KOLAR Document ID: 1472661

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 #	API No.:
Name:	Spot Description:
Address 1:	SecTwpS. R East West
Address 2:	Feet from North / South Line of Section
City:	Feet from East / West Line of Section
Contact Person:	Footages Calculated from Nearest Outside Section Corner:
Phone: ()	□NE □NW □SE □SW
CONTRACTOR: License #	GPS Location: Lat:, Long:
Name:	(e.g. xx.xxxxx) (e.gxxx.xxxxxx)
Wellsite Geologist:	Datum: NAD27 NAD83 WGS84
Purchaser:	County:
Designate Type of Completion:	Lease Name: Well #:
New Well Re-Entry Workover	Field Name:
	Producing Formation:
☐ Oil ☐ WSW ☐ SWD	Elevation: Ground: Kelly Bushing:
☐ Gas ☐ DH ☐ EOR	Total Vertical Depth: Plug Back Total Depth:
☐ OG ☐ GSW	Amount of Surface Pipe Set and Cemented at: Feet
☐ CM (Coal Bed Methane)☐ Cathodic☐ Other (Core, Expl., etc.):	Multiple Stage Cementing Collar Used? Yes No
	If yes, show depth set: Feet
If Workover/Re-entry: Old Well Info as follows:	
Operator:	If Alternate II completion, cement circulated from:
Well Name:	feet depth to: w/ sx cmt.
Original Comp. Date: Original Total Depth:	
☐ Deepening ☐ Re-perf. ☐ Conv. to EOR ☐ Conv. to SWD	Drilling Fluid Management Plan
Plug Back Liner Conv. to GSW Conv. to Producer	(Data must be collected from the Reserve Pit)
Commingled Permit #:	Chloride content: ppm Fluid volume: bbls
Dual Completion Permit #:	Dewatering method used:
SWD Permit #:	Location of fluid disposal if hauled offsite:
EOR Permit #:	·
GSW	Operator Name:
	Lease Name: License #:
Spud Date or Date Reached TD Completion Date or	QuarterSecTwpS. R East West
Recompletion Date Recompletion Date	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 Approved by: Date:						

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Page Two

Operator Name:					Lease Nam	ne:			Well #:		
Sec Tw	rpS	S. R	Eas	st West	County:						
	l, flowing an	d shut-in pres	sures, wh	ether shut-in pre	ssure reached	static	level, hydrostat	ic pressures, bo		val tested, time tool erature, fluid recovery,	
Final Radioactivi files must be sub							gs must be emai	led to kcc-well-l	ogs@kcc.ks.gov	v. Digital electronic log	
Drill Stem Tests (Attach Addit)		Yes No		Lo		n (Top), Depth a		Sample	
Samples Sent to	Geological	Survey		Yes No		Name			Тор	Datum	
Cores Taken Electric Log Run Geologist Report List All E. Logs F	t / Mud Log	s		Yes No Yes No Yes No							
			Rep	CASING	RECORD [Nev		on, etc.			
Purpose of St	tring	Size Hole Drilled		Size Casing let (In O.D.)	Weight Lbs. / Ft.		Setting Depth	Type of Cement	# Sacks Used	Type and Percent Additives	
				ADDITIONAL	CEMENTING /	SQUE	EEZE RECORD		<u>'</u>		
Purpose: Perforate		Depth Top Bottom	Тур	type of Cement # Sacks Used			red Type and Percent Additives				
Protect Ca											
Plug Off Z											
Did you perform Does the volume Was the hydraul	e of the total	base fluid of the	hydraulic	fracturing treatment		-	Yes yes Yes	No (If No, s	kip questions 2 ar kip question 3) ill out Page Three		
Date of first Produ Injection:	ction/Injectio	n or Resumed P	roduction/	Producing Meth	od:		Gas Lift O	ther <i>(Explain)</i>			
Estimated Product Per 24 Hours		Oil	Bbls.		Mcf	Water			Gas-Oil Ratio	Gravity	
DISPO	OSITION OF	GAS:		N	METHOD OF CO	MPLET	ΓΙΟΝ:			DN INTERVAL: Bottom	
Vented		Used on Lease		Open Hole		Dually (Submit A		nmingled nit ACO-4)	Тор	BOLLOTTI	
,	ed, Submit AC							·			
Shots Per Foot	Perforation Top	on Perfor Bott		Bridge Plug Type	Bridge Plug Set At		Acid,		ementing Squeeze and of Material Used)		
TUBING RECORI	D: S	Size:	Set A	: -	Packer At:						

Form	ACO1 - Well Completion
Operator	TDR Construction, Inc.
Well Name	MCCOY 14W
Doc ID	1472661

Casing

Purpose Of String	Size Hole Drilled	Size Casing Set			Type Of Cement		Type and Percent Additives
Surface	9	6.25	10	20	Portland	3	50/50 POZ
Production	5.625	2.875	8	812	Portland	137	50/50 POZ

