



KANSAS CORPORATION COMMISSION 1059892
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 # 32218
Name: TDR Construction, Inc.
Address 1: PO Box 339
Address 2: _____
City: LOUISBURG State: KS Zip: 66053 + 0339
Contact Person: Lesli Stuteville
Phone: (913) 980-8207
CONTRACTOR: License # 33715
Name: Town Oilfield Service
Wellsite Geologist: na
Purchaser: _____

Designate Type of Completion:
 New Well Re-Entry Workover
 Oil WSW SWD SLOW
 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 #: _____

| 07/10/2011 | 07/11/2011 | 07/15/2011 |
|-----------------------------------|-----------------|---|
| Spud Date or Recompletion Date | Date Reached TD | Completion Date or Recompletion Date |

API No. 15 - 15-059-25672-00-00
Spot Description: _____
SE SE NW SW Sec. 17 Twp. 16 S. R. 21 East West
1400 Feet from North / South Line of Section
4241 Feet from East / West Line of Section
Footages Calculated from Nearest Outside Section Corner:
 NE NW SE SW
County: Franklin
Lease Name: Crown Well #: 14
Field Name: Paola-Rantoul
Producing Formation: bartlesville
Elevation: Ground: 956 Kelly Bushing: 0
Total Depth: 698 Plug Back Total Depth: 671
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: 0
feet depth to: 21 w/ 3 sx cmt.

Drilling Fluid Management Plan
(Data must be collected from the Reserve Pit)
Chloride content: 1500 ppm Fluid volume: 80 bbls
Dewatering method used: Evaporated
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: Deanna Garrisor Date: 07/21/2011



1059892

Operator Name: TDR Construction, Inc. Lease Name: Crown Well #: 14
 Sec. 17 Twp. 16 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 complete copy of all Electric Wire-line 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 type="checkbox"/> Yes <input checked="" 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 open hole |
|---|--|

| CASING RECORD <input checked="" 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 | 9.875 | 6.25 | 10 | 20 | Portland | 3 | 50/50 POZ |
| completion | 5.625 | 2.875 | 8 | 671 | Portland | 105 | 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 <i>(Amount and Kind of Material Used)</i> | Depth |
|----------------|---|--|-------|
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

| | | | | | |
|---|-----------|---------|---|---------------|---|
| 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 <i>(Submit ACO-5)</i> <i>(Submit ACO-4)</i> <input type="checkbox"/> Other (Specify) _____ | PRODUCTION INTERVAL: _____ _____ |
|---|---|--|



TICKET NUMBER 32668
 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 |
|---------|------------|--------------------|---------|----------|-------|--------|
| 7/12/11 | 5949 | Crown #14 | SW 17 | 16 | 21 | FR |

| CUSTOMER | TRUCK # | DRIVER | TRUCK # | DRIVER |
|-------------|---------|--------|---------|--------|
| Oil Sources | 506 | Fred | Safety | My |
| | 495 | Casoy | CA | |
| | 369 | Levil | CHP | |
| | 510 | Gary | GM | |

MILING ADDRESS: 7105 W 105th
 CITY: Overland Park STATE: KS ZIP CODE: 66212
 JOB TYPE: Logging HOLE SIZE: 5 7/8 HOLE DEPTH: 698 CASING SIZE & WEIGHT: 2 3/8 EUE
 CASING DEPTH: 671 DRILL PIPE: _____ TUBING: _____ OTHER: _____
 SLURRY WEIGHT: _____ SLURRY VOL: _____ WATER gal/sk: _____ CEMENT LEFT in CASING: 2 1/2" Plug
 DISPLACEMENT: 3.9 BBL DISPLACEMENT PSI: _____ MIX PSI: _____ RATE: 4 BPM

REMARKS: Establish circulation. Mix + Pump 100# Premium Gel Flush.
Mix + Pump 105 sks 50/50 Por Mix Cement 270 Gal. Cement
to surface. Flush pump + lines clean. Displace 2 1/2" Rubber
plug to casing TD w/ 3.9 BBL Fresh water. Pressure to
800# PSI. Release pressure to set float valve. Shut in
casing.

TOS Drilling Fred Mader

| ACCOUNT CODE | QUANTITY or UNITS | DESCRIPTION of SERVICES or PRODUCT | UNIT PRICE | TOTAL |
|--------------|-------------------|------------------------------------|-----------------|--------------------|
| 5401 | 1 | PUMP CHARGE | | 975 ⁰⁰ |
| 5406 | -0- | MILEAGE Truck on lease | | N/C |
| 5402 | 671 | Casing Footage | | N/C |
| 5407 | Minimum | Ton Miles | | 330 ⁰⁰ |
| 5502C | 1 1/2 hrs. | 60 BBL Vac Truck | | 135 ⁰⁰ |
| 1124 | 105 SKS | 50/50 Por Mix Cement | | 1097 ²⁵ |
| 1118B | 277 ⁴ | Premium Gel | | 55 ⁴⁰ |
| 4402 | 1 | 2 1/2" Rubber Plug | | 28 ⁰⁰ |
| WD # 240675 | | | | |
| | | 7.8% | SALES TAX | 92 ⁰⁹ |
| | | | ESTIMATED TOTAL | 2712 ³⁴ |

Rev 9797 AUTHORIZATION: [Signature] 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.