



KANSAS CORPORATION COMMISSION 1059893
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 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
 Conv. to GSW
- Plug Back: _____ Plug Back Total Depth _____
 Commingled Permit #: _____
 Dual Completion Permit #: _____
 SWD Permit #: _____
 ENHR Permit #: _____
 GSW Permit #: _____

<u>07/05/2011</u>	<u>07/06/2011</u>	<u>07/15/2011</u>
Spud Date or Recompletion Date	Date Reached TD	Completion Date or Recompletion Date

API No. 15 - 15-059-25564-00-00

Spot Description: _____

SW SW SE NW Sec. 17 Twp. 16 S. R. 21 East West
2840 Feet from North / South Line of Section
3911 Feet from East / West Line of Section

Footages Calculated from Nearest Outside Section Corner:

- NE NW SE SW

County: Franklin

Lease Name: Crown Well #: 10

Field Name: Paola-Rantoul

Producing Formation: Bartlesville

Elevation: Ground: 954 Kelly Bushing: 0

Total Depth: 718 Plug Back Total Depth: 2697

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



1059893

Operator Name: TDR Construction, Inc. Lease Name: Crown Well #: 10
 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
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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	7	10	20	portland	3	50/50 poz
completion	5.625	2.875	8	697	portland	106	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) (Submit ACO-4)</i> <input type="checkbox"/> Other (Specify) _____	PRODUCTION INTERVAL: _____ _____
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Franklin County, KS
 Well: Crown # 10
 Lease Owner: Oil Source

Town Oilfield Service, Inc.
 (913) 837-8400

Commenced Spudding:
 7/5/2011

WELL LOG

Thickness of Strata	Formation	Total Depth
0-7	Soil	7
3	Lime	10
6	Clay	16
10	Lime	26
6	Shale	32
18	Lime	50
39	Shale	89
24	Lime	113
68	Shale	181
23	Lime	204
26	Shale	230
4	Lime	234
27	Shale	261
7	Lime	268
27	Shale	295
20	Lime	315
10	Shale	325
20	Lime	345
3	Shale	348
8	Lime	356
2	Shale	358
4	Hertha	362
46	Shale	408
9	Sand	417-No Oil
52	Shale	469
3	Sand	472-Grey
5	Sand	477-Some Oil, 50%, OK Bleed
32	Sandy Shale	509-No Oil
6	Lime	515
1	Shale	516
4	Lime	520
66	Shale/Lime	586
4	Lime	590
9	Shale	599
21	Lime	620
11	Shale	631
16	Sand	647-Oil, 50%+, OK Bleed
71	Sandy Shale	718-TD



CONSOLIDATED
Oil Well Services, LLC.

TICKET NUMBER 32586
LOCATION Dttawa
FOREMAN Alan Maden

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
7-6-11	5949	Crown # 11	SW 17	16	21	ER

CUSTOMER
Oil Sources
MAILING ADDRESS
7105 W 105th St.
CITY
Overland Park STATE
KS ZIP CODE
66212

TRUCK #	DRIVER	TRUCK #	DRIVER
516	Alan M	Safety	Meat
495	Harold B	H30	
369	Cecil P	CHP	
523	Derek M	DM	

JOB TYPE Long string HOLE SIZE 5 7/8 HOLE DEPTH 718 CASING SIZE & WEIGHT 2 1/8
CASING DEPTH 696 DRILL PIPE _____ TUBING _____ OTHER _____
SLURRY WEIGHT _____ SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT in CASING yes
DISPLACEMENT 4 DISPLACEMENT PSI 800 MIX PSI 200 RATE 5 bpm

REMARKS: Held crew meeting. Established rate. Mixed & pumped 100# gel to flush hole followed by 106 wk 50/50 poz, plus 270 gel. Circulated cement. Flushed pump, pumped plug to casing TD. Well held 800 PSI bet floor. Closed valve

TOS Drilling, Jeff

Alan Maden

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401	1	PUMP CHARGE		975.00
5426	20	MILEAGE		80.00
5402	696'	Casing Footage		
5407	min	ton miles		330.00
3302C	2	80 ccc		180.00
1118B	278#	gel		55.60
1124	106	50/50 poz		1107.70
4402	1	2 1/2 plug		28.00
		WO# 242601		
			7.6	
			SALES TAX	92.92
			ESTIMATED TOTAL	2849.22

Hevin 3737

AUTHORIZATION Wesley Dollard

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.