

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: Wiseman 2
 Lease Owner: TDR Construction

TDR Construction, Inc.
 (913) 710-5400

Commenced Spudding: 3/5/21

WELL LOG

Thickness of Strata	Formation	Total Depth
0-3	Soil-Clay	3
2	Lime	5
20	Sandy Shale	25
153	Shale	178
24	Lime	202
7	Shale	209
11	Lime	220
5	Shale	225
18	Lime	243
21	Shale	264
34	Lime	298 Shells
78	Shale	376
30	Lime	406
5	Shale	411
6	Lime	417
25	Shale	442
3	Lime	445
18	Shale	463
3	Lime	466
12	Shale	478
25	Lime	503
12	Shale	515
20	Lime	535
5	Shale	540
3	Lime	543
3	Shale	546
7	Lime	553 Hertha
9	Shale	562
7	Sand	569 Grey no oil
101	Shale	670
17	Sand	687 Grey no oil
39	Shale	726
8	Lime	734
17	Shale	751
6	Lime	757
16	Shale	773
3	Lime	776
4	Shale	780
1	Lime	781
4	Shale	785

Log Book

Well No. 2

Farm WISSEMAN

KS
(State) Franklin
(County)

30 15 21
(Section) (Township) (Range)

For TDR Construction
(Well Owner)

15-059-27282

**Town Oilfield
Services, Inc.**

1207 N. 1st East

Louisburg, KS 66053

913-710-5400

Wiseman Farm: Franklin County
 KS State: Well No. 2

Elevation _____
 Commenced Spuding 3-5 2021
 Finished Drilling 3-9 2021
 Driller's Name Wesley Dollard
 Driller's Name Ryan Ward
 Driller's Name _____
 Tool Dresser's Name _____
 Tool Dresser's Name _____
 Tool Dresser's Name _____
 Contractor's Name TDR
 30 15 21

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

3 sacks
 9 hrs
 5 5/8 borehole
 278 casing

CASING AND TUBING RECORD

10" Set	_____	10" Pulled	_____
8" Set	_____	8" Pulled	_____
6 1/2" Set	20	6 1/2" Pulled	_____
4" Set	_____	4" Pulled	_____
2" Set	_____	2" Pulled	_____

CASING AND TUBING MEASUREMENTS

Feet	In.	Feet	In.	Feet	In.
870	13	870	13		
903		903			
920		920			

Thickness of Strata	Formation	Total Depth	Remarks
0-3	soil - clay	3	
2	lime	5	
20	sandy shale	25	
153	shale	178	
24	lime	202	
7	shale	209	
11	lime	220	
5	shale	225	
18	lime	243	
21	shale	264	
34	lime	298	shells
78	shale	376	
30	lime	406	
5	shale	411	
6	lime	417	
25	shale	442	
3	lime	445	
18	shale	463	
3	lime	466	
12	shale	478	
25	lime	503	
12	shale	515	
20	lime	535	
5	shale	540	
3	lime	543	
3	shale	546	
7	lime	553	Hertha

553

Thickness of Strata	Formation	Total Depth	Remarks
9	Shale	562	
7	Sand	569	
101	Shale	670	grey - no oil
17	Sand	687	
39	Shale	726	grey - no oil
8	Lime	734	
17	Shale	751	
6	Lime	757	
16	Shale	773	
3	Lime	776	
4	Shale	780	
1	Lime	781	
4	Shale	785	
9	Shale & Lime	794	
2	Lime	796	
27	Shale	823	
1	Sand	824	broken - not much oil
3	sand	827	broken - good oil show
7	sand	834	mostly solid - good oil show
4	sand	838	broken - good oil show
2	sand	840	broken - not much oil
10	sandy shale	850	
70	Shale	920	TD



CEMENT TREATMENT REPORT

Customer:	TDR Construction	Well:	Wiseman 2	Ticket:	EP1467
City, State:	Louisburg, KS	County:	FR, KS	Date:	3/9/2021
Field Rep:	Lance Town	S-T-R:	30-15-21	Service:	longstring

Downhole Information	
Hole Size:	5 5/8 in
Hole Depth:	920 ft
Casing Size:	2 7/8 in
Casing Depth:	903 ft
Tubing / Liner:	in
Depth:	ft
Tool / Packer:	baffle
Tool Depth:	870 ft
Displacement:	5.04 bbls

Calculated Slurry - Lead	
Blend:	50/50/2
Weight:	14.25 ppg
Water / Sx:	5.63 gal / sx
Yield:	1.24 ft ³ / sx
Annular Bbls / Ft.:	bbs / ft.
Depth:	ft
Annular Volume:	0.0 bbls
Excess:	
Total Slurry:	25.40 bbls
Total Sacks:	115 sx

Calculated Slurry - Tail	
Blend:	
Weight:	ppg
Water / Sx:	gal / sx
Yield:	ft ³ / sx
Annular Bbls / Ft.:	bbs / ft.
Depth:	ft
Annular Volume:	0 bbls
Excess:	
Total Slurry:	0.0 bbls
Total Sacks:	0 sx

TIME	RATE	PSI	BBLs	TOTAL BBLs	REMARKS
12:00 PM			-	-	on location, held safety meeting
	4.0			-	established circulation
	4.0			-	mixed and pumped 200# Bentonite followed by 5 bbls fresh water
	4.0			-	mixed and pumped 115 ska 50/50/2 Pozmix cement, cement to surface
	4.0			-	flushed pump clean
	1.0			-	pumped 2 7/8" rubber plug to baffle with 5.04 bbls fresh water
					pressured to 800 PSI, well held pressure
					released pressure to set float valve
	4.0			-	washed up equipment

CREW		UNIT	SUMMARY		
Comerter:	Casey Kennedy		Average Rate	Average Pressure	Total Fluid
Pump Operator:	Casey Kennedy	239	3.5 bpm	- psi	- bbls
Bulk:	Alan Mader	248			
H2O:	Tyler McCrea	89			