



KANSAS CORPORATION COMMISSION 1070676
OIL & GAS CONSERVATION DIVISION

Form ACO-1
June 2009
Form Must Be Typed
Form must be Signed
All blanks must be Filled

WELL COMPLETION FORM
WELL HISTORY - DESCRIPTION OF WELL & LEASE

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: Coffeyville Resources

Designate Type of Completion:
 New Well Re-Entry Workover
 Oil WSW SWD SIOW
 Gas D&A ENHR SIGW
 OG GSW Temp. Abd.
 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 ENHR Conv. to SWD
 Conv. to GSW
 Plug Back: _____ Plug Back Total Depth _____
 Commingled Permit #: _____
 Dual Completion Permit #: _____
 SWD Permit #: _____
 ENHR Permit #: _____
 GSW Permit #: _____
09/06/2011 09/13/2011 10/11/2011
Spud Date or Date Reached TD Completion Date or
Recompletion Date Recompletion Date

API No. 15 - 15-051-26174-00-00
Spot Description: _____
SE NE SW SE Sec. 21 Twp. 15 S. R. 18 East West
780 Feet from North / South Line of Section
1540 Feet from East / West Line of Section
Footages Calculated from Nearest Outside Section Corner:
 NE NW SE SW
County: Ellis
Lease Name: Engel Well #: 1
Field Name: Schoenchen
Producing Formation: Conglomerate
Elevation: Ground: 1988 Kelly Bushing: 1998
Total Depth: 3650 Plug Back Total Depth: 3605
Amount of Surface Pipe Set and Cemented at: 1147 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: 850 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

Letter of Confidentiality Received
Date: 01/10/2012

Confidential Release Date: _____

Wireline Log Received

Geologist Report Received

UIC Distribution

ALT I II III Approved by: Deanna Garcia Date: 01/24/2012



1070676

Operator Name: TDI, Inc. Lease Name: Engel Well #: 1
 Sec. 21 Twp. 15 S. R. 18 East West County: Ellis

INSTRUCTIONS: Show important tops and base 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. Attach complete copy of all Electric Wire-line Logs surveyed. Attach final geological well site report.

Drill Stem Tests Taken <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <i>(Attach Additional Sheets)</i> Samples Sent to Geological Survey <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Cores Taken <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Electric Log Run <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Electric Log Submitted Electronically <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <i>(If no, Submit Copy)</i> List All E. Logs Run: Dual Induction Log Dual Compensated Porosity Log Microresistivity Log	<input checked="" type="checkbox"/> Log Formation (Top), Depth and Datum <input type="checkbox"/> Sample <table style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;">Name</th> <th style="text-align: left;">Top</th> <th style="text-align: left;">Datum</th> </tr> </thead> <tbody> <tr> <td>Anhydrite Top</td> <td>1143</td> <td>+855</td> </tr> <tr> <td>Topeka</td> <td>2938</td> <td>-940</td> </tr> <tr> <td>Heebner</td> <td>3221</td> <td>-1223</td> </tr> <tr> <td>Lansing/KC</td> <td>3270</td> <td>-1272</td> </tr> <tr> <td>Base/KC</td> <td>3496</td> <td>-1498</td> </tr> <tr> <td>Conglomerate Sand</td> <td>3574</td> <td>-1576</td> </tr> <tr> <td>Arbuckle</td> <td>3601</td> <td>-1603</td> </tr> </tbody> </table>	Name	Top	Datum	Anhydrite Top	1143	+855	Topeka	2938	-940	Heebner	3221	-1223	Lansing/KC	3270	-1272	Base/KC	3496	-1498	Conglomerate Sand	3574	-1576	Arbuckle	3601	-1603
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CASING RECORD <input checked="" 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
Surface	12.25	8.625	23	1147.14	SMD	375	Did circulate
Production	7.85	5.5	14	3648	EA-2	130	

ADDITIONAL CEMENTING / SQUEEZE RECORD				
Purpose:	Depth Top Bottom	Type of Cement	# Sacks Used	Type and Percent Additives
<input type="checkbox"/> Perforate				
<input checked="" type="checkbox"/> Protect Casing	-			
<input type="checkbox"/> Plug Back TD				
<input type="checkbox"/> Plug Off Zone	-			

Shots Per Foot	PERFORATION RECORD - Bridge Plugs Set/Type Specify Footage of Each Interval Perforated	Acid, Fracture, Shot, Cement Squeeze Record <i>(Amount and Kind of Material Used)</i>	Depth
4	3574'-82'		

