



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1178186
OIL & GAS CONSERVATION DIVISION

Form ACO-1

August 2013

Form must be Typed
Form must be Signed
All blanks must be Filled

WELL COMPLETION FORM
WELL HISTORY - DESCRIPTION OF WELL & LEASE

OPERATOR: License # _____

Name: _____

Address 1: _____

Address 2: _____

City: _____ State: _____ Zip: _____ + _____

Contact Person: _____

Phone: (_____) _____

CONTRACTOR: License # _____

Name: _____

Wellsite Geologist: _____

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
- Plug Back Conv. to GSW Conv. to Producer
- Commingled Permit #: _____
- Dual Completion Permit #: _____
- SWD Permit #: _____
- ENHR Permit #: _____
- GSW Permit #: _____

Spud Date or Recompletion Date	Date Reached TD	Completion Date or Recompletion Date
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API No. 15 - _____

Spot Description: _____

_____ - _____ - _____ Sec. _____ Twp. _____ S. R. _____ East West

_____ Feet from North / South Line of Section

_____ Feet from East / West Line of Section

Footages Calculated from Nearest Outside Section Corner:

- NE NW SE SW

GPS Location: Lat: _____, Long: _____
(e.g. xx.xxxxx) (e.g. -xxx.xxxxx)

Datum: NAD27 NAD83 WGS84

County: _____

Lease Name: _____ Well #: _____

Field Name: _____

Producing Formation: _____

Elevation: Ground: _____ Kelly Bushing: _____

Total Vertical Depth: _____ Plug Back Total Depth: _____

Amount of Surface Pipe Set and Cemented at: _____ 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: _____ ppm Fluid volume: _____ bbls

Dewatering method used: _____

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

- Confidentiality Requested
Date: _____
- Confidential Release Date: _____
- Wireline Log Received
- Geologist Report Received
- UIC Distribution
- ALT I II III Approved by: _____ Date: _____

1178186

Operator Name: _____ Lease Name: _____ Well #: _____

Sec. _____ Twp. _____ S. R. _____ East West County: _____

INSTRUCTIONS: Show important tops 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.

Final Radioactivity Log, Final Logs run to obtain Geophysical Data and Final Electric Logs must be emailed to kcc-well-logs@kcc.ks.gov. Digital electronic log files must be submitted in LAS version 2.0 or newer AND an image file (TIFF or PDF).

Drill Stem Tests Taken <i>(Attach Additional Sheets)</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Log	Formation (Top), Depth and Datum	<input type="checkbox"/> Sample
Samples Sent to Geological Survey	<input type="checkbox"/> Yes <input type="checkbox"/> No	Name	Top	Datum
Cores Taken	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Electric Log Run	<input type="checkbox"/> Yes <input type="checkbox"/> No			
List All E. Logs Run:				

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				

Did you perform a hydraulic fracturing treatment on this well? Yes No *(If No, skip questions 2 and 3)*

Does the volume of the total base fluid of the hydraulic fracturing treatment exceed 350,000 gallons? Yes No *(If No, skip question 3)*

Was the hydraulic fracturing treatment information submitted to the chemical disclosure registry? Yes No *(If No, fill out Page Three of the ACO-1)*

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: Flowing Pumping Gas Lift 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 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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Franklin County, KS
Well:W. Lidikay 65
Lease Owner:TDR Construction

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

Commenced Spudding:
11-26-2013

WELL LOG

Thickness of Strata	Formation	Total Depth
0-29	soil/lime	29
6	lime	35
2	shale	37
17	lime	54
7	shale	61
10	lime	71
4	shale	75
21	lime	96
38	shale	134
20	lime	154
74	shale	228
22	lime	250
28	shale	278
8	lime	286
21	shale	307
1	lime	308
17	shale	325
2	lime	327
16	shale	343
7	lime	350
2	shale	352
136	lime	365
8	shale	373
23	lime	396
4	shale	400
5	lime	405
2	shale	407
5	lime	412
116	shale	528
11	sand	539
48	shale	587
3	lime	590
32	shale	622
5	lime	627
14	shale	641
2	lime	643
17	shale	660
1	lime	661
17	shale	678
4	lime	682

Short Cuts

TANK CAPACITY

BBLs. (42 gal.) equals $D^2 \times .14 \times h$
D equals diameter in feet.
h equals height in feet.

BARRELS PER DAY

Multiply gals. per minute x 34.2

HP equals BPH x PSI x .0004

BPH - barrels per hour

PSI - pounds square inch

TO FIGURE PUMP DRIVES

- * D - Diameter of Pump Sheave
- * d - Diameter of Engine Sheave
- SPM - Strokes per minute
- RPM - Engine Speed
- R - Gear Box Ratio
- *C - Shaft Center Distance

D - $RPM \times d$ over $SPM \times R$

d - $SPM \times R \times D$ over RPM

SPM - $RPM \times D$ over $R \times d$

R - $RPM \times D$ over $SPM \times d$

BELT LENGTH - $2C + 1.57(D + d) + \frac{(D-d)^2}{4C}$

* Need these to figure belt length

TO FIGURE AMPS: $\frac{WATTS}{VOLTS} = AMPS$

746 WATTS equal 1 HP

Log Book

Well No. 65

Farm West Lidikay

KS Franklin
(State) (County)

4 16 21
(Section) (Township) (Range)

For TDR Construction
(Well Owner)

Town Oilfield Services, Inc.

