



KANSAS CORPORATION COMMISSION 1058430
OIL & GAS CONSERVATION DIVISION

Form AGO-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>5/18/2011</u>	<u>6/6/2011</u>	<u>6/27/2011</u>
Spud Date or Recompletion Date	Date Reached TD	Completion Date or Recompletion Date

API No. 15 - 15-059-25563-00-00
Spot Description: _____
SW NW NE SW Sec. 17 Twp. 16 S. R. 21 East West
2180 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 #: 8
Field Name: Rantoul-Paola
Producing Formation: Bartlesville
Elevation: Ground: 955 Kelly Bushing: 0
Total Depth: 698 Plug Back Total Depth: 11
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/ 5 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 Garrison Date: 06/29/2011



1058430

Operator Name: TDR Construction, Inc. Lease Name: Crown Well #: 8
 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 <i>(Attach Additional Sheets)</i> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 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 <i>(If no, Submit Copy)</i> <input type="checkbox"/> Yes <input type="checkbox"/> No 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	5	50/50 POZ
Completion	5.6250	2.8750	8	687	Portland	136	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: Yes 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 <i>(Explain)</i> _____		
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 <i>(Specify)</i> _____	PRODUCTION INTERVAL: _____ _____
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Franklin County, KS
 Well: Crown #7
 Lease Owner: Oil Source

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

Commenced Spudding:
 5/18/2011

WELL LOG

Thickness of Strata	Formation	Total Depth
0-10	Soil/Clay	10
10	Shale	20
9	Lime	29
5	Shale	34
18	Lime	52
37	Shale	89
25	Lime	114
70	Shale	184
21	Lime	205
25	Shale	230
5	Lime	235
26	Shale	261
8	Lime	269
26	Shale	295
22	Lime	317
8	Shale	325
23	Lime	348
5	Shale	353
3	Lime	356
3	Shale	359
6	Lime	365
111	Shale	476
5	Sand	481-Grey, Odor, Bleeding Lite
32	Shale	513
4	Lime	517
23	Shale	540
7	Sandy Lime	547-Little Bleed, Hard
25	Shale	572
3	Lime	575
60	Shale/Shells	635
8	Sand	643-Oil, OK Bleed
3	Sand	646-Grey, 10% Oil
4	Sand	650-Oil, OK Bleed
6	Sand	656-Grey, 5% Oil
4	Sandy Shale	660-No Oil
38	Shale	698-TD



CONSOLIDATED
Oil Well Services, LLC

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

TICKET NUMBER 31988
LOCATION Ottawa
FOREMAN Alan Maden

FIELD TICKET & TREATMENT REPORT
CEMENT

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
6-6-11	59419	Crown # 7	SW 17	16	21	FR
CUSTOMER <u>Oil Sources</u>			TRUCK #			
MAILING ADDRESS <u>7105 W 105th</u>			DRIVER			
CITY <u>Overland Park</u>		STATE <u>KS</u>	ZIP CODE <u>66212</u>	TRUCK #		
JOB TYPE <u>long string</u>			HOLE SIZE <u>6 3/4</u>	HOLE DEPTH <u>698</u>	CASING SIZE & WEIGHT <u>2 1/2</u>	
CASING DEPTH <u>686</u>			DRILL PIPE	TUBING	OTHER	
SLURRY WEIGHT			SLURRY VOL	WATER gal/sk	CEMENT LEFT IN CASING <u>yes</u>	
DISPLACEMENT <u>4</u>			DISPLACEMENT PSI <u>800</u>	MIX PSI <u>200</u>	RATE <u>56 pm</u>	
REMARKS: <u>Held crew meeting. Established rate. Mixed & pumped 100# gel to flush hole. Mixed & pumped 136 gal 50150 po2 plus 20% gel. Circulated cement. Flushed pump. Pumped plus to casing TD. Well held 800 PSI. Set float. Closed valve</u>						

TOS Drilling

Alan Maden

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401	1	PUMP CHARGE		975.00
5406	15	MILEAGE		60.00
5402	686'	casing footage		
5407	min	ton miles		330.00
5502C	# 2	80 val		180.00
11183	328	gal		65.60
1124	136	50150 po2		1421.20
4402	1	2 1/2 plug		28.00
				SALES TAX
				ESTIMATED
				TOTAL
				118.15
				3177.95

win 3797

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 customer identified on this form.