

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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Hurricane Services, Inc.
250 N. Water St., Suite #200
Wichita, KS 67202



Customer	TDR Construction	Class B Wall	1, I-3	Wiseman	Date	10/1/2021	
Service District	Garnett	Class B Wall	FR, KS	Legal Stry	30-15-21	Job #	
Job Type	longstrings	<input checked="" type="checkbox"/> PROD	<input checked="" type="checkbox"/> HHI	<input type="checkbox"/> SWD	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> No	EP2864

Job Safety Analysis - A Discussion of Hazards & Safety Procedures

Equipment #	Operator	<input checked="" type="checkbox"/> Hard hat	<input checked="" type="checkbox"/> Gloves	<input type="checkbox"/> Lockout/Tagout	<input type="checkbox"/> Warning Signs & Flagging
09	Casey Kennedy	<input checked="" type="checkbox"/> H2S Monitor	<input checked="" type="checkbox"/> Eye Protection	<input type="checkbox"/> Required Permits	<input type="checkbox"/> Fall Protection
239	Garrett Scott	<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	Devlin Katzer	<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
	Nick Beets	<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
G010	Cement Pump Service	ea	2.00	\$1,350.00
M010	Heavy Equipment Mileage	mi	36.00	\$129.60
M015	Light Equipment Mileage	mi	36.00	\$64.80
M025	Ton Mileage - Minimum	each	1.00	\$270.00
CP065	50/50/2 Pozmix	sack	239.00	\$2,581.20
CP095	Benlonite Gel	lb	400.00	\$108.00
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:	\$4,575.60	
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		Tax Rate:		
<small>1 = Not at all likely, 10 = Very likely</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.	Sale Tax:	\$ -
		Total:	\$ 4,575.60	
		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 and/or attorney to effect 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 making a net invoice price. Upon completion of all well log files with a discount, 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 related state applications. Actual charges may vary depending upon job equipment, and materials, density required to perform these services. Any discount is based on 30 days net payment terms in cash. **DISCLAIMER NOTICE:** The information presented in good faith, but a 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 we have all necessary equipment in working condition to receive services by HSI. Likewise, the customer guarantees proper operation of all of customer owned equipment and property while HSI is on location performing services. The utilization of well information is the responsibility and acceptance of all Hurricane Services staff, and Hurricane has been provided insurance of information in determining the accuracy.

X _____ CUSTOMER AUTHORIZATION SIGNATURE

inv: 15-2021/01/25
impl: 201-2021/09/15

Franklin County, KS
Well: Wiseman I-3
Lease Owner: TDR

TDR Construction
(913) 710-5400

Commenced Spudding:
9/29/21

WELL LOG

Thickness of Strata	Formation	Total Depth
0-8	Soil-Clay	8
8	Lime	16
171	Sandy Shale	187
25	Lime	212
6	Shale	218
11	Lime	229
6	Shale	235
22	Lime	257
29	Shale	286
23	Lime	309
76	Shale	385
27	Lime	412
6	Shale	418
7	Lime	425
25	Shale	450
4	Lime	454
18	Shale	472
3	Lime	475
12	Shale	487
26	Lime	513
10	Shale	523
21	Lime	544
4	Shale	548
3	Lime	551
4	Shale	555
7	Lime	562
3	Shale	565
7	Sand	572
111	Shale	683
11	Sand	694
40	Shale	734
8	Lime	742
9	Shale	751
3	Lime	754
6	Shale	760
9	Lime	769
12	Shale	781
4	Lime	785
9	Shale	794
2	Lime	796

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 - $RPM \times d$ 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. I-3

Farm Wiseman

KS Franklin
(State) (County)

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

For TDR Construction
(Well Owner)

15-059-27286

Town Oilfield Services, Inc.

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

Thickness of Strata	Formation	Total Depth	Remarks
0-8	soil - clay	8	
8	Lime	16	
171	sandy shale	187	
25	Lime	212	
6	Shale	218	
11	Lime	229	
6	Shale	235	
22	Lime	257	
29	Shale	286	
23	Lime	309	
76	Shale	385	
27	Lime	412	
6	Shale	418	
7	Lime	425	
25	Shale	450	
4	Lime	454	
18	Shale	472	
3	Lime	475	
12	Shale	487	
26	Lime	513	
10	Shale	523	
21	Lime	544	
4	Shale	548	
3	Lime	551	
4	Shale	555	
7	Lime	562	Herthg
3	Shale	565	

565

Thickness of Strata	Formation	Total Depth	Remarks
7	sand	572	grey - no oil
111	shale	683	
11	sand	694	grey - no oil
40	shale	734	
8	Lime	742	
9	Shale	751	
3	Lime	754	
6	Shale	760	
9	Lime	769	
12	Shale	781	
4	Lime	785	
9	Shale	794	
2	Lime	796	
3	Shale	799	
6	Lime	805	
16	Shale	821	
3	Lime	824	
8	Shale	832	
3	sand	835	broken - not much oil
8	sand	843	solid - good saturation
5	sand	848	broken - good oil show
12	sandy shale	860	
80	Shale	940	TD