

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:Duffy 36
 Lease Owner:TDR Construction Inc.

TDR Construction, Inc.
 (913) 710-5400

Commenced Spudding:6/21/21

WELL LOG

Thickness of Strata	Formation	Total Depth
0-40	Soil - Clay	40
13	Shale	53
9	Lime	62
2	Shale	64
16	Lime	80
7	Shale	87
11	Lime	98
5	Shale	103
18	Lime	121
26	Shale	147
5	Lime	152
7	Shale	159
19	Lime	178
79	Shale	257
24	Lime	281
22	Shale	303
7	Lime	310
23	Shale	333
2	Lime	335
19	Shale	354
1	Lime	355
15	Shale	370
8	Lime	378
4	Shale	382
12	Lime	394
7	Shale	401
24	Lime	425
3	Shale	428
4	Lime	432
5	Shale	437
6	lime	443 hertha
124	shale	567
3	sand	570 no oil
10	sand	580 broken - good bleed
43	Shale	623
7	Lime	630
9	Shale	639
3	Lime	642
27	Shale	669
3	Lime	672

Log Book

Well No. 36

Farm Duffy

KS
(State) Franklin
(County)

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

For TDR Construction
(Well Owner)

15-059-27297

**Town Oilfield
Services, Inc.**

1207 N. 1st East

Louisburg, KS 66053

913-710-5400

Duffy Farm: Franklin County
 KS State: Well No. 36
 Elevation 1016
 Commenced Spuding 6-21-2021
 Finished Drilling 6-23-2021
 Driller's Name Wesley Dillard
 Driller's Name _____
 Driller's Name _____
 Tool Dresser's Name Blake Thompson
 Tool Dresser's Name _____
 Tool Dresser's Name _____
 Contractor's Name TDR
 32 15 21

(Section) (Township) (Range)
 Distance from 5 line, 1317 ft.
 Distance from E line, 4128 ft.

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

CASING AND TUBING RECORD

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

CASING AND TUBING MEASUREMENTS

Feet	In.	Feet	In.
770	Ball		
800	Float	2 7/8	
820	TD		

Thickness of Strata	Formation	Total Depth	Remarks
0-40	soil-clay	40	
13	shale	53	
9	lime	62	
2	shale	64	
16	lime	80	
7	shale	87	
11	lime	98	
5	shale	103	
18	lime	121	
26	shale	147	
5	lime	152	
7	shale	159	
19	lime	178	
79	shale	257	
24	lime	281	
22	shale	303	
7	lime	310	
23	shale	333	
2	lime	335	
19	shale	354	
1	lime	355	
15	shale	370	
8	lime	378	
4	shale	382	
12	lime	394	
7	shale	401	
24	lime	425	

425

Thickness of Strata	Formation	Total Depth	Remarks
3	Shale	426	
4	Lime	432	
5	Shale	437	
6	Lime	443	Heather
124	Shale	567	
3	sand	570	no oil
10	sand	580	broken good bleed
43	shale	623	
7	Lime	630	
9	Shale	639	
3	Lime	642	
27	Shale	669	
3	Lime	672	
15	Shale	687	
4	Lime	691	
30	Shale	721	
2	sand	723	mostly solid - ok oil show
6	sand	729	broken - ok oil show
12	sand	741	mostly solid - good oil show
79	sandy shale	820	TD



CEMENT TREATMENT REPORT

Customer: TDR Construction	Well: Duffy 36, 37	Ticket: EP2116
City, State: Louisburg, KS	County: FR, KS	Date: 6/23/2021
Field Rep: Lance Town	S-T-R: 32-15-21	Service: longstrings

Downhole Information		Calculated Slurry - Lead		Calculated Slurry - Tail	
Hole Size:	5 5/8 in	Blend:	50/50/2	Blend:	
Hole Depth:	820 ft	Weight:	14.25 ppg	Weight:	ppg
Casing Size:	2 7/8 in	Water / Sx:	5.63 gal / sx	Water / Sx:	gal / sx
Casing Depth:	800 ft	Yield:	1.24 ft ³ / sx	Yield:	ft ³ / sx
Tubing / Liner:	in	Annular Bbls / Ft.:	bbs / ft.	Annular Bbls / Ft.:	bbs / ft.
Depth:	ft	Depth:	ft	Depth:	ft
Tool / Packer:	baffle	Annular Volume:	0.0 bbls	Annular Volume:	0 bbls
Tool Depth:	770 ft	Excess:		Excess:	
Displacement:	4.46 bbls	Total Slurry:	bbls	Total Slurry:	0.0 bbls
		Total Sacks:	0 sx	Total Sacks:	0 sx

TIME	RATE	PSI	STAGE BBLs	TOTAL BBLs	REMARKS
2:00 PM			-	-	on location held safety meeting
4.0					#36 - established circulation
4.0					mixed and pumped 200# Bentonite Gel followed by 4 bbls fresh water
4.0					mixed and pumped 97 sks 50/50/2 Pozmix cement, cement to surface
4.0					flushed pump clean
1.0					pumped 2 7/8" rubber plug to baffle with 4.46 bbls fresh water
1.0					pressured to 800 PSI, well held pressure, released pressure to set float valve
4.0					washed up equipment
4.0					#37 - established circulation
4.0					mixed and pumped 200# Bentonite Gel followed by 4 bbls fresh water
4.0					mixed and pumped 100 sks 50/50/2 Pozmix cement, cement to surface
4.0					flushed pump clean
1.0					pumped 2 7/8" rubber plug to baffle with 4.64 bbls fresh water
1.0					pressured to 800 PSI, well held pressure, 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:	Garrett Scott		239	3.1 bpm	- psi	- bbls
Bulk:	Pat Sanborn		248			
H2O:						