Franklin County, KS Well:McCoy 14W Lease Owner: TDR

TDR Construction, Inc. (913) 710-5400 Commenced Spudding: 09/18/2019

09/18/2019

WELL LOG

Thickness of Strata	Formation	Total Depth
0-37	soil-clay	37
41	shale	78
6	lime	84
2	shale	86
17	lime	103
7	shale	110
12	lime	122
3	shale	125
20	lime	145
38	shale	183
21	lime	204
73	shale	277
23	lime	300
25	shale	325
5	lime	330
60	shale	390
8	lime	398
2	shale	400
13	lime	413
12	shale	425
20	lime	445
4	shale	449
3	lime	452
5	shale	457
5	lime	462 hertha
178	shale	640
7	lime	647
22	shale	669
5	lime	674
12	shale	686
3	lime	689
15	shale	704
6	lime	710
19	shale	729
1	lime	730
1	shale	731
1	lime	732
4	shale	736
2	sand	738 no oil
4	sand	742 broken-not much oil
11	sand	753 broken-mostly solid-good saturation

Franklin County, KS Well:McCoy 14W Lease Owner: TDR

TDR Construction, Inc. Commenced Spudding: 09/18/2019

67	sandy shale	820 TD

Short Cuts

TANK CAPACITY

BBLS. (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) + (D-d)2

* Need these to figure belt length

TO FIGURE AMPS:

WATTS = AMPS

746 WATTS equal 1 HP

Log Book

(Township)

15-059-27224

TDR CONSTRUCTION, INC. **PO Box 339** Louisburg, KS 66053 913-710-5400

M.C. F.I.D.	
McCoy Farm: Franklin County FS State; Well No. 14W	CASING AND TUBING MEASUREMENTS
Elevation 1044	Feet In Feet In Feet In.
Commenced Spuding 9-18 ,20 19	780 - Balle 18
Finished Drilling 9 - 19	412 11 71
Driller's Name Wesley Dolland	DIX- LOCT 2/X
Driller's Name	520 TO
Driller's Name	
Taol Dresser's Name Jacob Slan	
Tool Dresser's Name	
Tool Dresser's Name	
Contractor's Name	
(Section) (Township) (Range) Distance from 5 Ilne, 2990 ft. Distance from E Ilne, 730 ft.	
9 hrs	
598 borelole	
27/8 asing	
CASING AND TUBING	
RECORD	
0" Set 10" Pulled	
8" Set B" Pulled	
6%" Set 6%" Pulled	
4" Set 4" Pulled	
2" Set 2" Pulled	⁷⁰ afe:

			0.16
hickness of Strata	Formation	Total Depth	
-37	Soil - clay	37	Remarks
41	Shalp	78	
6	Lime	84	
2	5/0 8	4/-	
17	Lime	103	
4	Shelp	110	
12	Line	122	
2	5/ 10	100	
20	Shalt	145	
30	CIMIT	195	
20	Shall	185	
73	Lime	204	
	Shalt	277	4
23	Lime	300	
25	Shele	325	-
5	Lime	330	
60	Shall	390	
4	Lime	398	
2	Shale	400	
13	Lime	413	/
12	Shall	425	
20	Lime	445	
4	Shall	449	
3	lime.	452	
5	Shale	457	
5	Lime	41002	Heitha
78	Shale	640	MATRA
7	Lime	647	

-3-

		647	
Thickness of Strata	Formation	Total Depth	Remarks
22	Shale	669	Nonara
5	lime	674	
12	Shale	686	
3	Lime	689	
15	Shale	704	
6	Lime	710	
19	Shale	7,29	
1	lime	730	
/	Shalt	731	
/	Lime	732	
4	Shale	736	
2	Sana	738	no Oil
4	sand	742	broken - not much Oil
//_	Sippl	753	broken-mostly solid - good
61	Sandy Shale	820	TD Saturation
		-	
		-	• •
			15 14
			-
	-4-		-5-

	-					
L	οι	uis	bı	ırg	, KS	66053

licket Num	ber	 	
Location			
Foreman		 U.	

Field Ticket & Treatment Report Cement

9-19-19	· ·	e 141 i.i	17.	. 20	15		
Customer	1110	Coy 14 W		32	15	21	
Customer			Mailing Add	iress *		4	
			City		State	Zip Code	
			City		Juic		
Job Type love	String Hole Size	5 5/8	lole Depth	820	Casing Size	& Weight 🔏	7
	7/2 Drill Pipe						
	Displacement						5
				1811-11 181 1-1		e decem	1111
ccount Code	Quantity or Units			Services or F		Unit Price	-
ccount Code		Desci					14
ccount Code		Descr Pump	ription of S				_
ccount Code		Descr Pump Ceme	ription of S Charge				(
ccount Code	Quantity or Units	Descr Pump Ceme	ription of S Charge ent Truck r Truck		Product		S
ccount Code		Descr Pump Ceme Wate	ription of S Charge ent Truck r Truck		Product		S
ccount Code	Quantity or Units	Descr Pump Ceme Wate Ceme Gel	ription of S Charge ent Truck r Truck		Product		5
ccount Code	Quantity or Units	Descr Pump Ceme Wate Ceme	ription of S Charge ent Truck r Truck		Product		S
ccount Code	Quantity or Units	Descr Pump Ceme Wate Ceme Gel	ription of S Charge ent Truck r Truck		Product		5
ccount Code	Quantity or Units	Descr Pump Ceme Wate Ceme Gel	ription of S Charge ent Truck r Truck		Product		5

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.