TUBING RECORD: Size: <u>2.875"</u> Set At: <u>3588'</u> Packer At: _____		Liner Run: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Date of First, Resumed Production, SWD or ENHR. <u>10/28/2011</u>		Producing Method: <input type="checkbox"/> Flowing <input checked="" type="checkbox"/> Pumping <input type="checkbox"/> Gas Lift <input type="checkbox"/> Other (Explain) _____	
Estimated Production Per 24 Hours	Oil Bbls. <u>20</u>	Gas Mcf <u>30</u>	Water Bbls. <u>30</u> Gas-Oil Ratio <u>30</u> Gravity <u>30</u>

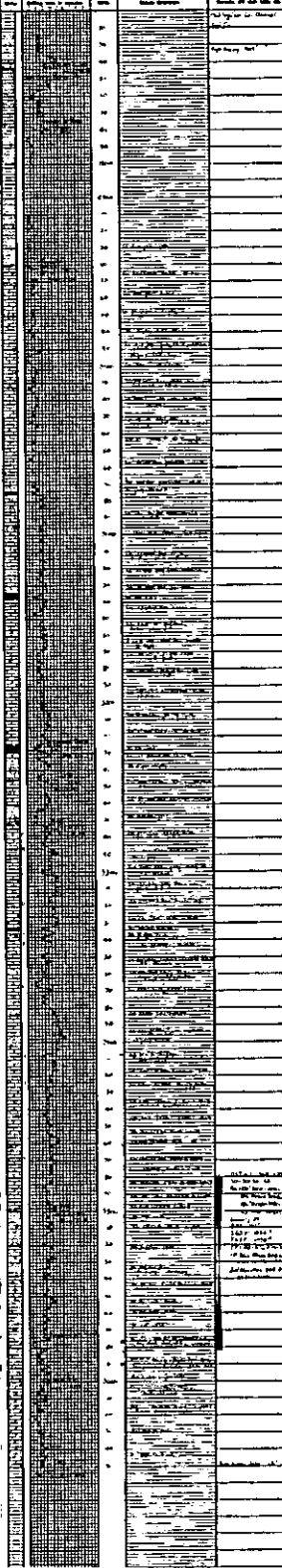
DISPOSITION OF GAS: <input checked="" type="checkbox"/> Vented <input type="checkbox"/> Sold <input type="checkbox"/> Used on Lease <i>(If vented, Submit ACO-18.)</i>	METHOD OF COMPLETION: <input type="checkbox"/> Open Hole <input checked="" type="checkbox"/> Perf. <input type="checkbox"/> Dually Comp. <input type="checkbox"/> Commingled <i>(Submit ACO-5) (Submit ACO-4)</i> <input type="checkbox"/> Other (Specify) _____	PRODUCTION INTERVAL: <u>Conglomerate</u>
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MEMORANDUM FOR THE DIRECTOR
 DATE: 10/25/51
 TO: THE DIRECTOR
 FROM: THE CHIEF OF BUREAU
 SUBJECT: [Illegible]

DATE	DESCRIPTION	BY

LEGEND
 [Symbol] [Symbol] [Symbol] [Symbol] [Symbol] [Symbol]
 [Symbol] [Symbol] [Symbol] [Symbol] [Symbol] [Symbol]

SCALE 1" = 100'



JOB LOG

SWIFT Services, Inc.

DATE 09-27-11 PAGE NO. 1

CUSTOMER T.D. I WELL NO. 1 LEASE ENGEL JOB TYPE DEEP SURFACE TICKET NO. 20073

CHART NO.	TIME	RATE (BPM)	VOLUME (BB) (GAL)	PUMPS		PRESSURE (PSI)		DESCRIPTION OF OPERATION AND MATERIALS
				T	C	TUBING	CASING	
	1500							DISLOCATION
								375 SB 5MD 1/4" FLUX
								12 1/2 @ 1175
								8 3/8 @ 1175 @ 1177. SJ 38.50, INSET 1109
								CMT 1.3.12
								2 JOINT OUT
	1745							START CMT FLUTE
								HOOKUP
	1930							BREAK CIRC W/PIE
	1950	6.0	12.0	-		350		500 GALS MUDFLUSH
			0	-		350		START CMT 75 SB @ 11.7 1/2 SA
			35.0	-		5		150 SB @ 12.5 1/2 SA
			93.0	-		300		100 SB @ 13.0 1/2 SA
			127.0	-		5		50 SB @ 14.5 1/2 SA
			142.0	-		300		END CMT 375 SB
								RELEASE 8 3/8 PLUG
	2020	6.7	0	-		150		START DISP
			25.0	-		250		- CIRC CMT TO PIT! -
			35.0	-		300		<u>80516</u>
			52.0	-		400		
			60.0	-		450		
	2050	55	70.7	-		600		LAMP PLUG
								CLOSE IN
								WASHUP
	2100							JOB COMPLETE
								THANK YOU!
								DAVE JOSEPH, INC.

