

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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Franklin County, KS
 Well: Wiseman # 22
 Lease Owner: TDR

TDR Construction
 (913) 710-5400

Commenced Spudding:
 10/5/21

WELL LOG

Thickness of Strata	Formation	Total Depth
0-24	Soil-Clay	24
94	Sandy Shale	118
25	Lime	143
8	Shale	151
11	Lime	162
5	Shale	167
17	Lime	184
32	Shale	216
22	Lime	238
80	Shale	318
25	Lime	343
12	Shale	355
5	Lime	360
26	Shale	386
4	Lime	390
17	Shale	407
2	Lime	409
14	Shale	423
8	Lime	431
2	Shale	433
14	Lime	447
11	Shale	458
24	Lime	482
3	Shale	485
4	Lime	489
3	Shale	492
6	Lime	498
3	Shale	501
5	Limey Sand	506
8	Sand	514
108	Shale	622
12	Sand	634
34	Shale	668
8	Lime	676
8	Shale	684
4	Lime	688
7	Shale	695
7	Lime	702
15	Shale	717
4	Lime	721

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 $SPM \times d$

$$\text{BELT LENGTH} = 2C + 1.57(D + d) + \frac{(D-d)^2}{4C}$$

* Need these to figure belt length

$$\text{TO FIGURE AMPS: } \frac{\text{WATTS}}{\text{VOLTS}} = \text{AMPS}$$

746 WATTS equal 1 HP

Log Book

Well No. 22

Farm Wiseman

KS
(State)

Franklin
(County)

30
(Section)

15
(Township)

21
(Range)

For TDR construction
(Well Owner)

15-059-27309

Town Oilfield Services, Inc.

1207 N. 1st East

Louisburg, KS 66053

913-710-5400

Thickness of Strata	Formation	Total Depth	Remarks
0-24	soil-clay	24	
94	sandy shale	118	
25	Lime	143	
8	Shale	151	
11	Lime	162	
5	Shale	167	
17	Lime	184	
32	Shale	216	
22	Lime	238	
80	Shale	318	
25	Lime	343	
12	Shale	355	
5	Lime	360	
26	Shale	386	
4	Lime	390	
17	Shale	407	
2	Lime	409	
14	Shale	423	
8	Lime	431	
2	Shale	433	
14	Lime	447	
11	Shale	458	
24	Lime	482	
3	Shale	485	
4	Lime	489	
3	Shale	492	
6	Lime	498	Hartha

498

Thickness of Strata	Formation	Total Depth	Remarks
3	Shale	501	
5	limy sand	506	grey - no oil
8	sand	514	grey no oil
108	Shale	622	
12	sand	634	no oil
34	Shale	668	
8	Lime	676	
8	Shale	684	
4	Lime	688	
7	Shale	695	
7	Lime	702	
15	Shale	717	
4	Lime	721	
12	Shale	733	
6	Lime	739	
18	Shale	757	
1	Lime	758	
9	Shale	767	
2	sand	769	broken - good oil show
2	limy sand	771	not much oil
5	sand	776	solid - good saturation
6	sand	782	broken - good saturation
98	sandy shale	880	TD



Customer	TDR Construction	Lease & Well	Wiseman 22, 1-2, 12	Date	10/8/2021	
Service District	Garnett	County & State	FR, KS	Legal Str	30-15-21	
Job Type	longstrings	<input checked="" type="checkbox"/> PROD	<input checked="" type="checkbox"/> INJ	<input type="checkbox"/> SWD	<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	Hick Beels	<input checked="" type="checkbox"/> H2S Monitor	<input checked="" type="checkbox"/> Eye Protection	<input type="checkbox"/> Required Permits	<input type="checkbox"/> Fall Protection	
240	Keith Detwiler	<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	
240	Alan Mader	<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	3.00		\$2,025.00	
M010	Heavy Equipment Mileage	mi	36.00		\$129.60	
M015	Light Equipment Mileage	mi	36.00		\$64.80	
M025	Ton Mileage - Minimum	each	2.00		\$540.00	
CP065	50/50/2 Pozmix	sack	336.00		\$3,628.80	
CP095	Bentonite Gel	lb	600.00		\$162.00	
FE025	2 7/8" Rubber Plug	ea	3.00		\$108.00	
Customer Section: On the following scale how would you rate Hurricane Services Inc.?					Net:	\$6,658.20
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					Tax Rate:	
<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. </small>					Sale Tax:	\$ -
					Total:	\$ 6,658.20
					HSI Representative:	<i>Casey Kennedy</i>

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 30th day from the date of invoice. Past due accounts shall pay interest on the balance past due at the rate of 1.5% per month or the maximum allowable by applicable state or federal laws. In the event it is necessary to employ an agency or attorney to affect the collection, Customer hereby agrees to pay all fees directly or indirectly incurred for such collection. In the event that Customer is delinquent with HSI's terms, HSI has the right to revoke any discounts previously applied in arriving at net invoice price. Upon revocation, the full invoice price without discounts 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 federal, state, or local taxes, or royalties and stated price adjustments. Actual charges may vary depending upon well, equipment, and materials actually required to produce the well. Any discount is based on 30 days net payment terms or cash. **DISCLAIMER NOTICE:** Technical data is provided in good faith, but no warranty is made or implied. HSI assumes no liability for a later corrected technical data concerning the results from the use of any product or service. This information presented is a best estimate of the expected results that may be realized and should be used for comparison purposes only. HSI makes no guarantee of future production performance. Customer represents and warrants that well and all material equipment, inputs, and information to produce services by HSI, have been, are, and will be, provided in good faith and are the property of the customer owned or provided in property with HSI's collection of services. The customer will be responsible for the cost and transportation of materials and equipment. The customer will be responsible for the cost of well information and the cost of well information. The customer will be responsible for the cost of well information and the cost of well information.

X _____ **CUSTOMER AUTHORIZATION SIGNATURE**



Customer: TDR Construction	Well: Wiseman 22, I-2, 12	Ticket#: EP2926
City, State: Louisburg, KS	County: FR, KS	Date: 10/8/2021
Field Rep: Lance Town	S-T-R#: 30-15-21	Service: longstrings

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

Calculated Slurry	
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	
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
12:30 PM			-	-	on location, held safety meeting
	4.0			-	#22 - established circulation
	4.0			-	mixed and pumped 200# Bentonite Gel followed by 4 bbls fresh water
	4.0			-	mixed and pumped 104 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 4.75 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			-	#12 - established circulation
	4.0			-	mixed and pumped 200# Bentonite Gel followed by 4 bbls fresh water
	4.0			-	mixed and pumped 116 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 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			-	#12 - established circulation
	4.0			-	mixed and pumped 200# Bentonite Gel followed by 4 bbls fresh water
	4.0			-	mixed and pumped 116 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 4.98 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
Cementer:	Casey Kennedy	89
Pump Operator:	Nick Beets	239
Bulk:	Keith Detwiler	248
H2O:	Alan Glader	246

SUMMARY		
Average Rate	Average Pressure	Total Fluid
3.1 bpm	- psi	- bbls