



KANSAS CORPORATION COMMISSION 1059688
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) 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 #: _____

<u>6/29/2011</u>	<u>7/01/2011</u>	<u>7/15/2011</u>
Spud Date or Recompletion Date	Date Reached TD	Completion Date or Recompletion Date

API No. 15 - 15-121-28912-00-00

Spot Description: _____

SW SW NE NE Sec. 16 Twp. 18 S. R. 24 East West
1140 Feet from North / South Line of Section
4255 Feet from East / West Line of Section

Footages Calculated from Nearest Outside Section Corner:

- NE NW SE SW

County: Miami

Lease Name: Holtz Well #: 16

Field Name: Block

Producing Formation: Squirrel

Elevation: Ground: 892 Kelly Bushing: 0

Total Depth: 540 Plug Back Total Depth: 10

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 Garner Date: 07/20/2011



1059688

Operator Name: Crawford Oil LLC Lease Name: Holtz Well #: 16
 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:	<input type="checkbox"/> Log Formation (Top), Depth and Datum <input type="checkbox"/> Sample Name Top Datum open hole
---	--

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	525	Portland	76	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 (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) (Submit ACO-4)</i> <input type="checkbox"/> Other (Specify) _____	PRODUCTION INTERVAL: _____ _____
---	--	--

Core Time Elapsed	Feet	Depth	Time	
		1	482	40
		2	483	1:59
		3	484	3:15
		4	485	4:40
		5	486	5:24
		6	487	6:06
		7	488	6:48
		8	489	7:37
		9	490	9:00
		10	491	10:37
		11	492	12:30
		12	493	14:28
		13	494	16:48
		14	495	18:28
		15	496	
		16	497	
		17	498	
		18	499	
		19	500	
		20	501	



PO Box 884, Chanute, KS 66720
620-431-8210 or 800-467-8878

**FIELD TICKET & TREATMENT REPORT
CEMENT**

TICKET NUMBER 32644
LOCATION Ottawa KS
FOREMAN Fred Made

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
7/11/11	2571	Holtz #16	SW 14	18	24	M1
CUSTOMER Crawford Oil (Keith Crawford)			TRUCK #	DRIVER	TRUCK #	DRIVER
MAILING ADDRESS 30842 Indianapolis Rd			506	Fred	Safety mix	
CITY Paola			495	Narald	MB	
STATE KS			570	Tim	TL	
ZIP CODE 66071						

JOB TYPE Long string HOLE SIZE 5 7/8 HOLE DEPTH 540 CASING SIZE & WEIGHT 2 7/8 EUE
CASING DEPTH 530 DRILL PIPE 1 1/2 in TUBING 5.25 OTHER _____
SLURRY WEIGHT _____ SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT In CASING 5' + Plug
DISPLACEMENT 3.05B DISPLACEMENT PSI _____ MIX PSI _____ RATE 4BPM

REMARKS: Establish circulation. Mix & Pump 100# Premium Gel Flush.
Mix & Pump 76 sec 50/50 for mix Cement 220 Gal. Cement to
Surface. Flush pump + lines clean. Displace 2 3/4" Rubber
plug to pin increasing w/ 3.05-ABE Fresh water. Pressure to
250# PSI. Release pressure to set float valve. Shut in
Casing.

Rig Supplied H₂O
Town Oil Drilling Fred Made

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401	1	PUMP CHARGE		775 ⁰⁰
5406	40 mi.	MILEAGE		160 ⁰⁰
5402	530	Casing footage		N/C
5407	Minimum	Ten Miles		320 ⁰⁰
SCANNED				
1124	76 sec	50/50 for mix Cement		774 ³⁰
119B	220#	Premium Gel		45 ⁶⁰
4402	1	2 3/4" Rubber Plug		28 ⁰⁰
			7.55%	SALES TAX ESTIMATED
				TOTAL
				652
				2398 ³¹

Form 3737

AUTHORIZATION Scott Rutland 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.