

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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CEMENT TREATMENT REPORT

Customer:	TDR Construction	Well:	Wiseman 16, 14	Ticket:	EP2976
City, State:	Louisburg, KS	County:	FR, KS	Date:	10/16/2021
Field Rep:	Lance Town	S-T-R:	30-15-21	Service:	longstrings

Downhole Information	
Hole Size:	5 5/8 in
Hole Depth:	940 ft
Casing Size:	2 7/8 in
Casing Depth:	931 ft
Tubing / Liner:	in
Depth:	ft
Tool / Packer:	baffle
Tool Depth:	899 ft
Displacement:	5.20 bbls

Calculated Slurry - Lead	
Blend:	50/50/2
Weight:	14.25 ppg
Water / Sk:	5.63 gal / sk
Yield:	1.24 ft ³ / sk
Annular Bbls / Ft.:	bbs / ft.
Depth:	ft
Annular Volume:	0.0 bbls
Excess:	
Total Slurry:	bbls
Total Sacks:	0 sk

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

TIME	RATE	PSI	BBLs	TOTAL BBLs	REMARKS
1:30 PM			-		on location, held safety meeting
	4.0				#15 - established circulation
	4.0				mixed and pumped 200# Bentonite Gel followed by 4 bbls fresh water
	4.0				mixed and pumped 120 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 5.20 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				#14 - established circulation
	4.0				mixed and pumped 200# Bentonite Gel followed by 4 bbls fresh water
	4.0				mixed and pumped 110 cks 50/50/2 Pozmix cement, cement to surface
	4.0				flushed pump clean
	1.0				pumped 2 7/8" rubber plug to baffle with 5.16 bbls fresh water
	1.0				pressured to 800 PSI, well held pressure
					released pressure to set float valve
	4.0				washed up equipment
3:30 PM					left location

	CREW		UNIT	SUMMARY		
				Average Rate	Average Pressure	Total Fluid
Cementer:	Casey Kennedy		09			
Pump Operator:	Garrett Scott		230	3.1 bpm	- psi	- bbls
Bulk:	Nick Deets		240			
H2O:						



Customer	TDR Construction	Lease & Well #	Wiseman 15, 14	Date	10/15/2021		
Service District	Garrett	County & State	FR, KS	Legals S/T/R	30-15-21		
Job Type	longstrings	<input checked="" type="checkbox"/> PROD	<input type="checkbox"/> INJ	<input type="checkbox"/> SVD	<input checked="" type="checkbox"/> YES <input type="checkbox"/> No		
Equipment #	Driver	Job Safety Analysis - A Discussion of Hazards & Safety Procedures					
89	Casey Kennedy	<input checked="" type="checkbox"/> Hard hat	<input checked="" type="checkbox"/> Gloves	<input type="checkbox"/> Lockout/Tagout	<input type="checkbox"/> Warning Signs & Flagging		
239	Garrett Scott	<input checked="" type="checkbox"/> H2S Monitor	<input checked="" type="checkbox"/> Eye Protection	<input type="checkbox"/> Required Permits	<input type="checkbox"/> Fall Protection		
240	Nick Beets	<input checked="" type="checkbox"/> Safety Footwear	<input type="checkbox"/> Respiratory Protection	<input checked="" type="checkbox"/> Slip/Trip/Fall Hazards	<input checked="" type="checkbox"/> Specific Job Sequence/Expectations		
		<input checked="" type="checkbox"/> FRC/Protective Clothing	<input type="checkbox"/> Additional Chemical/Acid PPE	<input type="checkbox"/> Overhead Hazards	<input checked="" type="checkbox"/> Muster Point/Medical Locations		
		<input checked="" type="checkbox"/> Hearing Protection	<input checked="" type="checkbox"/> Fire Extinguisher	<input type="checkbox"/> Additional concerns or issues noted below			
Comments							
Customer supplied water for cementing							
Product/Service Code	Description	Unit of Measure	Quantity	Net Amount			
C010	Cement Pump Service	ea	2.00	\$1,350.00			
M010	Heavy Equipment Mileage	mi	36.00	\$129.60			
M015	Light Equipment Mileage	mi	38.00	\$64.80			
M025	Ton Mileage - Minimum	each	1.00	\$270.00			
CP065	50/50/2 Pozmix	sack	239.00	\$2,581.20			
CP095	Bentonite Gel	lb	400.00	\$100.00			
FE025	2 7/8" Rubber Plug	ea	2.00	\$72.00			
Customer Section: On the following scale how would you rate Hurricane Services Inc.?					Net:	\$4,576.60	
Based on this job, how likely is it you would recommend HSI to a colleague?					Total Taxable	\$ -	
<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10 <i>Extremely Likely</i>					Tax Rate:		
<small>TERMS: Cash in advance unless Hurricane Services Inc. (HSI) has approved credit prior to sale. Credit terms of sale for approved accounts are total invoice due on or before the 36th day from the date of invoice. Past due accounts shall pay interest on the balance past due at the rate of 1 1/4% per month or the maximum allowable by applicable state or federal laws. In the event it is necessary to employ an agency or/for attorney to affect the collection, Customer hereby agrees to pay all fees directly or indirectly incurred for such collection. In the event that Customer's account with HSI becomes delinquent, HSI has the right to revoke any discounts previously applied in arriving at net invoice price. Upon revocation, the full invoice price without discount is immediately due and subject to collection. Prices quoted are estimates only and are good for 30 days from the date of issue. Pricing does not include fuel, diesel, oil, or local taxes, or royalties and stated price adjustments. Actual charges may vary depending upon time, equipment, and material ultimately required to perform these services. Any discount is based on 30 days net payment terms or cash. DISCLAIMER NOTICE: Technical data is presented in good faith, but no warranty is stated or implied. HSI assumes no liability for advice or recommendations made concerning the results from the use of any product or service. The information presented is a best estimate of the actual results that may be achieved and should be used for comparison purposes and HSI makes no guarantee of future production performance. Customer represents and warrants that well and all associated equipment in acceptable condition to receive services by HSI. Likewise, the customer guarantees proper operational care of all customer owned equipment and property while HSI is on location performing services. The authorization below acknowledges the receipt and acceptance of all terms/conditions stated above, and Hurricane has been provided accurate well information in determining taxable services.</small>					State tax laws deem certain products and services used on new wells to be sales tax exempt. Hurricane Services relies on the customer provided well information above to make a determination if services and/or products are tax exempt.	Sales Tax:	\$ -
					Total:	\$ 4,576.60	
					HSI Representative:	<i>Casey Kennedy</i>	

