



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1207815
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: _____

1207815

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> _____
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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:McCoy 9
Lease Owner: TDR

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

Commenced Spudding:
05/09/2014

WELL LOG

Thickness of Strata	Formation	Total Depth
0-40	soil-clay	40
38	shale	78
7	lime	85
1	shale	86
19	lime	105
5	shale	110
10	lime	120
6	shale	126
19	lime	145
39	shale	184
20	lime	204
74	shale	278
23	lime	301
24	shale	325
6	lime	331
42	shale	373
2	lime	375
15	shale	390
8	lime	398
3	shale	401
12	lime	413
9	shale	422
23	lime	445
4	shale	449
3	lime	452
4	shale	456
6	lime	462
17	shale	489
13	sand	502
8	shale	510
40	sand and sandy shale	550
34	shale	584
9	sand	593
45	shale	638
7	lime	645
23	shale	668
7	lime	675
13	shale	688
3	lime	691
15	shale	706

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 $BPH \times PSI \times .0004$

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. 9

Farm McCoy

KS Franklin
(State) (County)

32 15 21
(Section) (Township) (Range)

For TDR
(Well Owner)

Town Oilfield Services, Inc.

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

McCoy Farm: Franklin County

KS State; Well No. 9

Elevation 1040

Commenced Spuding 05/09, 2014

Finished Drilling _____, 20_____

Driller's Name Greg Perry

Driller's Name _____

Driller's Name _____

Tool Dresser's Name Kenny Gunn

Tool Dresser's Name _____

Tool Dresser's Name _____

Contractor's Name TOS

32 15 21

(Section) (Township) (Range)

Distance from S line, 3505 ft.

Distance from E line, 1240 ft.

3 bags of cement

CASING AND TUBING RECORD

10" Set _____ 10" Pulled _____

~~8" Set~~ 21" _____ 8" Pulled _____

6 1/2" Set _____ 6 1/2" Pulled _____

4" Set _____ 4" Pulled _____

2" Set _____ 2" Pulled _____

CASING AND TUBING MEASUREMENTS

Feet	In.	Feet	In.	Feet	In.
793		Baffle	2 1/8"		
824		Total			

Thickness of Strata	Formation	Total Depth	Remarks
0-40	Soil-Clay	40	
38	Shale	78	
7	Lime	85	
1	Shale	86	
19	Lime	105	
5	Shale	110	
10	Lime	120	
6	Shale	126	
19	Lime	145	
39	Shale	184	
20	Lime	204	
74	Shale	278	
23	Lime	301	
24	Shale	325	
6	Lime	331	
42	Shale	373	
2	Lime	375	
15	Shale	390	
8	Lime	398	
3	Shale	401	
12	Lime	413	
9	Shale	422	
23	Lime	445	
4	Shale	449	
3	Lime	452	
4	Shale	456	
6	Lime	462	Mertha

462

Thickness of Strata	Formation	Total Depth	Remarks
17	Shale	489	
13	Sand	502	No Oil
8	Shale	510	
40	Sand & Sandy Shale	550	No Oil
34	Shale	584	
9	Sand	593	No Oil
45	Shale	638	
7	Lime	645	
23	Shale	668	
7	Lime	675	
13	Shale	688	
3	Lime	691	
15	Shale	706	
3	Lime	709	
14	Shale	723	
1	Lime	724	
16	Shale	740	
1	Sand	741	Broken - Good Saturation
1	Lime	742	
1	Sand	743	Broken - Good Saturation
7	Sand	750	Solid - Good Saturation
2	Sand	752	Broken - Poor Saturation
5	sandy Shale	757	
87	Shale	840	
2	Lime	842	
48	Shale	890	
6	Sand	896	No Oil

Town Oilfield Service

P.O Box 339 Louisburg, Ks 66053
913-837-8400

Ticket Number _____
Location _____
Foreman Lance Town

Field Ticket & Treatment Report Cement

Date	Customer#	Well Name & Number	Section	Township	Range	County
5-14-14		McCoy #9	32	15	21	Franklin
Customer		Mailing Address				
TDIR Cont. Inc						
		City	State	Zip Code		

Job Type long string Hole Size 5 5/8 Hole Depth 840 Casing Size & Weight 2 7/8
Casing Depth 824 Drill Pipe _____ Tubing _____ Other _____
Displacement 4.6 Displacement PSI 300 Mix PSI 100 Rate 4 BPM

Remarks Bigged up, Established Rate down casing, mixed & pumped
120# gel followed by 100% cement circulated cement flushed
Pump & Pumped Plug.

Account Code	Quantity or Units	Description of Services or Product	Unit Price	Total
		Pump Charge		700
		Cement Truck		250
		Water Truck		150
	130	Cement	8.5	1105
	2	Gel	15	30
	1	Plug	25	25
			Sales Tax	
Estimated Total				2860

Authorization [Signature] Title _____ Date 5-14-14

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.