JOB LOG

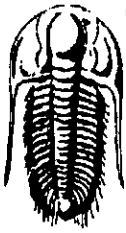
SWIFT Services, Inc.

DATE 7-13-11 PAGE NO. 1

CUSTOMER TDI WELL NO. #1 LEASE Engel JOB TYPE Cement Lifting TICKET NO. 20310

CHART NO.	TIME	RATE (BPM)	VOLUME (BBL) (GAL)	PUMPS		PRESSURE (PSI)		TD 3650 DESCRIPTION OF OPERATION AND MATERIALS
				T	C	TUBING	CASING	
	0300							On location w/ Float Equip
	0745							RIS LD DC. / RH / MH / change over Start 5 1/2" 14" / ft (5ug to 3649')
								Insert Float Shoe w/ Auto-Fill
								LD Baffle - SS 42.22' @ 3618'
								Cent 1-3-5-7-9-11-13
								Cent Basket Pin end #2 #10
	0600							Drop fill up ball to Jb out
	1620							Fin run casing - Tag bottom
								RIS st circ casing / Desculled
								Fin circ. & Baffle
			8/5					Plug RH-30SKS MH-20SKS
		5	12					Pump 500 GAL MWD Flush
		6	20					Pump 20 BBI KLL Flush
		4						Start 125 SKS EM-2 cent
		4 1/2	36					Fin cent - Wash out Pump Lines
		9						Drop LD Plug - Start Displ.
			50					First 15 BBI KLL wtr
		2	70					@ 50 BBI wtr not coming on
		2	88					Very good - So Direct still
	1815							Not good - Land Plug
								Hold/Release/Hold
								to wash up & Rekey

[Handwritten Signature]
[Handwritten Signature]
[Handwritten Signature]



TRILOBITE TESTING, INC.

DRILL STEM TEST REPORT

TDI, Inc.
1310 Bison Rd.
Hays, Ks 67601

ATTN: Herb Dienes

Engel #1

21/15S/18W-Ellis

Job Ticket: 45244

DST#: 1

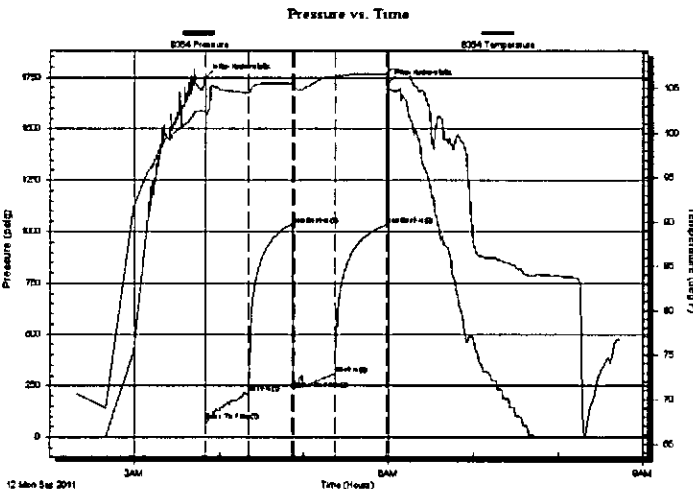
Test Start: 2011.09.12 @ 02:09:15

GENERAL INFORMATION:

Formation: **Cong. Sand**
 Deviated: **No** Whipstock: **ft (KB)**
 Time Tool Opened: 03:50:25
 Time Test Ended: 08:43:45
 Interval: **3484.00 ft (KB) To 3582.00 ft (KB) (TVD)**
 Total Depth: **3582.00 ft (KB) (TVD)**
 Hole Diameter: **7.85 inches** Hole Condition: **Fair**
 Test Type: **Conventional Bottom Hole**
 Tester: **Dustin Rash**
 Unit No: **38**
 Reference Elevations: **1995.00 ft (KB)**
1984.00 ft (CF)
 KB to GR/CF: **11.00 ft**

Serial #: 8354 **Inside**
 Press@RunDepth: **306.57 psig @ 3554.00 ft (KB)** Capacity: **8000.00 psig**
 Start Date: **2011.09.12** End Date: **2011.09.12** Last Calib.: **2011.09.12**
 Start Time: **02:19:15** End Time: **08:43:45** Time On Btm: **2011.09.12 @ 03:49:55**
 Time Off Btm: **2011.09.12 @ 05:59:15**

TEST COMMENT: IF-Strong building blow . BOB in 4 minutes 15 seconds.
 ISI-Weak surface return @ 3 minutes. Died @ 1 minute.
 FF-Fair building blow . BOB in 8 minutes.
 FSI-No Return.



