

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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Short Cuts

TANK CAPACITY

BBLS. (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 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: $\frac{WATTS}{VOLTS} = AMPS$

746 WATTS equal 1 HP

Log Book

Well No. W-580

Farm North Wildenhous

KS Franklin
(State) (County)

29 15 21
(Section) (Township) (Range)

For IDR construction
(Well Owner)

**Town Oilfield
Services, Inc.**
1207 N. 1st East
Louisburg, KS 66053
913-710-5400

North
 Mobernburg Farm: Franklin County
 P-5 State: Well No. W-580

Elevation 1015
 Commenced Spuding 10-16 20 19

Finished Drilling 10-17 20 19

Driller's Name Wesley Dillard

Driller's Name _____

Driller's Name _____

Tool Dresser's Name Deake Williams

Tool Dresser's Name _____

Contractor's Name TDR

Contractor's Name 29 15 21

(Section) _____ (Township) _____ (Range) _____

Distance from _____ line _____ ft.

Distance from E line 4888 ft.

4 sacks

9 hrs

5 5/8 bore hole

2 7/8 casing

CASING AND TUBING

RECORD

10" Set	_____	10" Pulled	_____
8" Set	_____	8" Pulled	_____
6 1/2" Set	<u>21</u>	6 1/2" Pulled	_____
4" Set	_____	4" Pulled	_____
2" Set	_____	2" Pulled	_____

CASING AND TUBING MEASUREMENTS

Feet	In.	Feet	In.	Feet	In.
805	-	Barrel	e		
836		Float		2	7/8
840		TD			

Thickness of Strata	Formation	Total Depth	Remarks
0-19	soil - clay	19	
59	Shale	78	
6	lime	84	
3	Shale	87	
17	lime	104	
8	Shale	112	
11	lime	123	
2	Shale	125	
22	lime	147	
35	Shale	182	
21	lime	203	
81	Shale	284	
41	lime	325	
2	Shale	327	
2	lime	329	
15	Shale	344	
10	lime	354	
1	Shale	355	
13	lime	368	
8	Shale	376	
22	lime	398	
2	Shale	400	
5	lime	405	
3	Shale	408	
5	lime	413	
117	lime	455	Heitha
12	Shale	572	
	sand	584	

gas odor - slight oil show

Thickness of Strata	Formation	Total Depth	Remarks
		584	
34	Shale	618	
8	Sand	626	no oil
4	Shale	630	
7	lime	637	
10	Shale	647	
3	lime	650	
7	Shale	657	
5	lime	662	
15	Shale	677	
5	lime	682	
15	Shale	697	
1	lime	698	
2	Shale	700	
2	lime	702	
18	Shale	720	
1	lime	721	
7	Shale	728	
1	Sand	729	no oil
5	Sand	734	broken - good Oil Show
8	Sand	742	solid - good saturation
4	Sand	746	broken - good Oil Show
94	Shale	840	TD

Franklin County, KS
 Well: Moldenhauer#W-80
 Lease Owner: TDR

TDR Construction, INC. Commenced Spudding: 10/16/19
 (913) 710-5400

WELL LOG

Thickness of Strata	Formation	Total Depth
0-19	soil-clay	19
59	shale	78
6	lime	84
3	shale	87
17	lime	104
8	shale	112
11	lime	123
2	shale	125
22	lime	147
35	shale	182
21	lime	203
81	shale	284
41	lime	325
41	shale	366
2	lime	368
15	shale	383
10	lime	393
1	shale	394
13	lime	407
8	shale	415
22	lime	437
5	shale	442
5	lime	447
3	shale	450
5	lime	455 Hertha
117	shale	572
12	sand	584 gas odor-slight oil show
34	shale	618
8	sand	626 no oil
4	shale	630
7	lime	637
10	shale	647
3	lime	650
7	shale	657
5	lime	662
15	shale	677
5	lime	682
15	shale	697
1	lime	698
2	shale	700
2	lime	702

