



Confidentiality Requested:

Yes  No

KANSAS CORPORATION COMMISSION 1207819  
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: \_\_\_\_\_

1207819

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

<b>DISPOSITION OF GAS:</b> <input type="checkbox"/> Vented <input type="checkbox"/> Sold <input type="checkbox"/> Used on Lease <i>(If vented, Submit ACO-18.)</i>	<b>METHOD OF COMPLETION:</b> <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> _____	<b>PRODUCTION INTERVAL:</b> _____ _____
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Franklin County, KS  
Well:McCoy 10  
Lease Owner:TDR

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

Commenced Spudding:  
05/14/2014

WELL LOG

Thickness of Strata	Formation	Total Depth
0-49	soil/clay	49
33	shale	82
25	lime	107
7	shale	114
11	lime	125
5	shale	130
20	lime	150
38	shale	188
21	lime	209
73	shale	282
23	lime	305
23	shale	328
7	lime	335
42	shale	377
2	lime	379
15	shale	394
8	lime	402
2	shale	404
14	lime	418
11	shale	429
21	lime	450
4	shale	454
3	lime	457
5	shale	462
4	lime	466
29	shale	495
4	sand	499
4	sandy shale	503
12	shale	515
23	sand	538
2	sandy shale	540
8	sand	548
6	sand and sandy shale	554
38	shale	592
6	sand	598
2	sandy shale	600
45	shale	645
9	lime	654
37	shale	691
3	lime	694



# 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. 10

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. 10

Elevation 1044

Commenced Spuding 05/14 20 14

Finished Drilling 05/16 20 14

Driller's Name Greg Perry

Driller's Name

Driller's Name

Tool Dresser's Name Kenny Gwin

Tool Dresser's Name

Tool Dresser's Name

Contractor's Name TOG

32 15 21

(Section) (Township) (Range)

Distance from S line, 3505 ft.

Distance from E line, 865 ft.

6 Bag of cement

CASING AND TUBING MEASUREMENTS

Table with 6 columns: Feet, In., Feet, In., Feet, In. Handwritten entries: 786 55 Baffle 4 1/2; 815 75 Total

CASING AND TUBING RECORD

- 10" Set 10" Pulled
8 3/8" Set 22' 8" Pulled
6 1/4" Set 6 1/4" Pulled
4" Set 4" Pulled
2" Set 2" Pulled

Thickness of Strata	Formation	Total Depth	Remarks
0-49	Soil-Clay	49	
33	Shale	82	
25	Lime	107	
7	Shale	114	
11	Lime	125	
5	Shale	130	
20	Lime	150	
38	Shale	188	
21	Lime	209	
73	Shale	282	
23	Lime	305	
23	Shale	328	
7	Lime	335	
42	Shale	377	
2	Lime	379	
15	Shale	394	
8	Lime	402	
2	Shale	404	
14	Lime	418	
11	Shale	429	
21	Lime	450	
4	Shale	454	
3	Lime	457	
5	Shale	462	
4	Lime	466	Hertha
29	Shale	495	
4	Sand	499	



499

Thickness of Strata	Formation	Total Depth	Remarks
4	Sandy Shale	503	
12	Shale	515	
23	Sand	538	
2	Sandy Shale	540	
8	Sand	548	
6	Sand & Sandy Shale	554	
38	Shale	592	
6	Sand	598	
2	Sandy Shale	600	
45	Shale	645	
9	Lime	654	
37	Shale	691	
3	Lime	694	
16	Shale	710	
5	Lime	715	
29	Shale	744	
2	Sand	746	Broken - Good Saturation
2	Lime	748	
6	Sand	754	Solid - Good Saturation
4	Sand	758	Broken - Good Saturation
9	Sandy Shale	767	
73	Shale	840	TD

# 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
5-16-14		McCoy #10	32	15	21	Franklin
Customer		Mailing Address				
TOR Cont Inc.						
		City	State	Zip Code		

Job Type Long String Hole Size 6 3/4 Hole Depth 840 Casing Size & Weight \_\_\_\_\_  
Casing Depth 815 Drill Pipe \_\_\_\_\_ Tubing \_\_\_\_\_ Other \_\_\_\_\_  
Displacement 12.46 Displacement PSI 100 Mix PSI 100 Rate 4 BPM

Remarks Rigged 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	
	160	Cement	8.5	1360	
	2	Gel		30	
	1	Plug		55	
			Sales Tax		
				Estimated Total	2545

Authorization [Signature] Title \_\_\_\_\_ Date 5-16-14

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.

# 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
5-16-14		McCoy #10	32	15	21	Franklin
Customer		Mailing Address				
<u>TOR Cont Inc.</u>						
		City	State	Zip Code		

Job Type Long String Hole Size 6 3/4 Hole Depth 240 Casing Size & Weight \_\_\_\_\_  
Casing Depth 215 Drill Pipe \_\_\_\_\_ Tubing \_\_\_\_\_ Other \_\_\_\_\_  
Displacement 12.46 Displacement PSI 100 Mix PSI 100 Rate 4 BOPM

Remarks Rigged 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
	160	Cement	8.5	1360
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