PRESSURE SUMMARY

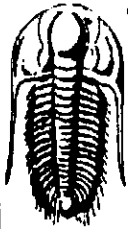
Time (Min.)	Pressure (psig)	Temp (deg F)	Annotation
0	1746.76	102.46	Initial Hydro-static
1	82.27	102.07	Open To Flow (1)
31	216.81	104.50	Shut-In(1)
63	1034.82	105.56	End Shut-In(1)
64	233.77	105.21	Open To Flow (2)
93	306.57	106.35	Shut-In(2)
129	1031.72	106.66	End Shut-In(2)
130	1721.56	106.93	Final Hydro-static

Recovery

Length (ft)	Description	Volume (bbl)
62.00	90% Oil/10% Mud	0.87
186.00	60% Oil/30% Gas/10% Mud	2.61
186.00	60% Mud/20% Oil/20% Gas	2.61
221.00	90% Mud 10% Oil	3.10

Gas Rates

	Choke (inches)	Pressure (psig)	Gas Rate (Mcf/d)



**TRILOBITE
TESTING, INC.**

DRILL STEM TEST REPORT

FLUID SUMMARY

TDI, Inc.
1310 Bison Rd.
Hays, Ks 67601

Engel #1
21/15S/18W-Ellis
Job Ticket: 45244 **DST#: 1**
Test Start: 2011.09.12 @ 02:09:15

Mud and Cushion Information

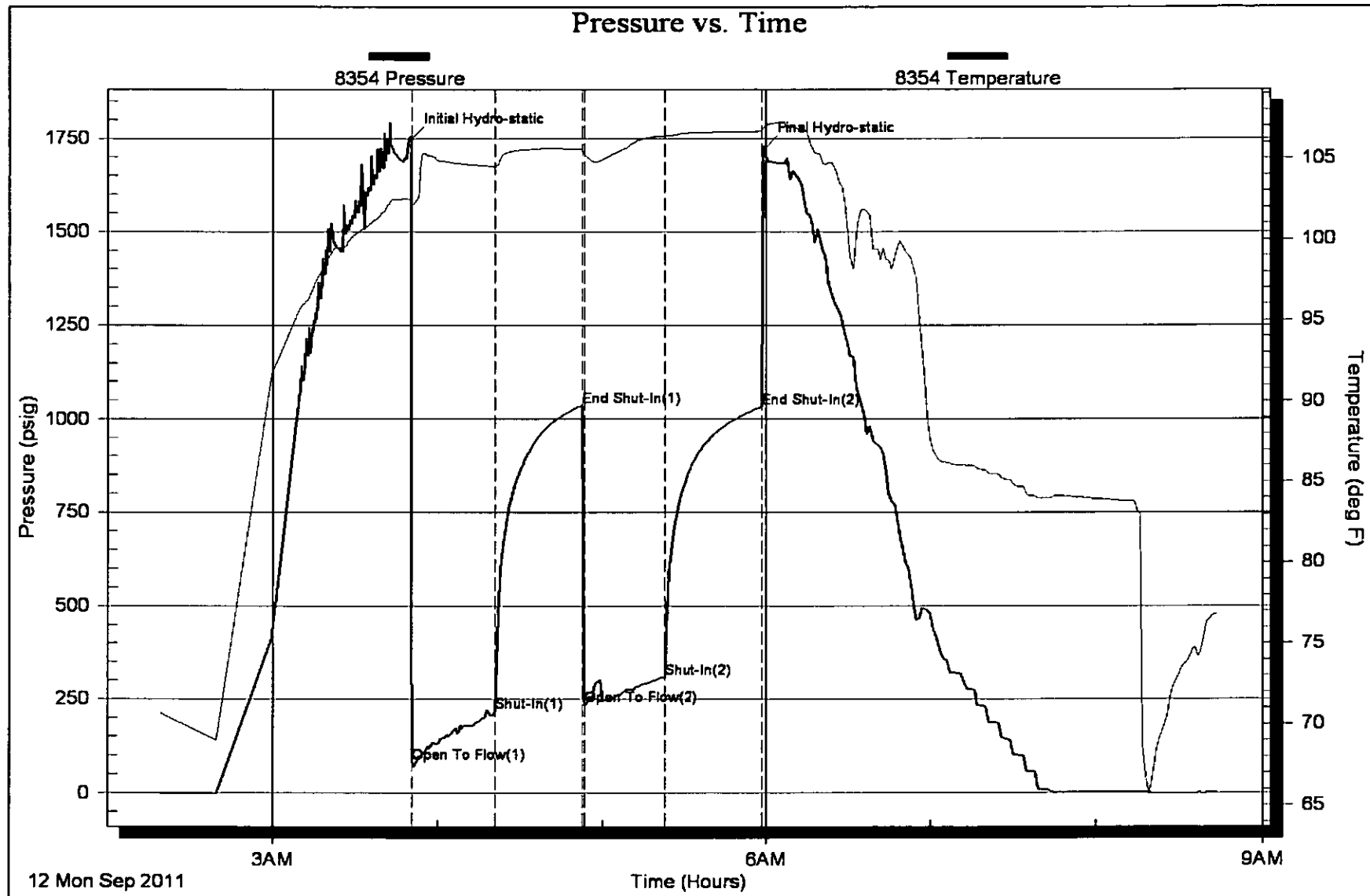
Mud Type: Gel Chem	Cushion Type:	Oil API: 29 deg API
Mud Weight: 9.00 lb/gal	Cushion Length: ft	Water Salinity: ppm
Viscosity: 48.00 sec/qt	Cushion Volume: bbl	
Water Loss: 6.80 in ³	Gas Cushion Type:	
Resistivity: ohm.m	Gas Cushion Pressure: psig	
Salinity: 3100.00 ppm		
Filter Cake: inches		

