

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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Franklin County, KS
 Well: McCoy13WA
 Lease Owner: TDR Construction

TDR Construction, INC. Commenced Spudding:6/11/2019
 (913) 710-5400

WELL LOG

Thickness of Strata	Formation	Total Depth
0-40	soil-clay	40
30	shale	70
9	lime	79
4	shale	83
15	lime	98
8	shale	106
11	lime	117
3	shale	120
19	core	139
1	lime	140
5	shale	145
4	red bed	149
8	shale	157
22	sandy shale	179
17	lime	196
10	sandy shale	206 (205.5-206 sandy lime)
67	shale	273
23	lime	296
11	sandy shale	307
4	shale	311
8	green shale & lime	319
5	lime	324
22	shale	346 - some red bed
1	lime	347
20	shale	367
2	lime	369
15	shale	384
10	lime	394
1	shale	395
13	lime	408
8	shale	416
23	lime	439
4	shale	443
4	lime	447
4	shale	451
6	lime	457
4	shale	461
9	sandy shale & lime	470 - green
14	shale	484
5	sand	489

Short Cuts

TANK CAPACITY

BLS. (42 gal.) equals D²x.14xh

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 - RPMxd over SPMxR

d - SPMxRxD over RPM

SPM - RPMXD over RxD

R - RPMXD over SPMXD

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

* Need these to figure belt length

TO FIGURE AMPS: WATTS = AMPS VOLTS

746 WATTS equal 1 HP

Log Book

Well No. 13 WA

Farm Mcley

KS (State) Franklin (County)

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

For TDR construction (Well Owner)

15-059-27209

TDR CONSTRUCTION, INC

PO Box 339

Louisburg, KS 66053

913-710-5400

Thickness of Strata	Formation	Total Depth	Remarks
0-40	soil-clay	40	
30	shale	70	
9	lime	79	
4	shale	83	
15	lime	98	
8	shale	106	
11	lime	117	
3	shale	120	
19	core	139	
1	lime	140	
5	shale	145	
4	red bed	149	
8	shale	157	
22	sandy shale	179	
17	lime	196	
10	sandy shale	206	205.5 - 206 sandy lime
67	shale	273	
23	lime	296	
11	sandy shale	307	
4	shale	311	
8	green shaled lime	319	
5	lime	324	
22	shale	346	some red bed
1	lime	347	
20	shale	367	
2	lime	369	
15	shale	384	
10	lime	394	

394
~~394~~

Thickness of Strata	Formation	Total Depth	Remarks
1	Shale	394	
14	Lime	408	
8	Shale	416	
23	Lime	439	
4	Shale	443	
4	Lime	447	
4	Shale	451	
6	Lime	457	
4	Shale	461	
9	Sandy shale & Lime	470	
14	Shale	484	Green
5	Sand	489	
81	Sandy shale	570	
12	Shale	582	
7	Sand	589	
37	Shale	626	
4	Sandy shale	630	
6	Shale	636	
7	Lime	643	
7	Shale	650	
4	Lime	654	
3	Coal	657	
5	Shale	662	
6	Lime	668	
14	Shale	682	
4	Lime	686	
18	Shale	704	

TDR Construction Company

PO Box 339
Louisburg, KS 66053

Ticket Number _____

Location _____

Foreman _____

Field Ticket & Treatment Report Cement

Date	Customer#	Well Name & Number	Section	Township	Range	County
8-14-19		McCoy 13WA	32	15	21	FR.
Customer			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 179 Drill Pipe _____ Tubing _____ Other _____
 Displacement _____ Displacement PSI _____ Mix PSI _____ Rate _____

Remarks Rig up, circulate well, pump CLASS A cement

Account Code	Quantity or Units	Description of Services or Product	Unit Price	Total
		Pump Charge		
		Cement Truck		
		Water Truck		
<u>Class A</u>	<u>128</u>	Cement		
		Gel		
		Plug		
			Sales Tax	
			Estimated Total	

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.