



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1217862
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: _____

1217862

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 2-W
 Lease Owner: TDR

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

Commenced Spudding:
 7/30/2014

WELL LOG

Thickness of Strata	Formation	Total Depth
42	soil/clay	42
32	shale	74
4	lime	78
2	shale	80
16	lime	96
8	shale	104
10	lime	114
4	sand	118
2	shale	120
15	lime	135
21	shale	156
9	sand	165
5	sandy shale	170
8	shale	178
20	lime	198
74	shale	272
22	lime	294
20	shale	314
10	lime	324
17	shale	341
3	lime	344
26	shale	370
1	lime	371
15	shale	386
24	lime	410
8	shale	418
23	lime	441
4	shale	445
5	lime	450
4	shale	454
7	lime	461
127	shale and sandy shale	588
5	sand	593
3	sandy shale	596
42	shale	638
7	lime	645
9	shale	654
3	lime and shale	657
9	shale	666
6	lime and shale	672

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. 2-W

Farm McCoy

KS Franklin
(State) (County)

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

For TDR Construction
(Well Owner)

Town Oilfield Services, Inc.

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

Mohr Farm: Franklin County

KS State; Well No. 2W

Elevation 1047

Commenced Spuding 7-30 2014

Finished Drilling 7-31 2014

Driller's Name Chad Wecker

Driller's Name

Driller's Name

Tool Dresser's Name Cole Holcom

Tool Dresser's Name

Tool Dresser's Name

Contractor's Name TOS

32 15 21

(Section) (Township) (Range)

Distance from S line, 3300 ft.

Distance from E line, 685 ft.

2- Sacks
**CASING AND TUBING
 RECORD**

10" Set _____ 10" Pulled _____

8" Set _____ 8" Pulled _____

~~6 1/2~~ Set 21' 6 1/4" Pulled _____

4" Set _____ 4" Pulled _____

2 7/8 Set 822.30 2" Pulled _____

740.70
 Duddle
 840 TO

CASING AND TUBING MEASUREMENTS

Feet	In.	Feet	In.	Feet	In.

Thickness of Strata	Formation	Total Depth	Remarks
42	soil / clay	42	
32	shale	74	
4	Lime	78	
2	shale	80	
16	Lime	96	
8	shale	104	Dark
10	Lime	114	
4	sand	118	
2	shale	120	grey, no oil
15	Lime	135	
21	shale	156	(red bed 143' - 146')
9	sand	165	grey, no oil
5	sandy shale	170	
8	shale	178	
20	Lime	198	
74	shale	272	
22	Lime	294	
20	shale	314	
10	Lime	324	
17	shale	341	
3	Lime	344	
26	shale	370	
1	Lime	371	
15	shale	386	
24	Lime	410	
8	shale	418	
23	Lime	441	

441

Thickness of Strata	Formation	Total Depth	Remarks
4	shale	445	
5	lime	450	
4	shale	454	
7	lime	461	
127	chalc sand shale	588	Hard
5	sand	593	
3	sandy shale	596	
42	chale	638	
7	lime	645	
9	shale	654	
3	lime & shale	657	
9	shale	666	
6	lime & shale	672	
15	shale	687	
3	lime	690	
14	shale	704	
3	lime	707	
28	shale	735	
2	Broken sand	737	
1	Broken sand	738	odor, 5% - 10%
2	Broken sand	740	30% oil
1	sand	741	80% - 90% sand bleed
1	Broken sand	742	30% oil
1	Broken sand	743	5% oil
3	Broken sand	746	40% - 50% oil
6	Broken sand	752	60% - 70% oil
2	Broken sand	754	5% oil

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
7-31-14		McCoy 2W	32	15	21	FR
Customer TDIR		Mailing Address				
		City	State	Zip Code		

Job Type Long String Hole Size 5 5/8 Hole Depth 840 Casing Size & Weight 2 7/8
 Casing Depth 802 Drill Pipe _____ Tubing _____ Other _____
 Displacement _____ Displacement PSI _____ Mix PSI _____ Rate _____

Remarks _____

Account Code	Quantity or Units	Description of Services or Product	Unit Price	Total
		Pump Charge		700
		Cement Truck		250
		Water Truck		150
	127	Cement	8.5	1079.5
		Gel		
		Plug		25
			Sales Tax	
Estimated Total				2204.5

Authorization  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.