover or conversion of a well. Rule 82-3-130, 82-3-106 and 82-3-107 apply. Information of side two of this form will be held confidential for a period of 12 months if requested in writing and submitted with the form (see rule 82-3-107 for confidentiality in excess of 12 months). One copy of all wireline logs and geologist well report shall be attached with this form. ALL CEMENTING TICKETS MUST BE ATTACHED. Submit CP-4 form with all plugged wells. Submit CP-111 form with all temporarily abandoned wells.

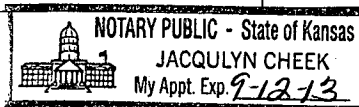
All requirements of the statutes, rules and regulations promulgated to regulate the oil and gas industry have been fully complied with and the statements herein are complete and correct to the best of my knowledge.

Signature: Lori Driskell
 Title: Agent Date: 10/04/2010
 Subscribed and sworn to before me this 15 day of October,
 20 10
 Notary Public: Jacquelyn Cheek
 Date Commission Expires: 9-12-13

KCC Office Use ONLY

Letter of Confidentiality Received
 If Denied, Yes Date: _____
 Wireline Log Received
 Geologist Report Received
 UIC Distribution
Alt 2 - Dg - 11/1/10

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Operator Name: TDR Construction, Inc. Lease Name: Duffy Well #: 30
 Sec. 32 Twp. 15 S. R. 21 East West County: Franklin

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 copy of all Electric Wireline Logs surveyed. Attach final geological well site report.

Drill Stem Tests Taken <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>(Attach Additional Sheets)</i> Samples Sent to Geological Survey <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Cores Taken <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Electric Log Run <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <i>(Submit Copy)</i> List All E. Logs Run: Gamma Ray/Neutron/CCL	<input checked="" 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
Surface	6 1/4"			20'	Portland	3	
Completion	5 5/8"	2 7/8"		775'	Portland	100	50/50 POZ

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 (Amount and Kind of Material Used)	Depth
2	718.0-728.0 31 Perfs		
2	732.0-742.0 31 Perfs		

TUBING RECORD: Size: _____ Set At: _____ Packer At: _____		Liner Run: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Date of First, Resumed Production, SWD or Enhr. _____		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: <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 <input type="checkbox"/> Other (Specify) _____	PRODUCTION INTERVAL: <div style="text-align: right; font-weight: bold; font-size: 1.2em;">RECEIVED</div>
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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. Box 884
Chanute, KS 66720
620/431-9210 • 1-800/467-8676
FAX 620/431-0012

INVOICE

Invoice # 236471

Invoice Date: 09/13/2010 Terms: 0/30,n/30

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TDR CONSTRUCTION
1207 N. FIRST STREET
P.O. BOX 339
LOUISBURG KS 66053
() -

DUFFY 30
27140
SW 29-15-21 FR
09/09/2010

Part Number	Description	Qty	Unit Price	Total
1124	50/50 POZ CEMENT MIX	100.00	9.8400	984.00
1118B	PREMIUM GEL / BENTONITE	287.00	.2000	57.40
1111	GRANULATED SALT (50 #)	233.00	.3300	76.89
1110A	KOL SEAL (50# BAG)	555.00	.4200	233.10
4402	2 1/2" RUBBER PLUG	1.00	23.0000	23.00

Description	Hours	Unit Price	Total
368 CEMENT PUMP	1.00	925.00	925.00
368 EQUIPMENT MILEAGE (ONE WAY)	20.00	3.65	73.00
368 CASING FOOTAGE	775.00	.00	.00
510 MIN. BULK DELIVERY	1.00	315.00	315.00

Parts:	1374.39	Freight:	.00	Tax:	107.20	AR	2794.59
Labor:	.00	Misc:	.00	Total:	2794.59		
Sublt:	.00	Supplies:	.00	Change:	.00		

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Signed _____ Date _____ KCC WICHITA



CONSOLIDATED
Oil Well Services, LLC

TICKET NUMBER 27140
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
9/8/10	7841	Duffy #30	SW 29	15	21	FR
CUSTOMER TDR Construction			TRUCK #	DRIVER	TRUCK #	DRIVER
MAILING ADDRESS 1207 N First St			506	Fred		
CITY Louisburg			368	Ken		
STATE KS			510	Tom		
ZIP CODE 66053						

JOB TYPE _____ HOLE SIZE 5 7/8 HOLE DEPTH 816 CASING SIZE & WEIGHT 2 7/8 EUE
 CASING DEPTH 775' DRILL PIPE _____ TUBING _____ OTHER _____
 SLURRY WEIGHT _____ SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT in CASING 2 1/2" Plug
 DISPLACEMENT 4.5 BBL DISPLACEMENT PSI _____ MIX PSI _____ RATE 40 BPM

REMARKS: Check casing depth w/wireline. Mix + Pump 100# Premium Gel Flush. Mix + Pump 111 sks 50/50 Poz mix Cement 2% Gel 5% Salt 5# Kol Seal persack. Cement to surface. Flush pump & lines clean. Displace 2 1/2" rubber plug to casing TD w/4.5 BBLs fresh water Pressure to 700# PSI. Release pressure to set float valve. Shut in casing.
TOWS. Drilling Supplied water
Fred Mader

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401	1	PUMP CHARGE Cement Pump		925 ⁰⁰
5406	20mi	MILEAGE		73 ⁰⁰
5402	775'	Casing Footage		N/C
5407	Minimum	Ten Miles		315 ⁰⁰
1124	100 SKS	50/50 Poz Mix Cement		984 ⁰⁰
1118B	287#	Premium Gel		57 ⁴⁰
1111	233#	Granulated Salt		76 ⁸⁷
1110A	555#	Kol Seal		233 ¹⁰
4402	1	2 1/2" Rubber Plug		23 ⁰⁰
				RECEIVED
				OCT 18 2010
				KCC WICHITA
				7.8%
				SALES TAX
				ESTIMATED
				TOTAL
				107 ²⁰
				2794 ⁵⁹

AVIN 3737 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.