

Confidentiality Requested:

☐ Yes ☒ No

**KANSAS CORPORATION COMMISSION  
OIL & GAS CONSERVATION DIVISION**

Form ACO-1

July 2014

Form must be Typed

Form must be Signed

All blanks must be Filled

**WELL COMPLETION FORM  
WELL HISTORY - DESCRIPTION OF WELL & LEASE**

OPERATOR: License # 32218

Name: TDR Construction, Inc.

Address 1: PO Box 339

Address 2: \_\_\_\_\_

City: Louisburg State: KS Zip: 66053 + \_\_\_\_\_

Contact Person: Lance Town

Phone: ( 913 ) 710-5400

CONTRACTOR: License # 33715

Name: Town Oilfield Service

Wellsite Geologist: NA

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
- ☐ Plug Back ☐ Conv. to GSW ☐ Conv. to Producer
- ☐ Commingled Permit #: \_\_\_\_\_
- ☐ Dual Completion Permit #: \_\_\_\_\_
- ☐ SWD Permit #: \_\_\_\_\_
- ☐ ENHR Permit #: \_\_\_\_\_
- ☐ GSW Permit #: \_\_\_\_\_

12/15/2010 12/17/2010 1/4/2011  
Spud Date or Date Reached TD Completion Date or  
Recompletion Date Recompletion Date

API No. 15 - 059-25525-00-00

Spot Description:

KC-15-15-32-15-S-21 Sec. 32 Twp. 15 S. R. 21 ☒ East ☐ West

543 Feet from ☐ North / ☒ South Line of Section

3,891 Feet from ☒ East / ☐ West Line of Section

Footages Calculated from Nearest Outside Section Corner:

☐ NE ☐ NW ☐ SE ☐ SW

GPS Location: Lat: \_\_\_\_\_, Long: \_\_\_\_\_  
(e.g. XXX.XXXXX) (e.g. -XXX.XXXXX)

Datum: ☐ NAD27 ☐ NAD83 ☐ WGS84

County: Franklin

Lease Name: Duffy Well #: 31

Field Name: Paola-Rantoul

Producing Formation: Squirrel

Elevation: Ground: 1032 Kelly Bushing: NA

Total Vertical Depth: 798 Plug Back Total Depth: 22

Amount of Surface Pipe Set and Cemented at: 200 Feet

Multiple Stage Cementing Collar Used? ☐ Yes ☒ No

If yes, show depth set: \_\_\_\_\_ Feet

If Alternate II completion, cement circulated from: 20

feet depth to: surface w/ 4 sx cmt.

**Drilling Fluid Management Plan**

(Data must be collected from the Reserve Pit)

Chloride content: 1500-3000 ppm Fluid volume: 80 bbls

Dewatering method used: \_\_\_\_\_ on lease **Received**  
KANSAS CORPORATION COMMISSION

Location of fluid disposal if hauled offsite:

**JUL 11 2017**

Operator Name: \_\_\_\_\_ **CONSERVATION DIVISION**

Lease Name: \_\_\_\_\_ License #: WICHITA, KS

Quarter \_\_\_\_\_ Sec. \_\_\_\_\_ Twp. \_\_\_\_\_ S. R. \_\_\_\_\_ ☐ East ☐ West

County: \_\_\_\_\_ Permit #: \_\_\_\_\_

**INSTRUCTIONS:** The original form shall be filed with the Kansas Corporation Commission, 130 S. Market - Room 2078, Wichita, Kansas 67202, within 120 days of the spud date, recompletion, workover or conversion of a well. If confidentiality is requested and approved, side two of this form will be held confidential for a period of 2 years. Rules 82-3-130, 82-3-106 and 82-3-107 apply. Drill Stem Test, Cement Tickets and Geological Well Report must be attached.

**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.

Signature: [Signature]

Title: Agent Date: 7/5/17

**KCC Office Use ONLY**

☐ Confidentiality Requested

Date: \_\_\_\_\_

☒ Confidential Release Date: \_\_\_\_\_

☒ Wireline Log Received

☒ Geologist Report Received

☐ UIC Distribution

ALT ☐ I ☒ II ☐ III Approved by: \_\_\_\_\_ Date: \_\_\_\_\_

*Amended  
7-11-2017  
KR*

Operator Name: TDR Construction, Inc. Lease Name: Duffy Well #: 31  
 Sec. 32 Twp. 15 S. R. 21 ☐ East ☐ West County: Franklin

**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 ☐ Yes ☒ No  
 (Attach Additional Sheets)

Samples Sent to Geological Survey ☐ Yes ☒ No

Cores Taken ☐ Yes ☒ No

Electric Log Run ☒ Yes ☐ No

List All E. Logs Run:

**Gamma Ray/Neutron/CCL**

☐ Log Formation (Top), Depth and Datum ☐ Sample  
 Name Top Datum

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
Surface	12"	8"		20'	Portland	4	
Completion	6 3/4'	4 1/2'		776	Portland	101	50/50 POZ

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				

Did you perform a hydraulic fracturing treatment on this well? ☐ Yes ☐ No (If No, skip questions 2 and 3)  
 Does the volume of the total base fluid of the hydraulic fracturing treatment exceed 350,000 gallons? ☐ Yes ☐ No (If No, skip question 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)

Shots Per Foot	PERFORATION RECORD - Bridge Plugs Set/Type Specify Footage of Each Interval Perforated	Acid, Fracture, Shot, Cement Squeeze Record (Amount and Kind of Material Used)	Depth
2	730-748		

Received  
KANSAS CORPORATION COMMISSION  
JUL 11 2017  
CONSERVATION DIVISION  
WICHITA, KS

TUBING RECORD:			Size:	Set At:	Packer At:	Liner Run:
						<input type="checkbox"/> Yes <input type="checkbox"/> No

Date of First, Resumed Production, SWD or ENHR.		Producing Method:			
		<input type="checkbox"/> Flowing	<input type="checkbox"/> Pumping	<input type="checkbox"/> Gas Lift	<input type="checkbox"/> Other (Explain) _____

Estimated Production Per 24 Hours	Oil Bbls.	Gas Mcf	Water Bbls.	Gas-Oil Ratio	Gravity

DISPOSITION OF GAS:	METHOD OF COMPLETION:	PRODUCTION INTERVAL:
<input type="checkbox"/> Vented <input type="checkbox"/> Sold <input type="checkbox"/> Used on Lease (if vented, Submit ACO-18.)	<input type="checkbox"/> Open Hole <input type="checkbox"/> Perf. <input type="checkbox"/> Dually Comp. <input type="checkbox"/> Commingled (Submit ACO-5) <input type="checkbox"/> Other (Specify) _____	

Mail to: KCC - Conservation Division, 266 N Main St, Ste 220, Wichita, KS 67202-1513