



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1203973
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: _____

1203973

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 <input type="checkbox"/> Yes <input type="checkbox"/> No <i>(Attach Additional Sheets)</i> Samples Sent to Geological Survey <input type="checkbox"/> Yes <input type="checkbox"/> No 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: _____	<input type="checkbox"/> Log Formation (Top), Depth and Datum <input type="checkbox"/> Sample Name Top Datum
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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: <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> _____				
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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CONSOLIDATED
Oil Well Services, LLC

267058

TICKET NUMBER 42755

LOCATION Ottawa, KS

FOREMAN Casey Kennedy

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

FIELD TICKET & TREATMENT REPORT
CEMENT

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
3/27/14	7841	Nuckolls #3	NE 2	16	21	MI

CUSTOMER <u>TDR Construction</u>		
MAILING ADDRESS <u>1207 N. 1st St</u>		
CITY <u>Louisburg</u>	STATE <u>KS</u>	ZIP CODE <u>660053</u>

TRUCK #	DRIVER	TRUCK #	DRIVER
729	Cas Ken	✓ Safety Meeting	
666	Gar Moo	✓	
503	Kei Car	✓	
570	Jas Ric	✓	

JOB TYPE <u>longstring</u>	HOLE SIZE <u>5 5/8"</u>	HOLE DEPTH <u>780'</u>	CASING SIZE & WEIGHT <u>2 7/8" EVE</u>
CASING DEPTH <u>763'</u>	DRILL PIPE	TUBING <u>baffle - 732'</u>	OTHER
SLURRY WEIGHT	SLURRY VOL	WATER gal/sk	CEMENT LEFT in CASING <u>31'</u>
DISPLACEMENT <u>4.24 bbls</u>	DISPLACEMENT PSI	MIX PSI	RATE <u>5 bpm</u>

REMARKS: held safety meeting, established circulation, mixed & pumped 1/2 gal Polymer, circulated well for 1hr to condition hole, mixed & pumped 200# Premium Gel followed by 10 bbls fresh water, mixed & pumped 123 sks 50/50 Parnix cement w/ 2% gel per sk, cement to surface, flushed pump clean, pumped 2 1/2" rubber plug to baffle w/ 4.24 bbls fresh water, pressured to 500 PSI, released pressure, shut in casing.

BTG

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 ✓
5902	763'	casing footage		— ✓
5407	minimum	tan mileage		368.00 ✓
5502C	3 hrs	80 vac		300.00 ✓
1124	123 sks	50/50 Parnix cement	1414.50 ✓	
1118B	407 #	Premium Gel	89.54 ✓	
		materials - 30%	1504.04	
		subtotal	451.21 ✓	
4402	1	2 1/2" rubber plug		1052.83 ✓
1401	1/2 gal	Polymer		29.50 ✓
				23.63 ✓
		<input checked="" type="checkbox"/> completed	3513.30	
		7.65%	SALES TAX	84.61 ✓
			ESTIMATED TOTAL	3027.57 ✓

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.

Miami County, KS
Well:Nuckolls 3
Lease Owner:TDR Const.

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

Commenced Spudding:
03/26/2014

WELL LOG

Thickness of Strata	Formation	Total Depth
0-10	soil/clay	10
20	lime	30
7	shale	37
11	lime	48
5	shale	53
17	lime	70
13	shale	83
20	sand	103
19	lime	122
82	shale	204
21	lime	225
29	shale	254
5	lime	259
41	shale	300
2	lime	302
4	shale	306
18	lime	324
3	shale	327
14	lime	341
9	shale	350
23	lime	373
4	shale	377
4	lime	381
3	shale	384
6	lime	390
109	shale	499
12	sand	511
45	shale	556
8	lime	564
30	shale	594
9	lime	603
14	shale	617
4	lime	621
17	shale	638
5	lime	643
23	shale	666
2	lime	668
5	shale	673
4	sand	677
9	sand	686

Short Cuts

TANK CAPACITY

BBLs. (42 gal.) equals $D^2 \times h \times 14$

D equals diameter in feet.

h equals height in feet.

BARRELS PER DAY

Multiply gals. per minute x 34.2

HP equals $BPH \times PSI \times .0004$

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. 3

Farm Nuckolls

KS Miami
(State) (County)

2 16 21
(Section) (Township) (Range)

For TDR Construction
(Well Owner)

Town Oilfield Services, Inc.

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

Nuckolls Farm: Miami County

KS State: Well No. 3

Elevation 998

Commenced Spuding March 26, 2014

Finished Drilling March 27, 2014

Driller's Name Wesley Dollard

Driller's Name

Driller's Name

Tool Dresser's Name Greg Perry

Tool Dresser's Name Ryan Ward

Tool Dresser's Name Stephen Scott

Contractor's Name TOS

2 16 21

(Section) (Township) (Range)
Distance from S line, 4785 ft.
Distance from E line, 495 ft.

5 sacks
7 hrs

CASING AND TUBING RECORD

10" Set
8" Set
70" Set 21
4" Set
2" Set
10" Pulled
8" Pulled
6 1/4" Pulled
4" Pulled
2" Pulled

CASING AND TUBING MEASUREMENTS

Table with columns: Feet, In., Feet, In., Feet, In. Handwritten entries include 731.78, 766.66, Baffle, Float, and 2 7/8.

Thickness of Strata	Formation	Total Depth	Remarks
0-10	soil-clay	10	
20	Lime	30	
7	Shale	37	
11	Lime	48	
5	Shale	53	
17	Lime	70	
13	Shale	83	shells
20	sand	103	redbed
19	Lime	122	grey - no oil
82	Shale	204	
21	Lime	225	
29	Shale	254	
5	Lime	259	
41	Shale	300	
2	Lime	302	
4	Shale	306	
18	Lime	324	
3	Shale	327	
14	Lime	341	
9	Shale	350	
23	Lime	373	
4	Shale	377	
4	Lime	381	
3	shale	384	
6	Lime	390	
109	shale	499	Heitha
12	sand	511	no oil

511

Thickness of Strata	Formation	Total Depth	Remarks
45	Shale	556	
8	lime	564	
30	Shale	594	
9	lime	603	
14	Shale	617	
4	lime	621	
17	Shale	638	
5	lime	643	
23	Shale	666	
2	lime	668	
5	Shale	673	
4	sand	677	no oil
9	sand	686	mostly solid - good saturation
3	sand	689	broken - good oil
2	sand	691	no oil
89	sandy shale	780	TD