



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1209687
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: _____

1209687

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
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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> <i>(Submit ACO-4)</i> <input type="checkbox"/> Other <i>(Specify)</i> _____	PRODUCTION INTERVAL: _____ _____
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Franklin County, KS
Well: Hoehn 23
Lease Owner: TDR

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

Commenced Spudding:
05/28/2014

15-059-26453-00-00

WELL LOG

Thickness of Strata	Formation	Total Depth
0-36	soil-clay	36
3	lime	39
4	shale	43
17	lime	60
7	shale	67
11	lime	78
7	shale	83
16	lime	101
40	shale	141
22	lime	163
71	shale	234
24	lime	258
23	shale	281
6	lime	287
25	shale	312
2	lime	314
16	shale	330
2	lime	332
16	shale	348
7	lime	355
3	shale	358
13	lime	371
11	shale	382
21	lime	403
4	shale	407
4	lime	411
5	shale	416
4	lime	420
47	shale	467
12	sand	479
67	shale	546
6	sand	552
50	shale	602
58	lime	607
6	shale	613
7	lime	620
6	shale	626
10	lime	636
10	shale	646
5	lime	651

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 - $\text{RPM} \times d$ over $\text{SPM} \times R$
- d - $\text{SPM} \times R \times D$ over RPM
- SPM - $\text{RPM} \times D$ over $R \times D$
- R - $\text{RPM} \times D$ over $\text{SPM} \times D$

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

* Need these to figure belt length

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

746 WATTS equal 1 HP

Log Book

Well No. 23

Farm Hoehn

KS Franklin
(State) (County)

5 16 21
(Section) (Township) (Range)

For TDR
(Well Owner)

Town Oilfield Services, Inc.

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

Hoehn Farm: Franklin County

KS State; Well No. 23

Elevation 989

Commenced Spuding 05/28 20 14

Finished Drilling 05/29 20 14

Driller's Name Greg Perry

Driller's Name

Driller's Name

Tool Dresser's Name John Lohse

Tool Dresser's Name Ryan Ward

Tool Dresser's Name Justin Lyons

Contractor's Name TOS

5 16 21
 (Section) (Township) (Range)

Distance from S line, 3135 ft.

Distance from E line, 4060 ft.

2 bags of cement

CASING AND TUBING RECORD

10" Set _____ 10" Pulled _____
 8" Set _____ 8" Pulled _____
~~7"~~ 6" Set 21" _____ 6" Pulled _____
 4" Set _____ 4" Pulled _____
 2" Set _____ 2" Pulled _____

CASING AND TUBING MEASUREMENTS

Feet	In.	Feet	In.	Feet	In.
725	95	Baffle			
757	20	Total		27 1/2"	

Thickness of Strata	Formation	Total Depth	Remarks
0-36	Soil-Clay	36	
3	Lime	39	
4	Shale	43	
17	Lime	60	
7	Shale	67	
11	Lime	78	
7	Shale	85	
16	Lime	101	
40	Shale	141	
22	Lime	163	
71	Shale	234	
24	Lime	258	
23	Shale	281	
6	Lime	287	
25	Shale	312	
2	Lime	314	
16	Shale	330	
2	Lime	332	
16	Shale	348	
7	Lime	355	
3	Shale	358	
13	Lime	371	
11	Shale	382	
21	Lime	403	
4	Shale	407	
4	Lime	411	
5	Shale	416	

416

Thickness of Strata	Formation	Total Depth	Remarks
4	Lime	420	Hertha
47	Shale	467	
12	Sand	479	No Oil
67	Shale	546	
6	Sand	552	Broken - Good Saturation Good Bleed
50	Shale	602	
5	Lime	607	
6	Shale	613	
7	Lime	620	
6	Shale	626	
10	Lime	636	
10	Shale	646	
5	Lime	651	
16	Shale	667	
3	Lime	670	
17	Shale	687	
2	Lime	689	
7	Shale	696	
4	Sand	700	Broken - Good Saturation Broken - Poor Saturation
4	Sand	704	
76	Shale	780	TD

Town Oilfield Service

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

Ticket Number _____
Location _____
Foreman _____

Field Ticket & Treatment Report Cement

Date	Customer#	Well Name & Number	Section	Township	Range	County
5-29-14		Hoehn 23	5	16	21	Franklin
Customer TDR Cont.		Mailing Address				
		City	State	Zip Code		

Job Type long string Hole Size 5 7/8 Hole Depth 780 Casing Size & Weight 2 7/8
 Casing Depth 757 Drill Pipe _____ Tubing _____ Other _____
 Displacement 4.6 Displacement PSI 300 Mix PSI 200 Rate 4 BPM

Remarks Bigged up, Established Rate down casing. Mixed & pumped 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
	120	Cement	8.5	1020
		Gel		
	1	Plug	25	25
			Sales Tax	
Estimated Total				

Authorization [Signature] Title _____ Date 5-29-14

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.