



KANSAS CORPORATION COMMISSION 1059009
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: DeWayne Crawford
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 #: _____
6/20/2011 6/22/2011 6/27/2011
Spud Date or Date Reached TD Completion Date or
Recompletion Date Recompletion Date

API No. 15 - 15-121-28909-00-00

Spot Description: _____
SE NW SW NE Sec. 16 Twp. 18 S. R. 24 East West
1770 Feet from North / South Line of Section
3075 Feet from East / West Line of Section

Footages Calculated from Nearest Outside Section Corner:

- NE NW SE SW

County: Miami
Lease Name: Knoche Well #: 14
Field Name: _____

Producing Formation: squirrel
Elevation: Ground: 922 Kelly Bushing: 0
Total Depth: 562 Plug Back Total Depth: 12
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 Gerrits Date: 07/08/2011



1059009

Operator Name: Crawford Oil LLC Lease Name: Knoche Well #: 14
 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
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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	6.25	10	20	Portland	3	50/50 POZ
Completion	5.6250	2.875	8	550	Portland	72	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
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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 <i>(Explain)</i> _____
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Estimated Production Per 24 Hours	Oil Bbbs.	Gas Mcf	Water Bbbs.	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> <input type="checkbox"/> Other <i>(Specify)</i> _____	PRODUCTION INTERVAL: _____ _____
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Miami County, KS
Well: Knoche #14
Lease Owner: Keith Crawford

Town Oil Company, Inc.
(913) 294-2125

Commenced Spudding:
6/20/2011

WELL LOG

Thickness of Strata	Formation	Total Depth
14	Soil and Clay	14
32	Shale	46
8	Lime	54
13	Shale	67
32	lime	99
7	slate and shale	106
20	lime	126
4	slate and shale	130
3	Lime	133
3	slate and shale	136
6	Lime	142
5	slate and shale	147
1	Lime	148
6	sandy shale	154
17	Shale	171
91	sandy shale	262
3	slate and shale	265
32	sandy shale	297
8	sand	305
5	lime	310
18	sandy shale	328
2	lime	330
15	Shale	345
7	Lime	352
12	slate and shale	364
2	Lime	366
2	Shale	368
2	coal	370
5	shale	375
8	Lime	383
15	Shale	398
6	Lime	404
9	Shale	413
25	Lime	438
7	Shale	445
3	Lime	447
66	Shale	513
1	sand	514

Core Time Elapsed	Feet	Depth	Time
31	1	513	31
38	2	514	1:09
30	3	515	1:39
34	4	516	2:13
32	5	517	2:45
30	6	518	3:15
34	7	519	3:49
36	8	520	4:26
38	9	521	5:04
35	10	522	5:39
30	11	523	6:09
36	12	524	6:45
35	13	525	7:20
33	14	526	7:53
39	15	527	8:32
39	16	528	9:11
39	17	529	9:50
	18	530	
	19	531	
	20	532	



CONSOLIDATED
Oil Well Services, LLC

TICKET NUMBER 32631
LOCATION Ottawa KS
FOREMAN Fred Maden

PO 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
6/22/11	2571	Knoche #14	NW 14	16	24	MI
CUSTOMER Crawford Oil (Keith Crawford)			TRUCK #			
MAILING ADDRESS 30842 Indianapolis Rd			DRIVER			
CITY Paola			TRUCK #			
STATE KS			DRIVER			
ZIP CODE 66071			TRUCK #			
			DRIVER			

JOB TYPE Long string HOLE SIZE 5 5/8 HOLE DEPTH 562 CASING SIZE & WEIGHT 2 3/8 EUE
 CASING DEPTH 554 DRILL PIPE Pine TUBING 549 OTHER _____
 SLURRY WEIGHT _____ SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT IN CASING 5' x Plug
 DISPLACEMENT 3200 DISPLACEMENT PSI _____ MIX PSI _____ RATE 4 BPM

REMARKS: Establish Circulation. Mix Pump 100 # Premium Gel Flush.
Mix Pump 72 sks 50/50 Poz Mix Cement 2% Gel.
Cement to surface. Flush pump & lines clean. Displace
2 3/8 Rubber plug to give in casing w/ 3.2 BAL Fresh Water
Pressure to 500 PSI. Hold pressure for 30 min MIT.
Release pressure to set float valve. Shut in casing

Rig Supplied Water
run drilling
Fred Maden

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401	1	PUMP CHARGE		975 ⁰⁰
5406	90 mi	MILEAGE		162 ⁰⁰
5402	554	Casing footage		115
5407	Minimum	1000 Miles		3300
1124	72 sks	50/50 Poz Mix Cement		752 ⁰⁰
1188	221 ⁰⁰	Premium Gel		442 ⁰⁰
4402	1	2 3/8 Rubber Plug		35 ⁰⁰
		<u>W/O # 242 153</u>		
			7.55 ⁰⁰	62 ⁰⁰
			ESTIMATED TOTAL	2351 ⁰⁰

Revin:3737
 AUTHORIZATION Scott Hickland 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