

KANSAS CORPORATION COMMISSION 1059017
OIL & GAS CONSERVATION DIVISION
WELL COMPLETION FORM
WELL HISTORY - DESCRIPTION OF WELL & LEASE

Form ACO-1
June 2009
Form Must Be Typed
Form must be Signed
All blanks must be Filled

OPERATOR: License # 32428
Name: Crawford Oil LLC
Address 1: 30842 INDIANAPOLIS RD
Address 2: _____
City: PAOLA State: KS Zip: 66071 + 4699
Contact Person: Dewayne Crawford
Phone: (913) 636-1082
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 #: _____

06/14/2011 06/16/2011 06/27/2011
Spud Date or Date Reached TD Completion Date or
Recompletion Date Recompletion Date

API No. 15 - 15-121-28910-00-00
Spot Description: _____
NW SW NE NE Sec. 16 Twp. 18 S. R. 24 ☒ East ☐ West
810 Feet from ☒ North / ☐ South Line of Section
4135 Feet from ☐ East / ☒ West Line of Section
Footages Calculated from Nearest Outside Section Corner: _____
☐ NE ☒ NW ☐ SE ☐ SW
County: Miami
Lease Name: Holtz Well #: 14
Field Name: Block
Producing Formation: squirrel
Elevation: Ground: 905 Kelly Bushing: 0
Total Depth: 540 Plug Back Total Depth: 12
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 Garlick Date: 07/18/2011



1059017

Operator Name: Crawford Oil LLC Lease Name: Holtz Well #: 14
 Sec. 16 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:	<div style="display: flex; justify-content: space-between;"> <input type="checkbox"/> Log Formation (Top), Depth and Datum <input type="checkbox"/> Sample </div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"> Name Top Datum </div> <div style="margin-top: 10px;"> open hole </div>
--	--

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	6.25	10	20	Portland	3	50/50 POZ
Completion	5.625	2.8750	8	533	Portland	74	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 (Amount and Kind of Material Used)	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: _____ _____
--	--	---

Miami County, KS
Well: Holtz #14
Lease Owner: Keith Crawford

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

Commenced Spudding:
6/14/2011

WELL LOG

Thickness of Strata	Formation	Total Depth
14	soil and clay	14
9	lime	23
13	shale	36
33	lime	69
5	slate and shale	74
21	lime	95
5	slate and shale	100
2	lime	102
5	shale	107
5	lime	112
13	slate and shale	125
12	shale	137
10	sand	147
121	sandy shale	268
3	Red Bed	271
9	lime sand	280
3	sandy shale	283
3	lime	286
35	shale	321
7	lime	328
7	shale	335
2	limeshells	337
3	shale	340
3	coal	343
5	shale	348
4	lime	352
3	shale	355
7	lime sand	362
8	shale	370
5	lime	375
12	shale	387
23	lime	410
20	shale	430
6	lime	436
9	shale	445
4	limeshells	449
37	sandy shale	486
8	sand	494

Commenced Spudding:
6/14/2011

Core Time Elapsed	Feet	Depth	Time
	1	486	41
	2	487	1:11
	3	488	1:44
	4	489	2:15
	5	490	3:00
	6	491	3:33
	7	493	4:07
	8	493	4:34
	9	494	5:02
	10	495	5:33
	11	496	6:01
	12	497	6:48
	13	498	7:28
	14	499	8:02
	15	500	8:35
	16	501	9:04
	17	502	9:40
	18	503	
	19	504	
	20	505	



CONSOLIDATED
Oil Well Services, LLC

Box 884, Chanute, KS 66720
620-431-9210 or 800-487-8878

TICKET NUMBER 32612
LOCATION Ottawa KS
FOREMAN Fred Mader

FIELD TICKET & TREATMENT REPORT

CEMENT

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
6/16/11	2571	Holtz #14	SW 16	18	24	mi

CUSTOMER		TRUCK #		DRIVER	
Crawford Oil Keith Crawford		506	Fred	Safety	Wtj
MAILING ADDRESS		362	Ken	KH	0
30842 Indianapolis Rd		503	Derek	DM	
CITY	STATE	ZIP CODE			
Paola	KS	66071			

JOB TYPE Workover HOLE SIZE 5 7/8 HOLE DEPTH 540' CASING SIZE & WEIGHT 2 3/4 EUE
 CASING DEPTH 533' DRILL PIPE Pin in TUBING 2 5/8 OTHER _____
 SLURRY WEIGHT _____ SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT in CASING 5' + Plug
 DISPLACEMENT 3.07 AB DISPLACEMENT PSI _____ MIX PSI _____ RATE 43 PPM

REMARKS: Establish Circulation. Mix & Pump 100# Premium Gel Flush.
Mix & Pump 74 sks 50/50 Poz mix Cement 2 3/4 Gal. Cement to
surface. Flush pump & lines clean. Displace 2 3/4" Rubber
plug to Pin in casing w/ 3.07 AB. Fresh water. Pressure
to 700# PSI. Release pressure to Set float Valve.
Shut in Casing.

Rgn Supplied Water.
Town Oil Drilling

Fred Mader

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401	1	PUMP CHARGE		975 ⁰⁰
5406	40 mi	MILEAGE		160 ⁰⁰
5402	533	Casing Footage		N/C
5407	Minimum	Ton Miles		330 ⁰⁰
SCANNED				
1124	74 sks	50/50 Poz mix Cement		773 ³⁰
1118A	225#	Premium Gel		45 ⁰⁰
4402	1	2 3/4" Rubber plug		26 ⁰⁰
W/O# 242084				
			7.552	SALES TAX
				63 ⁵²
				ESTIMATED
				TOTAL
				2325 ¹²

In 3737

AUTHORIZATION Keith Crawford 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