Confidentiality Requested:
☑ Yes ☐ No

CONFIDENTIAL

KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION

WELL COMPLETION FORM

WELL HISTORY - DESCRIPTION OF WELL & LEASE

Form ACO-1
January 2018
Form must be Typed
Form must be Signed
All blanks must be Filled

OPERATOR: License # 4787
Name: TDI, Inc.
Address 1: 1310 BISON RD
Address 2:
City: HAYS State: KS Zip: 67601 + 9696
Contact Person: Tom Denning
Phone: (785) 628-2593
CONTRACTOR: License # 33350
Name: Southwind Drilling, Inc.
Wellsite Geologist: Herb Deines
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 #:

7/26/2024	8/1/2024	8/1/2024
Spud Date or Recompletion Date	Date Reached TD	Completion Date or Recompletion Date

API No.: 15-051-27110-00-00
Spot Description:
NW SW NE NW Sec. 31 Twp. 14 S. R. 19 ☐ East ☑ West
790 Feet from ☑ North / ☐ South Line of Section
1420 Feet from ☐ East / ☑ West Line of Section
Footages Calculated from Nearest Outside Section Corner:
☐ NE ☑ NW ☐ SE ☐ SW
GPS Location: Lat: *(e.g. xx.xxxxx)*, Long: *(e.g. -xxx.xxxxx)*
Datum: ☐ NAD27 ☐ NAD83 ☐ WGS84
County: Ellis
Lease Name: LYNDLE Well #: 1
Field Name: Unnamed
Producing Formation: Dry Hole
Elevation: Ground: 2092 Kelly Bushing: 2102
Total Vertical Depth: 3770 Plug Back Total Depth:
Amount of Surface Pipe Set and Cemented at: 233 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: 38000 ppm Fluid volume: 750 bbls
Dewatering method used: Evaporated
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: 10/15/2024
☐ **Confidential Release Date:** 10/15/2026
☐ **Wireline Log Received** ☑ **Drill Stem Tests Received**
☑ **Geologist Report / Mud Logs Received**
☐ **UIC Distribution**
ALT ☐ **I** ☑ **II** ☐ **III** **Approved by:** Kelsey Cox **Date:** 10/15/2024