

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)</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: McCoy #22
 Lease Owner: TDR Construction

TDR Construction, INC. Commenced Spudding: 10/4/2019
 (913) 710-5400

WELL LOG

Thickness of Strata	Formation	Total Depth
0-46	soil-clay	46
22	shale	68
24	lime	92
8	shale	100
11	lime	111
4	shale	115
19	lime	134
40	shale	174
19	lime	193
75	shale	268
22	lime	290
22	shale	312
10	lime	322
58	shale	380
9	lime	389
2	shale	391
14	lime	405
7	shale	412
23	lime	435
4	shale	439
4	lime	443
4	shale	447
6	lime	453 Hertha
127	shale	580
6	sand	586 grey-no oil
45	shale	631
6	lime	637
12	shale	649
2	lime	651
6	shale	657
6	lime	663
15	shale	678
3	lime	681
18	shale	698
3	lime	701
29	shale	730
1	sandy shale	731
12	sand	743 mostly solid-good saturation
97	shale	840 TD

Short Cuts

TANK CAPACITY

BBLS. (42 gal.) equals $D^2 \times h$

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 - RPMxd over SPMxR

d - SPMxRxD over RPM

SPM - RPMXD over RxD

R - RPMXD over SPMxD

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

* Need these to figure belt length

WATTS = AMPS

TO FIGURE AMPS: VOLTS = AMPS

746 WATTS equal 1 HP

Log Book

Well No. 22

Farm McCoy

(State) KS

(County) Franklin

(Section) 32

(Township) 15

(Range) 21

For TDR Construction

(Well Owner)

15-059-27220

**Town Oilfield
Services, Inc.**

1207 N. 1st East

Louisburg, KS 66053

913-710-5400

Thickness of Strata	Formation	Total Depth	Remarks
0-46	soil-clay	46	
22	shale	68	
24	lime	92	
8	shale	100	
11	lime	111	
4	shale	115	
19	lime	134	
40	shale	174	
19	lime	193	
75	shale	268	
22	lime	290	
22	shale	312	
10	lime	322	
58	shale	380	
9	lime	389	
2	shale	391	
14	lime	405	
7	shale	412	
23	lime	435	
4	shale	439	
4	lime	443	
4	shale	447	
6	lime	453	Heather
127	shale	580	
6	sand	586	grey - no oil
45	shale	631	
6	lime	637	



CEMENT TREATMENT REPORT

Customer:	TDR Construction	Well:	McCoy #22	Ticket:	ICT2545
City, State:	Louisburg, KS	County:	FR KS	Date:	10/8/2019
Field Rep:	Lance Town	S-T-R:	NE 32-15-21	Service:	longstring

Hole Size:	5 5/8 in
Hole Depth:	840 ft
Casing Size:	2 7/8 in
Casing Depth:	827 ft
Tubing / Liner:	in
Depth:	ft
Tool / Packer:	baffle
Depth:	796 ft
Displacement:	4.6 bbbls

Weight:	# / sx
Water / Sx:	gal / sx
Yield:	ft³ / sx
Bbls / Ft.:	
Depth:	ft
Annular Volume:	0 bbbls
Excess:	
Total Slurry:	0.0 bbbls
Total Sacks:	sx

Product	% / #	#
Class A	50%	5076
Poz	50%	3996
Gel	2%	181
CaCl		
Gypsum		
Metso		
Kol Seal		
Flo Seal		
Salt (bww)		
Total		9,253

TIME	RATE	PSI	BBLs	REMARKS
	4.0			established circulation
	4.0			mixed and pumped 200# Bentonite followed by 5 bbbls fresh water
	4.0			mixed and pumped 108 sks 50/50 Pozmix cement w/ 2% Bentonite per sk
	4.0			cement to surface, flushed pump clean
	1.0			pumped 2 1/2" rubber plug to baffle w/ 4.61 bbbls fresh water
				pressured to 800 PSI
				released pressure to set float valve
	4.0			washed up equipment

CREW	UNIT		SUMMARY		
Cementer:	Casey Kennedy	89	Average Rate	Average Pressure	Total Fluid
Pump Operator:	Harold Bechtle	239	3.5 bpm	#DIV/01 psi	- bbbls
Bulk #1:	Alan Mader	247			
Bulk #2:	Keith Detwiler	124			