



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1209692
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: _____

1209692

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> <input type="checkbox"/> Other <i>(Specify)</i> _____	PRODUCTION INTERVAL: _____ _____
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Franklin County, KS
Well: Hoehn I-22
Lease Owner: TDR

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

Commenced Spudding:
05/30/2014

15-059-26450-00-00

WELL LOG

Thickness of Strata	Formation	Total Depth
0-39	soil-clay	39
4	lime	43
3	shale	46
17	lime	63
7	shale	70
12	lime	82
6	shale	88
11	lime	99
45	shale	144
23	lime	167
71	shale	238
24	lime	262
23	shale	285
6	lime	291
24	shale	315
2	lime	317
17	shale	334
1	lime	335
17	shale	352
7	lime	359
2	shale	361
13	lime	374
13	shale	387
19	lime	406
5	shale	411
4	lime	415
3	shale	418
5	lime	423
50	shale	473
12	sand	485
61	shale	546
1	sand	547
7	sand	554
46	shale	600
6	lime	606
6	shale	612
20	lime	632
12	shale	644
3	lime	647
20	shale	667

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. I-22

Farm Hoehn

KS

(State)

Franklin

(County)

5

(Section)

16

(Township)

21

(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. I-22

Elevation 984

Commenced Spuding 05/30 .20 14

Finished Drilling 06/02 .20 14

Driller's Name Greg Perry

Driller's Name

Driller's Name

Tool Dresser's Name Kenny Gynn

Tool Dresser's Name Justin Lynn

Tool Dresser's Name

Contractor's Name TOS

S 16 21

(Section) (Township) (Range)

Distance from S line, 2970 ft.

Distance from E line, 4225 ft.

3 bag of Cement

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 727 90 Baffle and 756 90 Total 2 7/8".

Thickness of Strata	Formation	Total Depth	Remarks
0-39	Soil - Clay	39	
4	Lime	43	
3	Shale	46	
17	Lime	63	
7	Shale	70	
12	Lime	82	
6	Shale	88	
11	Lime	99	
45	Shale	144	
23	Lime	167	
71	Shale	238	
24	Lime	262	
23	Shale	285	
6	Lime	291	
24	Shale	315	
2	Lime	317	
17	Shale	334	
1	Lime	335	
17	Shale	352	
7	Lime	359	
2	Shale	361	
13	Lime	374	
13	Shale	387	
19	Lime	406	
5	Shale	411	
4	Lime	415	
3	Shale	418	

418

Thickness of Strata	Formation	Total Depth	Remarks
5	Lime	423	Hertha
50	Shale	473	
12	Sand	485	No Oil
61	Shale	546	
1	Sand	547	Broken - Poor Saturation
7	Sand	554	
46	Shale	600	Broken - Good Saturation
6	Lime	606	
6	Shale	612	
20	Lime	632	
12	Shale	644	
3	Lime	647	
20	Shale	667	
2	Lime	669	
19	Shale	688	
1	Lime	689	
6	Shale	695	
1	Sand	696	Broken - Good Saturation
5	Sand	701	
3	Sand	704	Solid - Good Saturation
2	Sand	706	Broken - Good Saturation
74	Sandy Shale	780	Broken - Poor Saturation
			TP

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
6-2-14		Hoehn I-22	5	16	21	Franklin
Customer TDR cont.		Mailing Address				
		City	State	Zip Code		

Job Type long string Hole Size 5 5/8 Hole Depth 720 Casing Size & Weight 2 7/8
 Casing Depth 756 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  Title _____ Date 6-2-14

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.