Recovery Information

Recovery Table

Length ft	Description	Volume bbl
62.00	90%Oil/10%Mud	0.870
186.00	60%Oil/30%Gas/10%Mud	2.609
186.00	60%Mud/20%Oil/20%Gas	2.609
221.00	90%Mud10%Oil	3.100

Total Length: 655.00 ft Total Volume: 9.188 bbl
 Num Fluid Samples: 0 Num Gas Bombs: 0 Serial #:
 Laboratory Name: Laboratory Location:
 Recovery Comments:



Conservation Division
Finney State Office Building
130 S. Market, Rm. 2078
Wichita, KS 67202-3802



Phone: 316-337-6200
Fax: 316-337-6211
<http://kcc.ks.gov/>

Mark Sievers, Chairman
Ward Loyd, Commissioner
Thomas E. Wright, Commissioner

Sam Brownback, Governor

January 09, 2012

Tom Denning
TDI, Inc.
1310 BISON RD
HAYS, KS 67601-9696

Re: ACO1
API 15-051-26174-00-00
Engel 1
SE/4 Sec.21-15S-18W
Ellis County, Kansas

Dear Production Department:

We are herewith requesting that the Well Completion Form ACO-1 and attached information for the subject well be held confidential for a period of two years.

Should you have any questions or need additional information regarding subject well, please contact our office.

Respectfully,
Tom Denning

Conservation Division
Finney State Office Building
130 S. Market, Rm. 2078
Wichita, KS 67202-3802



Phone: 316-337-6200
Fax: 316-337-6211
<http://kcc.ks.gov/>

Mark Sievers, Chairman
Ward Loyd, Commissioner
Thomas E. Wright, Commissioner

Sam Brownback, Governor

January 10, 2012

Tom Denning
TDI, Inc.
1310 BISON RD
HAYS, KS 67601-9696

Re: ACO-1
API 15-051-26174-00-00
Engel 1
SE/4 Sec.21-15S-18W
Ellis County, Kansas

Dear Tom Denning:

K.A.R. 82-3-107 provides for all completion information to be filed within 120 days of the spud date. Subsection(e)(2) of that regulation states "All rights to confidentiality shall be lost if the filings are not timely."

The above referenced well was spudded on 09/06/2011 and the ACO-1 was received on January 10, 2012 (not within the 120 days timely requirement).

Therefore, your request for confidential treatment of data contained within the ACO-1 filing cannot be granted at this time.

If you should have any questions, please do not hesitate to contact me at (316)337-6200.

Sincerely,

Production Department