



KANSAS CORPORATION COMMISSION 1060037  
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 #: \_\_\_\_\_

<u>07/16/2011</u>	<u>07/19/2011</u>	<u>07/21/2011</u>
Spud Date or Recompletion Date	Date Reached TD	Completion Date or Recompletion Date

API No. 15 - 15-059-25673-00-00

Spot Description: \_\_\_\_\_  
NE SE NW SW Sec. 17 Twp. 16 S. R. 21  East  West  
1800 Feet from  North /  South Line of Section  
4241 Feet from  East /  West Line of Section

Footages Calculated from Nearest Outside Section Corner:  
 NE     NW     SE     SW  
County: Franklin  
Lease Name: Crown Well #: 15  
Field Name: Rantoul-Paola

Producing Formation: Bartlesville  
Elevation: Ground: 966 Kelly Bushing: 0  
Total Depth: 718 Plug Back Total Depth: 690  
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/ 7 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	
<input type="checkbox"/> Letter of Confidentiality Received	Date: _____
<input type="checkbox"/> Confidential Release Date: _____	
<input type="checkbox"/> Wireline Log Received	
<input type="checkbox"/> Geologist Report Received	
<input type="checkbox"/> UIC Distribution	
ALT <input type="checkbox"/> I <input checked="" type="checkbox"/> II <input type="checkbox"/> III	Approved by: <u>Deanna Gerrits</u> Date: <u>07/22/2011</u>



1060037

Operator Name: TDR Construction, Inc. Lease Name: Crown Well #: 15  
 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  Yes  No  
*(Attach Additional Sheets)*

Samples Sent to Geological Survey  Yes  No

Cores Taken  Yes  No

Electric Log Run  Yes  No

Electric Log Submitted Electronically  Yes  No  
*(If no, Submit Copy)*

Log Formation (Top), Depth and Datum  Sample

Name Top Datum

open hole

List All E. Logs Run:

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
surfact	9	6.25	10	20	portland	7	50/50 poz
completion	5.625	2.875	8	690	portland	97	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
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	Gravty	

DISPOSITION OF GAS:		METHOD OF COMPLETION:			PRODUCTION INTERVAL:
<input type="checkbox"/> Vented	<input type="checkbox"/> Sold	<input type="checkbox"/> Used on Lease	<input type="checkbox"/> Open Hole	<input type="checkbox"/> Perf.	<input type="checkbox"/> Duality Comp.
<i>(If vented, Submit ACO-18.)</i>			<input type="checkbox"/> Other (Specify) _____	<i>(Submit ACO-5)</i>	<i>(Submit ACO-4)</i>
					_____

Franklin County, KS  
 Well: Crown # 15  
 Lease Owner: Oil Source

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

Commenced Spudding:  
 7/16/2011

WELL LOG

Thickness of Strata	Formation	Total Depth
0-6	Soil	6
6	Lime	12
11	Shale	23
10	Lime	33
5	Shale	38
18	Lime	56
40	Shale	96
22	Lime	118-Broken
70	Shale	188
23	Lime	211
25	Shale	236
5	Lime	241
27	Shale	268
5	Lime	273
28	Shale	301
22	Lime	323
8	Shale	331
22	Lime	353
4	Shale	357
11	Lime	369-Hertha
46	Shale	415
5	Lime and Sand	420-No Oil
55	Shale	475
5	Sand	480-No Oil, Grey
6	Sand	486-Oil, OK Bleed, Good Sand
12	Shale	498
2	Lime	500
139	Shale/Lime	639
1	Sand	640-No Oil
8	Sand	648-Oil, 50%+
1	Sand	649-5% or less
1	Sand	650-20% Oil
6	Sand	565-10% or less
10	Sandy Shale	666
21	Shale	687
3	Lime	690
28	Shale	718-TD



**CONSOLIDATED**  
OIL FIELD SERVICES, LLC

TICKET NUMBER 32678

LOCATION Ottawa KS

FOREMAN Fred Maden

PO Box 884, Chanute, KS 66720  
620-431-9210 or 800-467-8878

**FIELD TICKET & TREATMENT REPORT**

**CEMENT**

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
7/19/11	5949	Crown 15	SW 17	16	21	FR
CUSTOMER <u>Oil Sources</u>			TRUCK#	DRIVER	TRUCK#	DRIVER
MAILING ADDRESS <u>7105 W 105th</u>			506	Fred	Safety	Mike
CITY <u>Oveland Park</u>			495	Casey	CK	J
STATE <u>KS</u>			370	Derek	DM	
ZIP CODE <u>66212</u>			510	Recil	CHP	

JOB TYPE Long string HOLE SIZE 5 7/8 HOLE DEPTH 718 CASING SIZE & WEIGHT 2 7/8 EUE  
 CASING DEPTH 690 DRILL PIPE \_\_\_\_\_ TUBING \_\_\_\_\_ OTHER \_\_\_\_\_  
 SLURRY WEIGHT \_\_\_\_\_ SLURRY VOL \_\_\_\_\_ WATER gal/sk \_\_\_\_\_ CEMENT LEFT in CASING 2 1/2 Plug  
 DISPLACEMENT 4 BBL DISPLACEMENT PSI \_\_\_\_\_ MIX PSI \_\_\_\_\_ RATE 5 BPM

REMARKS: Establish circulation. Mix & Pump 100 # Premium Gel Flush  
Mix & Pump 93 sks 50/50 Por. Mix Cement 2 7/8 Gel, Cement  
to Surface. Flush pump & lines clean. Displace 2 1/2"  
Rubber plug to casing TD w/ 4 BBL Fresh water. Pressure  
to 250 # PSI. Release pressure to set float valve.  
Shut in casing

TOS Drilling

Fred Maden

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401	1	PUMP CHARGE		975 <sup>00</sup>
5406	20 mi	MILEAGE		80 <sup>00</sup>
5402	690	Casing Footage		NK
5407	1/2 Mile down	Town Miles		165 <sup>00</sup>
5502C	1 1/2 hrs	80 BBL Vac Truck		135 <sup>00</sup>
1124	93 sks	50/50 Por Mix Cement		971 <sup>95</sup>
1118A	252 #	Premium Gel		51 <sup>40</sup>
4402	1	2 1/2" Rubber Plug		25 <sup>00</sup>
		WDT# 842761		
			7.6%	SALES TAX
				81 <sup>99</sup>
				ESTIMATED
				TOTAL
				2469 <sup>24</sup>

Rev'n 3787

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.