

Confidentiality Requested:

Yes No

**KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION**

Form ACO-1

January 2018

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

Gas DH EOR

OG GSW

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 EOR Conv. to SWD

Plug Back Liner Conv. to GSW Conv. to Producer

Commingled Permit #: _____

Dual Completion Permit #: _____

SWD Permit #: _____

EOR Permit #: _____

GSW Permit #: _____

Spud Date or Recompletion Date _____ Date Reached TD _____ Completion Date or Recompletion Date _____

API No.: _____

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 Drill Stem Tests Received

Geologist Report / Mud Logs Received

UIC Distribution

ALT I II III Approved by: _____ Date: _____

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 Geologist Report / Mud Logs <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				

1. Did you perform a hydraulic fracturing treatment on this well? Yes No *(If No, skip questions 2 and 3)*
2. Does the volume of the total base fluid of the hydraulic fracturing treatment exceed 350,000 gallons? Yes No *(If No, skip question 3)*
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)*

Date of first Production/Injection or Resumed Production/Injection:	Producing Method: <input type="checkbox"/> Flowing <input type="checkbox"/> Pumping <input type="checkbox"/> Gas Lift <input type="checkbox"/> Other <i>(Explain)</i> _____			
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> <i>(Submit ACO-4)</i>	PRODUCTION INTERVAL: Top Bottom
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Shots Per Foot	Perforation Top	Perforation Bottom	Bridge Plug Type	Bridge Plug Set At	Acid, Fracture, Shot, Cementing Squeeze Record <i>(Amount and Kind of Material Used)</i>

TUBING RECORD:	Size:	Set At:	Packer At:	
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Franklin County, KS
Well: S. Beckmeyer I-60
Lease Owner: TDR

Town Oilfield Service, Inc.
(913) 294-2125

Commenced Spudding:
2/8/18

WELL LOG

Thickness of Strata	Formation	Total Depth
0-34	Soil-Clay	34
4	Lime	38
4	Shale	42
15	Lime	57
6	Shale	63
11	Lime	74
7	Shale	81
17	Lime	98
44	Shale	142
22	Lime	164
71	Shale	235
22	Lime	257
27	Shale	284
6	Lime	290
21	Shale	311
2	Lime	313
19	Shale	332
1	Lime	333
15	Shale	348
25	Lime	373
8	Shale	381
21	Lime	402
4	Shale	406
5	Lime	411
2	Shale	413
7	Lime	420
122	Shale	542
8	Sand	550
46	Shale	596
8	Lime	604
4	Shale	608
4	Lime	612
2	Shale	614
3	Lime	617
26	Shale	643
4	Lime	647
13	Shale	660
7	Lime	667
12	Shale	679
2	Lime	681

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-60

Farm South Beckmeyer

KS Franklin
 (State) (County)

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

For TDR Construction
 (Well Owner)

15-059-27164

Town Oilfield Services, Inc.

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

South
 Beckmeyer Farm: Franklin County
 KS State; Well No. I-60

Elevation 1021
 Commenced Spuding 2-8 2018
 Finished Drilling 2-13 2018
 Driller's Name Wesley Dollard
 Driller's Name Ryan Ward
 Driller's Name _____
 Tool Dresser's Name _____
 Tool Dresser's Name _____
 Tool Dresser's Name _____
 Contractor's Name TOS
32 15 21

(Section) (Township) (Range)
 Distance from S line, 330 ft.

Distance from E line, 990 ft.

6 sacks 1 case

10 hrs

6 3/4 borehole

2 7/8 casing

**CASING AND TUBING
 RECORD**

10" Set _____ 10" Pulled _____
 8" Set 21 8" Pulled _____
 6 1/4" Set _____ 6 1/4" Pulled _____
 4" Set _____ 4" Pulled _____
 2" Set _____ 2" Pulled _____

CASING AND TUBING MEASUREMENTS

Feet	In.	Feet	In.	Feet	In.
<u>704</u>		<u>Seat nipple</u>			
		<u>open hole completion</u>			
		<u>seat nipple on bottom</u>			
		<u>of casing</u>			
		<u>rag packer at top of</u>			
		<u>core slot</u>			

Thickness of Strata	Formation	Total Depth	Remarks
0-34	Soil-clay	34	
4	Lime	38	
4	Shale	42	
15	Lime	57	
6	Shale	63	
11	Lime	74	
7	Shale	81	
17	Lime	98	shells
44	Shale	142	
22	Lime	164	
71	Shale	235	
22	Lime	257	
27	Shale	284	
6	Lime	290	
21	Shale	311	red bed
2	Lime	313	
19	Shale	332	
1	Lime	333	
15	Shale	348	
25	Lime	373	
8	Shale	381	
21	Lime	402	
4	Shale	406	
5	Lime	411	
2	Shale	413	
7	Lime	420	Heath
122	Shale	542	

542

Thickness of Strata	Formation	Total Depth	Remarks
8	sand	550	broken - good oil show
46	shale	596	
8	lime	604	
4	shale	608	
4	lime	612	
2	shale	614	
3	lime	617	
26	shale	643	
4	lime	647	
13	shale	660	
7	lime	667	
12	shale	679	
2	lime	681	
5	shale	686	
3	lime	689	
4	shale	693	
4	sandy shale	697	
3	sand	700	no oil
1	sand	701	broken oil
20	core	721	TID - page 6

Thickness of Strata	Formation	Total Depth	Remarks
	Core		
		701	
2	sand	703	broken - good oil Show
1	sandy Lime	704	no oil
6	sand	710	broken - good saturation
11	shale	721	

Town Oilfield Service

PO Box 339 Louisburg, KS 66053
913-294-2125

Ticket # _____
Location _____
Foreman _____

Field Ticket & Treatment Report Cement

Date	Customer#	Well Name & Number	Section	Township	Range	County
2-13-18		S. Beckmayer I-60	32	15	21	FR
Customer		Mailing Address				
City			State		Zip Code	

Job Type long string Hole Size 6 3/4 ~~5 1/2~~ Hole Depth 721 Casing Size & Weight 2 7/8
Casing Depth 707 Drill Pipe _____ Tubing _____ Other _____
Displacement _____ Displacement PSI _____ Mix PSI _____ Rate _____

Remarks _____

Quantity or Units	Description of Service or Product	Unit Price	Total
	Pump Charge		700
	Cement Truck		250
	Water Truck		125
90	Cement	10	900
	Gel		
	Plug		25
Estimated Total:			2000

Authorization  Title _____ Date _____