



KANSAS CORPORATION COMMISSION 1092733
OIL & GAS CONSERVATION DIVISION

CONFIDENTIAL

WELL COMPLETION FORM
WELL HISTORY - DESCRIPTION OF WELL & LEASE

Form ACO-1
June 2009
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 ☐ 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 #: _____

8/6/2012	8/12/2012	8/12/2012
Spud Date or Recompletion Date	Date Reached TD	Completion Date or Recompletion Date

API No. 15 - 15-051-26308-00-00
Spot Description: _____
E2 NW NE SW Sec. 11 Twp. 15 S. R. 19 ☐ East ☒ West
2310 Feet from ☐ North / ☒ South Line of Section
1920 Feet from ☐ East / ☒ West Line of Section
Footages Calculated from Nearest Outside Section Corner:
☐ NE ☐ NW ☐ SE ☒ SW
County: Ellis
Lease Name: Befort Well #: 1
Field Name: unnamed
Producing Formation: Dry hole
Elevation: Ground: 2043 Kelly Bushing: 2050
Total Depth: 3750 Plug Back Total Depth: _____
Amount of Surface Pipe Set and Cemented at: 211 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: 81000 ppm Fluid volume: 800 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: 09/06/2012
☐ Confidential Release Date: _____
☒ Wireline Log Received
☒ Geologist Report Received
☐ UIC Distribution
ALT ☐ I ☒ II ☐ III Approved by: NAOMI JAMES Date: 09/06/2012