

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 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) (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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County, KS
 Well: 3-4
 Lease Owner: Thomas C

TDR Construction, INC.
 (913) 837-8400

Commenced Spudding:
 03/25/2019

WELL LOG

Thickness of Strata	Formation	Total Depth
0-15	Soil-clay	15
29	Lime	44
7	Shale	51
9	Lime	60
8	Shale	68
15	Lime	83
13	Shale	96
4	Sand	100-no oil
74	Lime	174-water
32	Shale	206
8	Lime	214
20	Shale	234
7	Lime	241
3	Shale	244
9	Lime	253
34	Shale	287
2	Lime	289
9	Shale	298
28	Lime	326
6	Shale	332
23	Lime	355
2	Shale	357
7	Lime	364
4	Shale	368
6	Lime	374-Hertha
173	Shale	547
8	Lime	555
6	Shale	561
5	Lime	566
18	Shale	584
4	Lime	588
6	Shale	594
10	Lime	604
93	Shale	697
1	Lime	698
134	Shale	832
8	Sand	840-mostly solid-good saturation
80	Shale	920-TD

Short Cuts

TANK CAPACITY

BBL.S. (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. 3-4

Farm Thomas C

KS

(State)

Johnson

(County)

14

(Section)

14

(Township)

22

(Range)

For ST Petroleum inc
(Well Owner)

15-091-24510

TDR Construction
**Town Oilfield
Services, Inc.**

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

Thomas C Farm: Johnson County

KS State: Well No. 3-4

Elevation 1040

Commenced Spuding March 25 20 19

Finished Drilling 3-27 20 19

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 TDR

14 14 22

(Section) (Township) (Range)
Distance from S line, 1850 ft.

Distance from E line, 3430 ft.

4 sacks

10 hrs

5 5/8 borehole

2 7/8 casing

CASING AND TUBING RECORD

10" Set _____ 10" Pulled _____

8" Set _____ 8" Pulled _____

7 6/8" Set 20 6 1/2" Pulled _____

4" Set _____ 4" Pulled _____

2" Set _____ 2" Pulled _____

CASING AND TUBING MEASUREMENTS

Feet	In.	Feet	In.	Feet	In.
870	2	Barrel			
898	7	Flant		27	8/8
920		TD			

Thickness of Strata	Formation	Total Depth	Remarks
0-15	soil-clay	15	
29	Lime	44	
7	shale	51	
9	Lime	60	
8	shale	68	
15	Lime	83	
13	shale	96	
4	sand	100	
74	Lime	174	no Oil
32	shale	206	water
8	Lime	214	
20	shale	234	
7	Lime	241	
3	shale	244	
9	Lime	253	
34	shale	287	
2	Lime	289	
9	shale	298	
28	Lime	326	
6	shale	332	
23	Lime	355	
2	shale	357	
7	Lime	364	
4	shale	368	
6	Lime	374	Hertzog
173	shale	547	
8	Lime	555	



PRESSURE PUMPING LLC
 PO Box 884, Chanute, KS 66720
 620-431-9210 or 800-467-9876

100307
 40S12

TICKET NUMBER 55542
 LOCATION Ottawa, KS
 FOREMAN Casey Kennedy

**FIELD TICKET & TREATMENT REPORT
 CEMENT**

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
3/27/19	7532	Thomas C # 3-4	SW 14	14	22	JO
CUSTOMER ST Petroleum			TRUCK # DRIVER TRUCK # DRIVER			
MAILING ADDRESS 18800 Sunflower Rd			729	Casey	✓	Sally Matting
CITY STATE ZIP CODE Edgerton KS 66021			467	KeiCar	✓	
			804	HarBec	✓	
			675	KeiDet	✓	

JOB TYPE longstring HOLE SIZE 5 5/8" HOLE DEPTH 920' CASING SIZE & WEIGHT 2 7/8" EVE
 CASING DEPTH 898' DRILL PIPE _____ TUBING battle - 870' OTHER _____
 SLURRY WEIGHT _____ SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT in CASING 28'
 DISPLACEMENT 5.04 bbls DISPLACEMENT PSI _____ MIX PSI _____ RATE 4 bpm

REMARKS: held safety meeting, established circulation, mixed & pumped 200 # gel followed by 5 bbls fresh water, mixed & pumped 130 sls Portland IA cement w/ 2% gel + 1/4 # Floseal per sk, cement to surface, flushed pump clean, pumped 2 1/2" rubber plug to battle w/ 5.04 bbls fresh water, pressured to 800 PSI, released pressure to set float valve.

Handwritten signature/initials

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
CE0450	1	PUMP CHARGE	1500.00	
CE0002	30 mi	MILEAGE	214.50	
CE0711	min	ton mileage	660.00	
WE0853	2 hrs	80 Vac	208.00	
		trucks	2574.50	
		- 40%	1029.80	
		subtotal		1544.70
so ^{aa} CC5840	130 sls	Portland IA cement	1755.00	
CC5965	318 #	Gel	95.40	
CC6075	33 #	Floseal	66.00	
CP5176	1	2 1/2" rubber plug	45.00	
		materials	1961.40	
		- 40%	784.56	
		subtotal		1176.84
		7.975%		93.85
		SALES TAX		93.85
		ESTIMATED TOTAL		2815.39

AUTHORIZATION [Signature] TITLE _____ DATE (4692.32)

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.