



KANSAS CORPORATION COMMISSION 1059891
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 #: _____

<u>06/30/2011</u>	<u>07/01/2011</u>	<u>07/05/2011</u>
Spud Date or Recompletion Date	Date Reached TD	Completion Date or Recompletion Date

API No. 15 - 15-059-25664-00-00

Spot Description: _____
NW NW SE SW Sec. 17 Twp. 16 S. R. 21 East West
1200 Feet from North / South Line of Section
3780 Feet from East / West Line of Section

Footages Calculated from Nearest Outside Section Corner:

- NE NW SE SW

County: Franklin

Lease Name: Crown Well #: RI-3

Field Name: Paola-Rantoul

Producing Formation: bartlesville

Elevation: Ground: 952 Kelly Bushing: 0

Total Depth: 698 Plug Back Total Depth: 2767

Amount of Surface Pipe Set and Cemented at: 23 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: 23 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 Garrison Date: 07/21/2011



1059891

Operator Name: TDR Construction, Inc. Lease Name: Crown Well #: RI-3
 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	12.25	8.625	10	23	portland	3	50/50 poz
completion	6.75	4	8	671	portland	102	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: _____ _____
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Franklin County, KS
 Well: Crown # RI-3
 Lease Owner: Oil Source

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

Commenced Spudding:
 6/30/2011

WELL LOG

Thickness of Strata	Formation	Total Depth
0-5	Soil	5
4	Lime	9
6	Shale	15
12	Lime	27
3	Shale	30
18	Lime	48
37	Shale	85
22	Lime	107
76	Shale	183
20	Lime	203
27	Shale	230
4	Lime	234
28	Shale	262
6	Lime	268
25	Shale	293
22	Lime	315
10	Shale	325
23	Lime	348
4	Shale	352
10	Lime	362-KC/Hertha
48	Shale	410
10	Shaley Sand	420
52	Shale	473
6	Sand	479-Bleeding, Some Oil
3	Sandy Shale	482-10% Oil Sand
28	Shale	510
3	Lime	513-White
3	Sandy Lime	516-Oil, Ok Bleed, Hard
1	Shale	517
2	Lime	519
4	Shale	523
13	Sandy Shale	536
4	Lime	540
95	Shale/Lime	635
2	Sand	637-Grey, Limey, 5% Oil
12	Sand	649-Oil, OK Bleed
6	Sandy Shale	655
43	Shale	698-TD



CONSOLIDATED
Oil Well Services, LLC

TICKET NUMBER 32646

LOCATION Ottawa KS

FOREMAN Fred 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
7/1/11	5949	Crown # RI-3	SW 17	16	21	FR

CUSTOMER	TRUCK #	DRIVER	TRUCK #	DRIVER
Oil Sources	506	Fred	Safety	Mdy
	495	Harold	JFB	
	370	Arten	ARM	
	503	Tom	TL	

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

JOB TYPE Longstring HOLE SIZE 6 3/4" HOLE DEPTH 698' CASING SIZE & WEIGHT 4 1/2"
 CASING DEPTH 671' DRILL PIPE _____ TUBING _____ OTHER _____
 SLURRY WEIGHT _____ SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT in CASING 4 1/2" Plug
 DISPLACEMENT 10.6500 DISPLACEMENT PSI _____ MIX PSI _____ RATE 4 BPM

REMARKS: Establish circulation. Mix Pump 100# Premium Gel Flush.
 Mix + Pump 6 BBL Talltale dye. Follow w/ 102 SKs 50/50
 for Mix Cement 2% Gel Flush pump + lines clean. Displace
 4 1/2" Rubber plug to casing TD w/ 10.65 OBL Fresh water.
 Pressure to 0.00 PSI. Release pressure to set float valve
 Check Plug depth w/ wireline.

Fred Maden

TOS Drilling

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401	1	PUMP CHARGE		975 ⁰⁰
5406	15 mi	MILEAGE		60 ⁰⁰
5402	671'	Casing Footage		N/C
5407	Minimum	Ten Miles		330 ⁰⁰
5502C	2 hrs	60 BBL Vac Truck		180 ⁰⁰
1197	102 SKs	50/50 for Mix Cement		1065 ⁸⁰
1118B	272#	Premium Gel		57 ⁸⁰
440#	1	4 1/2" Rubber Plug		42 ⁰⁰
		WD# 242489		
			7.82	SALES TAX
				ESTIMATED TOTAL
				2797 ⁹⁶

SCANNED

Reven 3737

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.