



KANSAS CORPORATION COMMISSION 1058426
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) 980-8620
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>5/16/2011</u>	<u>5/17/2011</u>	<u>6/27/2011</u>
Spud Date or Recompletion Date	Date Reached TD	Completion Date or Recompletion Date

API No. 15 - 15-059-25560-00-00

Spot Description: _____
SW NW SE SW Sec. 17 Twp. 16 S. R. 21 East West
860 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 #: 2
Field Name: Rantoul-Paola

Producing Formation: Bartlesville

Elevation: Ground: 955 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: 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

- Letter of Confidentiality Received
Date: _____
 Confidential Release Date: _____
 Wireline Log Received
 Geologist Report Received
 UIC Distribution
ALT I II III Approved by: Deanna Gantzer Date: 06/29/2011



1058426

Operator Name: TDR Construction, Inc. Lease Name: Crown Well #: 2
 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	22	Portland	4	50/50 POZ
Completion	5.6250	2.8750	8	694	Portland	104	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
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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) _____
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Estimated Production Per 24 Hours	Oil Bbls.	Gas Mcf	Water Bbls.	Gas-Oil Ratio	Gravity
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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 # 2
 Lease Owner: Oil Source

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

Commenced Spudding:
 5/16/2011

WELL LOG

Thickness of Strata	Formation	Total Depth
10	Soil/Clay	10
5	Lime	15
4	Coal	19
9	Lime	28
5	Shale	33
19	Lime	52
37	Shale	89
23	Lime	112
77	Shale	189
22	Lime	210
24	Shale	234
8	Lime	242
25	Shale	267
6	Lime	273
21	Shale	294-Some Lime
27	Lime	321-Winterset
6	Shale	327
23	Lime	350-Bethany Falls
4	Shale	354
2	Lime	356-KC
2	Shale	358
9	Lime	367-Hertha
50	Shale	417
14	Sand	431-Dark Grey, Hard, No Oil
47	Shale	478
2	Sand	480-No Oil, Grey
6	Sand	486-Oil, Good Bleed, 50% Oil
26	Shale	512
14	Lime	526
4	Sandy Shale	530-Some Odor, Grey
3	Lime	533-Brown, Bleeding
8	Shale	541
9	Sand	550-Limey, Grey
3	Shale	553
13	Sand	566-Grey
7	Shale	573
9	Lime	582
12	Shale	594
5	Lime	599
15	Shale	614



CONSOLIDATED
Oilfield Services, LLC

API # 15-059-25560-00-00

TICKET NUMBER 31939

LOCATION Ottawa

FOREMAN Alan Madu

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
5-17-11	5949	Crown 2	SW 17	16	21	Fr
CUSTOMER			TRUCK #	DRIVER	TRUCK #	DRIVER
Oil Sources			516	Alan M	Safety	Maet
MAILING ADDRESS			368	Keth	K	
7105 W 105th			369	Harold B	HJB	
CITY	STATE	ZIP CODE	548	Tim L	TL	
Overland Park	KS	66212				

JOB TYPE long string HOLE SIZE 6 3/4 HOLE DEPTH 700 CASING SIZE & WEIGHT 4 1/2
 CASING DEPTH 695 DRILL PIPE _____ TUBING _____ OTHER _____
 SLURRY WEIGHT _____ SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT in CASING yes
 DISPLACEMENT 10.8 DISPLACEMENT PSI 800 MIX PSI 800 RATE 5 bpm

REMARKS: Held crew meeting. Established rate. Mixed & pumped 100# gel to flush hde followed by 6 bbl dye marker. Mixed & pumped 104 SK 50/50 po2 plus 2 7/8 gel. Circulated dye. Flushed pump. Pumped plug to casing TD. Circulated 5 bbl cement. Checked depth with wireline. Set float.

T&S Drilling

Alan Madu

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401	1	PUMP CHARGE		975.00
5402	15	MILEAGE		60.00
5402	695'	casing footage		
5401	mi	ten miles		330.00
5502L	2	80 vac		180.00
1118B	275 #	gel		53.00
1124	104	50/50 po2		1086.80
4404	1	4 1/2 plug		42.00
		WD # 241469		
			2.8	SALES TAX
				ESTIMATED
				TOTAL

Rev'n 3737

customer left before end of job

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.