1207 N. 1st East
Louisburg, KS 66053
913-710-5400

West Lid. Kay Farm: Franklin County

KS State: Well No. 65

Elevation 1026

Commenced Spuding Nov 26 2013

Finished Drilling Nov 27 2013

Driller's Name Wesley Dollard

Driller's Name

Driller's Name

Tool Dresser's Name Greg Perry

Tool Dresser's Name Stephen Scott

Tool Dresser's Name

Contractor's Name TOS

4 16 21

(Section) (Township) (Range) Distance from S line, 3135 ft.

Distance from E line, 2805 ft.

2 sacks

7 hrs

CASING AND TUBING RECORD

10" Set _____ 10" Pulled _____
8" Set _____ 8" Pulled _____
7 1/4" Set 21 _____ 6 1/4" Pulled _____
4" Set _____ 4" Pulled _____
2" Set _____ 2" Pulled _____

CASING AND TUBING MEASUREMENTS

Table with 6 columns: Feet, In., Feet, In., Feet, In. Handwritten entries include 757.45, 789.10, Baffle, F Loc, and 2 7/8.

Thickness of Strata	Formation	Total Depth	Remarks
0-29	soil - clay	29	
6	Lime	35	
2	Shale	37	
17	Lime	54	
7	Shale	61	
10	Lime	71	
4	Shale	75	
21	Lime	96	shells
38	Shale	134	
20	Lime	154	
74	Shale	228	
22	Lime	250	
28	Shale	278	
8	Lime	286	
21	Shale	307	
1	Lime	308	
17	Shale	325	
2	Lime	327	
16	Shale	343	
7	Lime	350	
2	Shale	352	
13	Lime	365	
8	Shale	373	
23	Lime	396	
4	Shale	400	
5	Lime	405	
2	Shale	407	

407

Thickness of Strata	Formation	Total Depth	Remarks
5	Lime	412	Herthq
116	Shale	528	
11	Sand	539	no Oil
48	Shale	587	
3	Lime	590	
32	Shale	622	
5	Lime	627	
14	Shale	641	
2	Lime	643	
17	Shale	660	
1	Lime	661	
17	Shale	678	
4	Lime	682	
4	Shale	686	
6	sand	692	broken - poor saturation
12	Sand	704	
13	Sand	716	solid - poor saturation
44	Shale	760	solid - good saturation
10	sand	770	slight show TD
30	Sandy shale	800	



CONSOLIDATED
Oil Well Services, LLC

264456

TICKET NUMBER 44891
LOCATION Ottawa, KS
FOREMAN Casey Kennedy

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
11/27/13	7841	W. Lidakay # 65	NW4	16	21	FR
CUSTOMER			TRUCK #			
TDR Construction			729	Driver	Truck #	Driver
MAILING ADDRESS			6666	Gar Moo	✓	Safety Meeting
			558	Mat. Coc	✓	
CITY			370	Kei Car	✓	
Louisburg		STATE	ZIP CODE			
KS		666053				

JOB TYPE longstring HOLE SIZE 5 5/8" HOLE DEPTH 800' CASING SIZE & WEIGHT 2 7/8" EUE
 CASING DEPTH 789' DRILL PIPE _____ TUBING baffle - 757' OTHER _____
 SLURRY WEIGHT _____ SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT in CASING 32'
 DISPLACEMENT 4.38 bbls DISPLACEMENT PSI _____ MIX PSI _____ RATE 4.5 bpm

REMARKS: held safety meeting, established circulation, mixed & pumped 200 # Premium Gel followed by 10 bbls fresh water, mixed & pumped 122 sks 50/50 Pozmix cement w/ 2% gel per sk, cement to surface, flushed pump clean, pumped 2 1/2" rubber plug to baffle w/ 4.38 bbls fresh water, pressured to 800 PSI, released pressure, shut in casing.

[Handwritten signature]

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401	1	PUMP CHARGE		1085.00
5406	20 mi	MILEAGE		84.00
5402	789'	casing footage		—
5407	minimum	ten mileage		368.00
5502C	2 hrs	80 Vac		180.00
1124	122 sks	50/50 Pozmix cement		1403.00
1118B	405 #	Premium Gel		89.10
4402	1	2 1/2" rubber plug		29.50

7.65% SALES TAX ESTIMATED TOTAL 116.41
3355.01

Ravin 3737

AUTHORIZATION No Co Rep on location 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.