

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: McCoy #23
 Lease Owner: TDR

TDR Construction, INC. Commenced Spudding:10/8/2019
 (913) 710-5400

WELL LOG

Thickness of Strata	Formation	Total Depth
0-55	soil-clay	55
9	shale	64
25	lime	89
7	shale	96
10	lime	106
6	shale	112
18	lime	130
40	shale	170
20	lime	190
76	shale	266
23	lime	289
22	shale	311
7	lime	318
44	shale	362
1	lime	363
16	shale	379
8	lime	387
2	shale	389
13	lime	402
12	shale	414
20	lime	434
3	shale	437
5	lime	442
4	shale	446
6	lime	452 Hertha
126	shale	578
10	sand	588 no oil
53	shale	641
2	lime	643
9	shale	652
2	lime	654
6	shale	660
4	lime	664
14	shale	678
4	lime	682
15	shale	697
4	lime	701
20	shale	721
2	lime	723
4	shale	727
2	sand	729 no oil

Short Cuts

TANK CAPACITY

BBLs. (42 gal.) equals $D^2 \times .14xh$

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. 23

Farm McCoy

KS Franklin
(State) (County)

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

For TDR construction
(Well Owner)

15-059-27221

**Town Oilfield
Services, Inc.**

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

McLoy Farm: _____ County

State: Well No. 23

Elevation 1034
Commenced Spudding 10-8-2019

Finished Drilling 10-9-2019
Driller's Name Wesley Dollard

Driller's Name _____
Driller's Name _____

Tool Dresser's Name Jacob Sloan

Tool Dresser's Name _____
Tool Dresser's Name _____

Contractor's Name TDR
32 15 21

(Section) _____ (Township) _____ (Range) _____
Distance from S line, 2852 ft.

Distance from E line, 1712 ft.
5 sucks

9 hrs
5 5/8 borehole
2 7/8 casing

CASING AND TUBING MEASUREMENTS

Feet	In.	Feet	In.	Feet	In.
781	Barble				
806	Float	27	8		
840	T/D				

CASING AND TUBING RECORD

10" Set	_____	10" Pulled	_____
8" Set	_____	8" Pulled	_____
6 1/4" Set	32	6 1/4" Pulled	_____
4" Set	_____	4" Pulled	_____
2" Set	_____	2" Pulled	_____

Thickness of Strata	Formation	Total Depth	Remarks
0-55	So. l - clay	55	
9	Shale	64	
25	Lime	89	
7	Shale	96	
10	Lime	106	
6	Shale	112	
18	Lime	130	
40	Shale	170	
20	Lime	190	
76	Shale	266	
23	Lime	289	
22	Shale	311	
7	Lime	318	
44	Shale	362	
1	Lime	363	
16	Shale	379	
8	Lime	387	
2	Shale	389	
13	Lime	402	
12	Shale	414	
20	Lime	434	
3	Shale	437	
5	Lime	442	
4	Shale	446	
6	Lime	452	
126	Shale	578	
10	Sand	588	

Heather

no oil

588

Thickness of Strata	Formation	Total Depth	Remarks
53	Shale	641	
2	Lime	643	
9	Shale	652	
2	Lime	654	
6	Shale	660	
4	Lime	664	
14	Shale	678	
4	Lime	682	
15	Shale	697	
4	Lime	701	
20	Shale	721	
2	Lime	723	
4	Shale	727	
2	sand	729	no oil
3	Sandy lime	732	no oil
11	sand	743	solid - great saturation
6	sand	749	broken - good oil show
91	Shale	840	TD



CEMENT TREATMENT REPORT

Customer: TDR Construction	Well: McCoy #23	Ticket: ICT2558
City, State: Louisburg, KS	County: FR KS	Date: 10/9/2019
Field Rep: Lance Town	S-T-R: NE 32-15-21	Service: longstring

Downhole Information		Calculated Slurry		Product		
Hole Size:	5 5/8 in	Weight:	# / sx	Class A	50%	4935
Hole Depth:	840 ft	Water / Sx:	gal / sx	Poz	50%	3885
Casing Size:	2 7/8 in	Yield:	ft ³ / sx	Gel	2%	176
Casing Depth:	806 ft	Bbls / Ft.:		CaCl		
Tubing / Liner:	in	Depth:	ft	Gypsum		
Depth:	ft	Annular Volume:	0 bbls	Metso		
Tool / Packer:	barrier	Excess:		Koi Seal		
Depth:	781 ft	Total Slurry:	0.0 bbls	Flo Seal		
Displacement:	4.5 bbls	Total Sacks:	#DIV/0! sx	Salt (bww)		
					Total	8,996

TIME	RATE	PSI	BBLs	REMARKS
	4.0			established circulation
	4.0			mixed and pumped 200# Bentonite followed by 5 bbls fresh water
	4.0			mixed and pumped 105 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 barrier w/ 4.52 bbls fresh water
				pressured to 800 PSI
				released pressure to set float valve
				washed up equipment

CREW	UNIT	Average Rate	Average Pressure	Total Fluid
Cementor: Casey Kennedy	89	3.4 bpm	#DIV/0! psi	- bbls
Pump Operator: Harold Bechte	239			
Bulk #1: Alan Mader	247			
Bulk #2: Keith Detwiler	124			