



KANSAS CORPORATION COMMISSION 1059694
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>6/29/2011</u>	<u>6/30/2011</u>	<u>7/15/2011</u>
Spud Date or Recompletion Date	Date Reached TD	Completion Date or Recompletion Date

API No. 15 - 15-059-25561-00-00

Spot Description: _____
SW SW SE SW Sec. 17 Twp. 16 S. R. 21 East West
200 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 #: 3

Field Name: Paola-Rantoul

Producing Formation: Bartlesville

Elevation: Ground: 948 Kelly Bushing: 0

Total Depth: 718 Plug Back Total Depth: 28

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: _____

feet depth to: 20 w/ 2 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 Gerrard Date: 07/20/2011



1059694

Operator Name: TDR Construction, Inc. Lease Name: Crown Well #: 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 type="checkbox"/> New <input checked="" 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	2	50/50 POZ
Completion	5.6250	2.8750	8	690	Portland	114	50/0 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: _____ _____
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Franklin County, KS
 Well: Corwn # 3
 Lease Owner: Oil Source

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

Commenced Spudding:
 6/29/2011

WELL LOG

Thickness of Strata	Formation	Total Depth
0-10	Soil/Clay	10
5	Lime	15
6	Shale	21
12	Lime	33
3	Shale	36
84	Lime	90
19	Lime	109
80	Shale	189
21	Lime	210
26	Shale	236
7	Lime	243
27	Shale	270
4	Lime	274
28	Shale	302
22	Lime	324
7	Shale	331
21	Lime	352
5	Shale	357
12	Lime	369-Hertha
53	Shale	422
16	Limey Sand	438-Grey, Odor, No Bleed
41	Shale	479
5	Sandy Shale	484
5	Sand	489-Solid, Oily, Awesome!!
31	Shale	520
11	Lime	531
13	Shale	544
10	Limey Sand	554-Grey, No Show
23	Shale	577
7	Lime	584
4	Shale	588
8	Lime	595
3	Shale	599
4	Lime	603
7	Shale	610
3	Lime	613
10	Shale	623
4	Lime	627
4	Shale	631
11	Lime	642



CONSOLIDATED
Oil Well Services, LLC

PO: Box 884, Chanute, KS 66720
620-431-9210 or 800-467-8676

TICKET NUMBER 32641

LOCATION Ottawa KS

FOREMAN Fred Maden

FIELD TICKET & TREATMENT REPORT

CEMENT

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
6/30/11	5949	Crown #3	SW 17	16	21	FR
CUSTOMER			TRUCK #	DRIVER	TRUCK #	DRIVER
Oil Sources			506	Fred	Safety Mktg	
MAILING ADDRESS			495	Casny	CIC	
7105 West 105 th St			369	Tony/Blank	TL #28	
CITY	STATE	ZIP CODE	503	Davak	DM	
Overland Park	KS	66212				
JOB TYPE	HOLE SIZE	HOLE DEPTH	CASING SIZE & WEIGHT			
Longstr. #	5 7/8	718	2 7/8 EUE			
CASING DEPTH	DRILL PIPE	TUBING	OTHER			
690' 0"						
SLURRY WEIGHT	SLURRY VOL	WATER gal/sk	CEMENT LEFT IN CASING			
			2 1/2" Plug			
DISPLACEMENT	DISPLACEMENT PSI	MIX PSI	RATE			
4.0			5 BPM			

REMARKS: Establish circulation. Mix + Pump 100# Premium Gel
 Mix + Pump 114 SKS 50/50 Per Mix Cement 270 Gal.
 Cement to Surface. Flush pump + lines clean. Displace
 2 1/2" Rubber plug to casing TO w/ 4.0 BBL Fresh water
 Pressure to 780# PSI. Release pressure to set float
 Valve. Shut in casing

70S Drilling Fred Maden

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	690	Casing Footage		N/C
5407	Minimum	Ten Miles		330 ⁰⁰
5502C	2 hrs	80 BBL Vac Truck		180 ⁰⁰
1124	114 SKS	50/50 Per Mix Cement		1191 ³⁰
118B	292 [#]	Premium Gel		584 ⁰⁰
4402	1	2 1/2" Rubber Plug		28 ⁰⁰
		WO # 242383		
			7.8%	SALES TAX 79 ⁶⁵
				ESTIMATED TOTAL 2922 ³⁵

AUTHORIZATION 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.