



KANSAS CORPORATION COMMISSION 1071041  
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 # 30329  
Name: Thomas Well Service, Inc.  
Address 1: PO BOX 97  
Address 2: \_\_\_\_\_  
City: MCLOUTH State: KS Zip: 66054 + 0097  
Contact Person: Bobby G. Thomas  
Phone: ( 913 ) 758-0175  
CONTRACTOR: License # 34059  
Name: Hurricane Services, Inc.  
Wellsite Geologist: none  
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: Great Plains Energy Corporation  
Well Name: Crum No. 1  
Original Comp. Date: 1/7/1985 Original Total Depth: 1522  
 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 #: \_\_\_\_\_  
8/4/2011 \_\_\_\_\_ 3/06/2012 \_\_\_\_\_  
Spud Date or \_\_\_\_\_ Date Reached TD \_\_\_\_\_ Completion Date or  
Recompletion Date \_\_\_\_\_ Recompletion Date \_\_\_\_\_

API No. 15 - 15-103-20319-00-01  
Spot Description: \_\_\_\_\_  
SE NE NE Sec. 22 Twp. 8 S. R. 21  East  West  
4290 Feet from  North /  South Line of Section  
330 Feet from  East /  West Line of Section  
Footages Calculated from Nearest Outside Section Corner:  
 NE  NW  SE  SW  
County: Leavenworth  
Lease Name: CRUM Well #: 1  
Field Name: Easton East  
Producing Formation: McLouth SS  
Elevation: Ground: 1065 Kelly Bushing: 1069  
Total Depth: 1522 Plug Back Total Depth: 1470  
Amount of Surface Pipe Set and Cemented at: 42 Feet  
Multiple Stage Cementing Collar Used?  Yes  No.  
If yes, show depth set: \_\_\_\_\_ Feet  
If Alternate II completion, cement circulated from: \_\_\_\_\_  
feet depth to: \_\_\_\_\_ w/ \_\_\_\_\_ sx cmt.

**Drilling Fluid Management Plan**  
(Data must be collected from the Reserve Pit)  
Chloride content: 0 ppm Fluid volume: 75 bbls  
Dewatering method used: Hauled to Disposal  
Location of fluid disposal if hauled offsite:  
Operator Name: Gregg Curry  
Lease Name: Curry License #: 33816  
Quarter SE Sec. 15 Twp. 22 S. R. 11  East  West  
County: Greenwood Permit #: D26554

**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 Gerriso Date: 03/14/2012



1071041

Operator Name: Thomas Well Service, Inc. Lease Name: CRUM Well #: 1  
 Sec. 22 Twp. 8 S. R. 21  East  West County: Leavenworth

**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 type="checkbox"/> Yes <input checked="" 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  <table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:70%;">Name</td> <td style="width:15%;">Top</td> <td style="width:15%;">Datum</td> </tr> <tr> <td>Coal Marker</td> <td>1301</td> <td>-236</td> </tr> <tr> <td>U. McLouth SS, 14'</td> <td>1342</td> <td>-277</td> </tr> <tr> <td>L. McLouth SS, 15'</td> <td>1425</td> <td>-360</td> </tr> <tr> <td>RTD</td> <td>1522</td> <td></td> </tr> </table>	Name	Top	Datum	Coal Marker	1301	-236	U. McLouth SS, 14'	1342	-277	L. McLouth SS, 15'	1425	-360	RTD	1522	
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RTD	1522															

CASING RECORD <input 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

ADDITIONAL CEMENTING / SQUEEZE RECORD				
Purpose:	Depth Top Bottom	Type of Cement	# Sacks Used	Type and Percent Additives
<input type="checkbox"/> Perforate <input type="checkbox"/> Protect Casing <input type="checkbox"/> Plug Back TD <input type="checkbox"/> 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
4	1426-1438		

TUBING RECORD: Size: _____ Set At: _____ Packer At: _____		Liner Run: <input type="checkbox"/> Yes <input checked="" 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 checked="" type="checkbox"/> Used on Lease <i>(If vented, Submit ACO-18.)</i>	METHOD OF COMPLETION: <input type="checkbox"/> Open Hole <input checked="" type="checkbox"/> Perf. <input type="checkbox"/> Dually Comp. <input type="checkbox"/> Commingled <i>(Submit ACO-5) (Submit ACO-4)</i> <input type="checkbox"/> Other (Specify) _____	PRODUCTION INTERVAL: <u>1426-1438</u>
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