



KANSAS CORPORATION COMMISSION 1059692
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) 710-5400
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>6/28/2011</u>	<u>6/29/2011</u>	<u>7/15/2011</u>
Spud Date or Recompletion Date	Date Reached TD	Completion Date or Recompletion Date

API No. 15 - 15-059-25638-00-00

Spot Description: _____
NE SW NE SW Sec. 17 Twp. 16 S. R. 21 East West
1800 Feet from North / South Line of Section
3581 Feet from East / West Line of Section

Footages Calculated from Nearest Outside Section Corner:
 NE NW SE SW

County: Franklin
Lease Name: Crown Well #: 9
Field Name: Paola-Rantoul

Producing Formation: Bartlesville
Elevation: Ground: 955 Kelly Bushing: 0
Total Depth: 698 Plug Back Total Depth: 11
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: 22 w/ 4 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	
<input type="checkbox"/> Letter of Confidentiality Received	Date: _____
<input type="checkbox"/> Confidential Release Date: _____	
<input type="checkbox"/> Wireline Log Received	
<input type="checkbox"/> Geologist Report Received	
<input type="checkbox"/> UIC Distribution	
ALT <input type="checkbox"/> I <input checked="" type="checkbox"/> II <input type="checkbox"/> III	Approved by: <u>Deanna Carlock</u> Date: <u>07/18/2011</u>



1059692

Operator Name: TDR Construction, Inc. Lease Name: Crown Well #: 9
 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	6.2500	10	22	Portland	4	50/50 POZ
Completion	5.6250	2.8750	8	525	Portlan	80	50/50 POZ

ADDITIONAL CEMENTING / SQUEEZE RECORD				
Purpose:	Depth Top Bottom	Type of Cement	# Sacks Used	Type and Percent Additives
<input type="checkbox"/> Perforate <input type="checkbox"/> Protect Casing <input type="checkbox"/> Plug Back TD <input type="checkbox"/> 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-1a.)</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 # 9
Lease Owner: Oil Source

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

Commenced Spudding:
6/28/2011

WELL LOG

Thickness of Strata	Formation	Total Depth
10	Soil/Clay	10
2	Coal	12
4	Shale	16
11	Lime	27
6	Shale	33
17	Lime	50
38	Shale	88
23	Lime	111
71	Shale	182
22	Lime	204
25	Shale	229
5	Lime	234
28	Shale	262
4	Lime	266
28	Shale	294
21	Lime	315
9	Shale	324
23	Lime	347
6	Shale	353
10	Lime	363-KC, Hertha
49	Shale	412
3	Sandy Shale	415-No Bleed
60	Shale	475
7	Sand	482-Grey, Bleeding
5	Shale	487
1	Lime	488
2	Shale	490
3	Lime	493
17	Shale	510
5	Lime	515
5	Shale	520
4	Lime	524
8	Shale	532
6	Limey Shale	538-Little Odor
25	Shale	563
8	Lime	571
9	Shale	580
10	Lime	590
9	Shale	499
5	Lime	604



CONSOLIDATED
Oil Well Services, L.L.C.

TICKET NUMBER 32584

LOCATION 077 aug

FOREMAN Alan 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
6-29-11	5949	Crown #9	S10 17	16	21	ER
CUSTOMER <u>O&I Sources</u>			TRUCK #	DRIVER	TRUCK #	DRIVER
MAILING ADDRESS <u>7105 W 105th</u>			<u>514</u>	<u>Alan M</u>	<u>Safety</u>	<u>Meet</u>
CITY <u>Ovenland Park</u>			<u>368</u>	<u>Ken H</u>	<u>grad</u>	
STATE <u>KS</u>	ZIP CODE <u>66212</u>		<u>29</u>	<u>Harold B</u>	<u>HJB</u>	
JOB TYPE <u>long string</u>	HOLE SIZE <u>5 7/8</u>	HOLE DEPTH <u>698</u>	<u>503</u>	<u>Gary M</u>	<u>GM</u>	
CASING DEPTH <u>687</u>	DRILL PIPE	TUBING	OTHER			
SLURRY WEIGHT	SLURRY VOL	WATER gal/sk	CEMENT LEFT In CASING <u>yes</u>			
DISPLACEMENT	DISPLACEMENT PSI <u>800</u>	MIX PSI <u>200</u>	RATE <u>5 bpm</u>			
REMARKS: <u>Hold crew meeting. Mixed & pumped 100 gal to flush hole followed by 108 sk 30/50 poz plus 270 gal circulated cement, flushed pump, pumped plug to casing TD. Well held 800 PSI. Set float. Closed valve.</u>						

TOS Drilling

Alan Mader

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401	1	PUMP CHARGE		975.00
5406	15	MILEAGE		60.00
5402	687	casing footage		
5407	Mi.1	ton miles		330.00
5502C	2	80 gal		180.00
1124	108 sk	30/50 poz		1128.60
1118B	281	gel		56.20
4482	1	2 1/2 plug		28.00
		WD# 242370		
			7.8	
		SALES TAX		94.59
		ESTIMATED TOTAL		2852.39

Rev'n 9737

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.