

BEFORE THE STATE CORPORATION COMMISSION  
OF THE STATE OF KANSAS

IN THE MATTER OF THE APPLICATION	)	
OF TDR CONSTRUCTION, INC. FOR WELL	)	DOCKET NO. 17-CONS-3523-CWLE
LOCATION EXCEPTIONS AND THE ASSIGN-	)	
MENT OF ATTRIBUTED ACREAGE AND	)	CONSERVATION DIVISION
OIL ALLOWABLES FOR ITS DUFFY 31	)	
AND DUFFY 32 WELLS IN SECTION 32,	)	LICENSE NO. 32218
TOWNSHIP 15 SOUTH, RANGE 21 EAST,	)	
FRANKLIN COUNTY, KANSAS	)	

TECHNICAL SUPPLEMENT TO APPLICATION

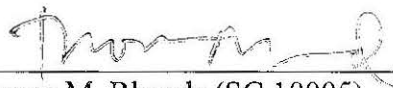
COMES NOW TDR Construction, Inc. ("Applicant"), and pursuant to K.A.R. 82-3-108 and at the request of Commission Staff, submits technical information supplemental to the Application filed herein on March 29, 2017 as follows:

1. Appended hereto are corrected Notices of Intent to Drill (Form C-1) and Well Completion Forms (Form ACO-1) for the subject wells, together with a plat drawn to the scale of one inch equaling 1,320 feet showing the property on which the Duffy 31 and 32 wells have been drilled, all other completed, partially drilled, or permitted wells on the property, and all adjacent properties and wells, furnished in accordance with K.A.R. 82-3-108(e).

2. The time for filing protests of this Application has expired, and all protests filed in this matter have been withdrawn. By Prehearing Officer Order Cancelling Prehearing Conference and Directing Administrative Handling of Application issued and entered June 26, 2017, the prehearing officer in this proceeding acknowledged withdrawal of the protest filed herein, and directed that the Application be processed administratively.

WHEREFORE, Applicant requests that its Application as supplemented hereby be granted administratively; that the Commission enter its order approving the well location exceptions requested for Applicant's wells, and assignment of the oil allowables requested in the Application; and that the Commission grant the Applicant such other and further relief as it may deem just and proper.

Respectfully submitted,



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Thomas M. Rhoads (SC 10005)  
Law Offices of Thomas M. Rhoads LC  
200 E. 1<sup>st</sup> Street, Suite 301  
Wichita, Kansas 67202-2114  
Telephone: (316) 260-4440  
Facsimile: (316) 260-4419  
Email: [tmrhoads@sbcglobal.net](mailto:tmrhoads@sbcglobal.net)

Attorney for Applicant,  
TDR Construction, Inc.

VERIFICATION

STATE OF KANSAS            )  
  ) SS:  
COUNTY OF SEDGWICK    )

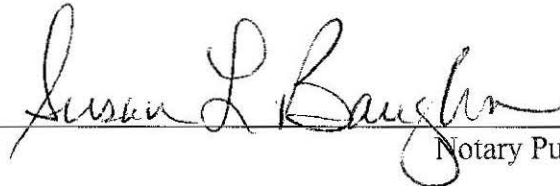
Thomas M. Rhoads, of lawful age and being first duly sworn upon his oath, deposes and states: That he is the Attorney for the Applicant in the above-captioned action; that he has read the above and foregoing Technical Supplement to Application, knows and understands the contents thereof, and states that the statements and allegations therein contained are true and correct according to his knowledge, information, and belief.



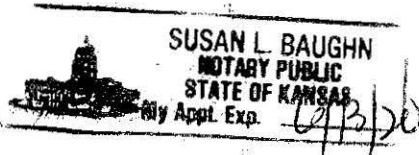
Thomas M. Rhoads

SUBSCRIBED AND SWORN TO before me, the undersigned authority, this 13<sup>th</sup> day of  
July, 2017.

My commission expires:



Notary Public



## For KCC Use:

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

District #: \_\_\_\_\_

SGA? ☐ Yes ☐ NoKANSAS CORPORATION COMMISSION  
OIL & GAS CONSERVATION DIVISION

## NOTICE OF INTENT TO DRILL

Must be approved by KCC five (5) days prior to commencing well

Form KSONA-1, Certification of Compliance with the Kansas Surface Owner Notification Act, MUST be submitted with this form.

Form C-1

July 2014

Form must be Typed

Form must be Signed

All blanks must be Filled

Expected Spud Date: \_\_\_\_\_  
month day year

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

## Well Drilled For:

☒ Oil  
☐ Gas☐ Enh Rec  
☐ Storage  
☐ Disposal

## Well Class:

☒ Infield  
☐ Pool Ext.  
☐ Wildcat

## Type Equipment:

☐ Mud Rotary  
☒ Air Rotary  
☐ Cable☐ Seismic ; \_\_\_\_\_ # of Holes  
☐ Other: \_\_\_\_\_☐ If OWWO: old well information as follows:

Operator: \_\_\_\_\_

Well Name: \_\_\_\_\_

Original Completion Date: \_\_\_\_\_ Original Total Depth: \_\_\_\_\_

Directional, Deviated or Horizontal wellbore? ☐ Yes ☐ No

If Yes, true vertical depth: \_\_\_\_\_

Bottom Hole Location: \_\_\_\_\_

KCC DKT #: \_\_\_\_\_

## Spot Description:

SW - NW - SE - SW Sec. 32 Twp. 15 S. R. 21 ☒ E ☐ W  
(Q/Q/Q/Q) 543 feet from ☐ N / ☒ S Line of Section  
3,891 feet from ☐ E / ☐ W Line of SectionIs SECTION: ☐ Regular ☐ Irregular?