X _____ CUSTOMER AUTHORIZATION SIGNATURE

Franklin County, KS
Well: Wiseman # 14
Lease Owner: TDR

TDR Constructon
(913) 710-5400

Commenced Spudding:
10/14/21

WELL LOG

Thickness of Strata	Formation	Total Depth
0-6	Soil-Clay	6
1	Lime	7
33	Sandy Shale	40
133	Shale	173
5	Lime	178
3	Shale	181
17	Lime	198
7	Shale	205
11	Lime	216
5	Shale	221
18	Lime	239
32	Shale	271
27	Lime	298
73	Shale	371
27	Lime	398
9	Shale	407
8	Lime	415
21	Shale	436
5	Lime	441
19	Shale	460
3	Lime	463
10	Shale	473
25	Lime	498
7	Shale	505
25	Lime	530
3	Shale	533
4	Lime	537
3	Shale	540
6	Lime	546
4	Shale	550
13	Sandy Shale	563
104	Shale	667
13	Sand	680
40	Shale	720
8	Lime	728
19	Shale	747
6	Lime	753
15	Shale	768
4	Lime	772
8	Shale	780

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 $BPH \times PSI \times .0004$

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 - $RPM \times d$ over $SPM \times R$

d - $SPM \times R \times D$ over RPM

SPM - $RPM \times D$ over $R \times d$

R - $RPM \times D$ over $SPM \times d$

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. 14

Farm Wiseman

KS Franklin
(State) (County)

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

For TDR Construction
(Well Owner)

15-059-27270

Town Oilfield Services, Inc.

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

Wiseman Farm: Franklin County

KS State: Well No. 14

Elevation 1095

Commenced Spuding 10-14 2021

Finished Drilling 10-15 2021

Driller's Name Wesley Dillard

Driller's Name Ryan Ward

Driller's Name _____

Tool Dresser's Name Ryan Roberts

Tool Dresser's Name _____

Tool Dresser's Name _____

Contractor's Name TDR

30 15 21

(Section) (Township) (Range)

Distance from S line, 2193 ft.

Distance from E line, 4685 ft.

4 sacks

9 hrs

5 7/8 borehole

2 7/8 casing

CASING AND TUBING RECORD

10" Set _____ 10" Pulled _____

8" Set _____ 8" Pulled _____

6 1/4" Set 20 6 1/4" Pulled _____

4" Set _____ 4" Pulled _____

2" Set _____ 2" Pulled _____

CASING AND TUBING MEASUREMENTS

Feet	In.	Feet	In.	Feet	In.
892		Ball			
923		Float			
940		TD			

Thickness of Strata	Formation	Total Depth	Remarks
0-6	Soil - clay	6	
1	Lime	7	
33	sandy shale	40	
133	Shale	173	
5	Lime	178	
3	Shale	181	
17	Lime	198	
7	Shale	205	
11	Lime	216	
5	Shale	221	
18	Lime	239	
32	Shale	271	
27	Lime	298	
73	Shale	371	
27	Lime	398	
9	Shale	407	
8	Lime	415	
21	Shale	436	
5	Lime	441	
19	Shale	460	
3	Lime	463	
10	Shale	473	
25	Lime	498	474 - 483 - Oil Show
7	Shale	505	
25	Lime	530	
3	Shale	533	
4	Lime	537	

537

Thickness of Strata	Formation	Total Depth	Remarks
3	Shale	540	
6	Lime	546	Herthy
4	Shale	550	
13	sandy shale	563	
104	Shale	667	
13	sand	680	grey - no oil
40	Shale	720	
8	Lime	728	
19	Shale	747	
6	Lime	753	
15	Shale	768	
4	Lime	772	
8	Shale	780	
2	Lime	782	
4	Shale	786	
7	Lime	793	
25	Shale	818	
1	sandy shale	819	odor
2	limey sand	821	slight oil show
8	sand	829	solid - good saturation
5	sand	834	broken - good oil show
2	sand	836	broken - not much oil
14	sandy shale	850	
90	Shale	940	TD