



KANSAS CORPORATION COMMISSION 1058383
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 # 32428
Name: Crawford Oil LLC
Address 1: 30842 INDIANAPOLIS RD
Address 2: _____
City: PAOLA State: KS Zip: 66071 + 4699
Contact Person: Lesli Stuteville
Phone: (913) 980-8207
CONTRACTOR: License # 6142
Name: Town Oil Company Inc.
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 #: _____

6/8/2011	6/10/2011	6/27/2011
Spud Date or Recompletion Date	Date Reached TD	Completion Date or Recompletion Date

API No. 15 - 15-121-28905-00-00
Spot Description: _____
SE NE NW NE Sec. 21 Twp. 18 S. R. 24 East West
615 Feet from North / South Line of Section
1400 Feet from East / West Line of Section
Footages Calculated from Nearest Outside Section Corner:
 NE NW SE SW
County: Miami
Lease Name: Windler Well #: 34
Field Name: Block
Producing Formation: squirrell
Elevation: Ground: 917 Kelly Bushing: 0
Total Depth: 542 Plug Back Total Depth: 6
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: 20 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 Gantbo Date: 06/29/2011



1058383

Operator Name: Crawford Oil LLC Lease Name: Windler Well #: 34
 Sec. 21 Twp. 18 S. R. 24 East West County: Miami

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 checked="" type="checkbox"/> Yes <input 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	6.2500	10	20	Portland	3	50/50 POZ
Completion	5.6250	2.8750	8	536	Portland	72	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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County, KS
 Well: Windler #34
 Lease Owner: Keith Crawford

Town Oil Company, Inc.
 (913) 294-2125

Commenced Spudding:
 6/8/2011

WELL LOG

Thickness of Strata	Formation	Total Depth
14	soil clay	14
9	lime	23 drum
13	shale	36
33	lime	69
6	shale/slate	75
20	lime	95 bethany falls
4	shale/slate	99
3	lime	101 KC
5	shale	106
5	lime	111 hertha
6	shale	117
2	lime shells	119
15	sandy shale	134
15	sand	149 slight oder
121	sandy shale	270
5	sand	275 Peru - no show - solid
11	lime shells	286
34	shale	320
10	lime	330
5	shale	335
13	lime shells	348
12	lime	360
10	shale	370
4	lime	374
6	shale	380
6	sand	386
29	lime	415
4	soil and clay	419
3	lime	422
11	shale	433
6	sandy shale	438
9	lime	447
38	shale	485
1	lime	486
7	shale slate	493
4	lime	497
45	shale	542

Core

Time Elapsed	Feet	Depth	Time
27	1	482	27
28	2	483	0:00
22	3	484	1:17
24	4	485	1:42
25	5	486	2:07
22	6	487	2:29
21	7	488	2:50
26	8	489	3:16
28	9	490	3:44
27	10	491	4:11
25	11	492	4:36
30	12	493	5:06
27	13	494	5:33
25	14	495	5:58
25	15	496	6:23
27	16	497	6:50
34	17	498	7:24
36	18	499	7:55
	19	500	
	20	501	



CONSOLIDATED
Oil Well Services, LLC

TICKET NUMBER 32599
LOCATION Ottawa KS
FOREMAN Fred Maden

PO Box 884, Chanute, KS 66720
620-431-9210 or 800-467-8678

FIELD TICKET & TREATMENT REPORT
CEMENT

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
6/16/11	2571	Winkler #24	NW 21	18	24	MI
CUSTOMER			TRUCK #	DRIVER	TRUCK #	DRIVER
Crawford Oil (Kath Crawford)			506	Fred	Safety	Mg
MAILING ADDRESS			495	Casby	CK	
30842 Indianapolis Rd			558	Gary	GM	
CITY	STATE	ZIP CODE				
Paola	KS	66071				

JOB TYPE longstring HOLE SIZE 5 3/8 HOLE DEPTH 540 CASING SIZE & WEIGHT 2 7/8 EUE
 CASING DEPTH 533' DRILL PIPE Pin in TUBING @ 523' OTHER _____
 SLURRY WEIGHT _____ SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT In CASING 10' + Plug
 DISPLACEMENT 3.04 DISPLACEMENT PSI _____ MIX PSI _____ RATE 4BPM

REMARKS: Establish circulation. Mix Pump 100# Premium Gel Flush
Mix Pump 72 sks 50/50 Per Mix Cement 2% Gel. Cement
to surface Flush pump + lines clean. Displace 2 1/2" Rubber
plug to pin in casing w/ 3.04 GBL Fresh water. Pressure to
700# PSI. ~~start~~ Hold Pressure for 30 min MIT. Shut
in casing

Rig Supplied H₂O.
Town Drilling

Fred Maden

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401	1	PUMP CHARGE		975 ⁰⁰
5406	40mi	MILEAGE		160 ⁰⁰
5402	533	Casing footage		N/C
5407	Minimum	Ton Miles		3300 ⁰⁰
1124	72 sks	50/50 Per Mix Cement		252 ⁴⁰
1118B	221#	Premium Gel		44 ²⁰
4402	1	2 1/2 Rubber Plug		28 ⁰⁰
<u>WD # 242059</u>				
			7.55%	SALES TAX
				62 ²⁶
				ESTIMATED TOTAL
				2351 ⁸⁶

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.