



KANSAS CORPORATION COMMISSION 1058423
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 #: _____
5/17/2011 5/18/2011 6/27/2011
Spud Date or Date Reached TD Completion Date or
Recompletion Date Recompletion Date

API No. 15 - 15-059-25562-00-00
Spot Description: _____
SW SW NE SW Sec. 17 Twp. 16 S. R. 21 East West
1520 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 #: 6
Field Name: Paola-Rantoul
Producing Formation: Bartlesville
Elevation: Ground: 952 Kelly Bushing: 0
Total Depth: 718 Plug Back Total Depth: 24
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: 23 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 Gantior Date: 06/29/2011



1058423

Operator Name: TDR Construction, Inc. Lease Name: Crown Well #: 6
 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 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	23	Portland	3	50/50 POZ
Completion	5.6250	2.8750	8	694	Portland	110	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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Franklin County, KS
 Well: Crown # 6
 Lease Owner: Oil Source

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

Commenced Spudding:
 5/17/2011

WELL LOG

Thickness of Strata	Formation	Total Depth
10	Soil/Clay	10
3	Lime	13
5	Coal/Water	18
12	Lime	30
4	Shale	34
18	Lime	52
38	Shale	90
24	Lime	114
73	Shale	187
22	Lime	209
25	Shale	234
6	Lime	240
26	Shale	266
7	Lime	273
26	Shale	299-Some Lime
22	Winterset	321
7	Shale	328
23	Bethany Falls	351
4	Shale	355
2	KC	357
4	Shale	361
8	Hertha	369
111	Shale	480
5	Sand	485-Oil, OK Bleed, 30% Oil Sand
29	Shale	514
16	Lime	530
11	Shale	541
25	Sand	566-Grey, No Oil
4	Shale	570
5	Lime	575
15	Shale	590
3	Lime	593
3	Shale	596
2	Lime	598
36	Shale/Shells	634
3	Lime	637-Brown, No Oil
4	Shale	641
7	Sand	648-Oil, 20-50%
10	Sand	658-Grey, 5% Max Oil
60	Shale	718-TD



CONSOLIDATED
Oil Well Services, LLC

API # 15-059-25562-00-00

TICKET NUMBER 31960

LOCATION Ottawa KS

FOREMAN Fred Maden

Box 884, Chanute, KS 66720
0-431-9210 or 800-467-8676

FIELD TICKET & TREATMENT REPORT
CEMENT

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
5/16/11	5949	Crown 6	SW 17	16	21	FR
CUSTOMER <u>Dil Sources</u>			TRUCK # DRIVER TRUCK # DRIVER			
MAILING ADDRESS <u>7105 W 105th</u>			<u>506 Fred Safety Mfg</u>			
CITY STATE ZIP CODE <u>Overland Park KS 66212</u>			<u>495 Casey CR</u>			
			<u>370 Arden AM</u>			
			<u>503 Derek DM</u>			
JOB TYPE <u>Long string</u>	HOLE SIZE <u>6 3/4</u>	HOLE DEPTH <u>718</u>	CASING SIZE & WEIGHT <u>4 1/2</u>			
CASING DEPTH <u>694</u>	DRILL PIPE	TUBING	OTHER			
SLURRY WEIGHT	SLURRY VOL	WATER gal/sk	CEMENT LEFT in CASING <u>4 1/2" Plug</u>			
DISPLACEMENT <u>11 BBL</u>	DISPLACEMENT PSI	MIX PSI	RATE <u>5 BPM</u>			

REMARKS: - Establish circulation - Mix Pump - 100# Premium Gel Flush Pump - 10 BBL tall tale dry Mix Pump SKS 50/50 Por Mix Cement 2% Gel. Flush pump & lines clean. Displace 4 1/2" Rubber Plug for casing TD w/ 11 BBLs Fresh water. Pressure to 700# PSI.

TOWS Drilling

Fred Maden

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401	1	PUMP CHARGE		975 ⁰⁰
5406	15	MILEAGE		600 ⁰⁰
5402	694	Casing footage		N/A
5407	Minimum	Ten Miles		3300 ⁰⁰
55020	2 hrs	80 BBL vac Truck		180 ⁰⁰
1124	110 SKS	50/50 Por Mix Cement		1199 ⁵⁰
1118B	285 ⁰⁰	Premium Gel		57 ⁰⁰
4404	1	4 1/2" Rubber Plug		42 ⁰⁰
		WO# 241483		
			7.8%	SALES TAX
				ESTIMATED TOTAL
				9733
				2890 ⁸⁹

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.