(Note: Locate well on the Section Plat on reverse side)

County: Franklin

Lease Name: Duffy Well #: 31

Field Name: Paola-Rantoul

Is this a Prorated / Spaced Field? ☐ Yes ☐ No

Target Formation(s): Squirrel

Nearest Lease or unit boundary line (in footage): 115

Ground Surface Elevation: 1032 feet MSL

Water well within one-quarter mile: ☐ Yes ☒ NoPublic water supply well within one mile: ☐ Yes ☒ No

Depth to bottom of fresh water: 100

Depth to bottom of usable water: 200

Surface Pipe by Alternate: ☐ I ☒ II

Length of Surface Pipe Planned to be set: 20

Length of Conductor Pipe (if any): \_\_\_\_\_

Projected Total Depth: 800

Formation at Total Depth: Squirrel

Water Source for Drilling Operations:

☐ Well ☐ Farm Pond ☒ Other: Haul

DWR Permit #: \_\_\_\_\_

(Note: Apply for Permit with DWR ☐)Will Cores be taken? ☐ Yes ☒ No

If Yes, proposed zone: \_\_\_\_\_

## AFFIDAVIT

The undersigned hereby affirms that the drilling, completion and eventual plugging of this well will comply with K.S.A. 55 et. seq.

It is agreed that the following minimum requirements will be met:

1. Notify the appropriate district office **prior** to spudding of well;
2. A copy of the approved notice of intent to drill **shall be** posted on each drilling rig;
3. The minimum amount of surface pipe as specified below **shall be set** by circulating cement to the top; in all cases surface pipe **shall be set** through all unconsolidated materials plus a minimum of 20 feet into the underlying formation.
4. If the well is dry hole, an agreement between the operator and the district office on plug length and placement is necessary **prior to plugging**;
5. The appropriate district office will be notified before well is either plugged or production casing is cemented in;
6. If an ALTERNATE II COMPLETION, production pipe shall be cemented from below any usable water to surface within **120 DAYS** of spud date. Or pursuant to Appendix "B" - Eastern Kansas surface casing order #133,891-C, which applies to the KCC District 3 area, alternate II cementing must be completed within 30 days of the spud date or the well shall be plugged. **In all cases, NOTIFY district office** prior to any cementing.

I hereby certify that the statements made herein are true and to the best of my knowledge and belief.

Date: 7/5/17 Signature of Operator or Agent: \_\_\_\_\_ Title: Agent

## For KCC Use ONLY

API # 15 - \_\_\_\_\_

Conductor pipe required \_\_\_\_\_ feet

Minimum surface pipe required \_\_\_\_\_ feet per ALT. ☐ I ☐ II

Approved by: \_\_\_\_\_

This authorization expires: \_\_\_\_\_

(This authorization void if drilling not started within 12 months of approval date.)

Spud date: \_\_\_\_\_ Agent: \_\_\_\_\_

## Remember to:

- File Certification of Compliance with the Kansas Surface Owner Notification Act (KSONA-1) with Intent to Drill;
- File Drill Pit Application (form CDP-1) with Intent to Drill;
- File Completion Form ACO-1 within 120 days of spud date;
- File acreage attribution plat according to field proration orders;
- Notify appropriate district office 48 hours prior to workover or re-entry;
- Submit plugging report (CP-4) after plugging is completed (within 60 days);
- Obtain written approval before disposing or injecting salt water.
- If well will not be drilled or permit has expired (See: authorized expiration date) please check the box below and return to the address below.

☐ Well will not be drilled or Permit Expired Date: \_\_\_\_\_  
Signature of Operator or Agent: \_\_\_\_\_Mail to: KCC - Conservation Division,  
266 N Main St, Ste 220, Wichita, KS 67202-151332 15 21 ☒ E ☐ W

For KCC Use ONLY

API # 15 - \_\_\_\_\_

**IN ALL CASES PLOT THE INTENDED WELL ON THE PLAT BELOW**

In all cases, please fully complete this side of the form. Include items 1 through 5 at the bottom of this page.

Operator: TDR Construction, Inc.  
 Lease: Duffy  
 Well Number: 31  
 Field: Paola-Rantoul

Number of Acres attributable to well: \_\_\_\_\_  
 QTR/QTR/QTR/QTR of acreage: SW - NW - SE - SW

Location of Well: County: Franklin  
543 feet from ☐ N / ☒ S Line of Section  
3,891 feet from ☐ E / ☐ W Line of Section  
 Sec. 32 Twp. 15 S. R. 21 ☒ E ☐ W

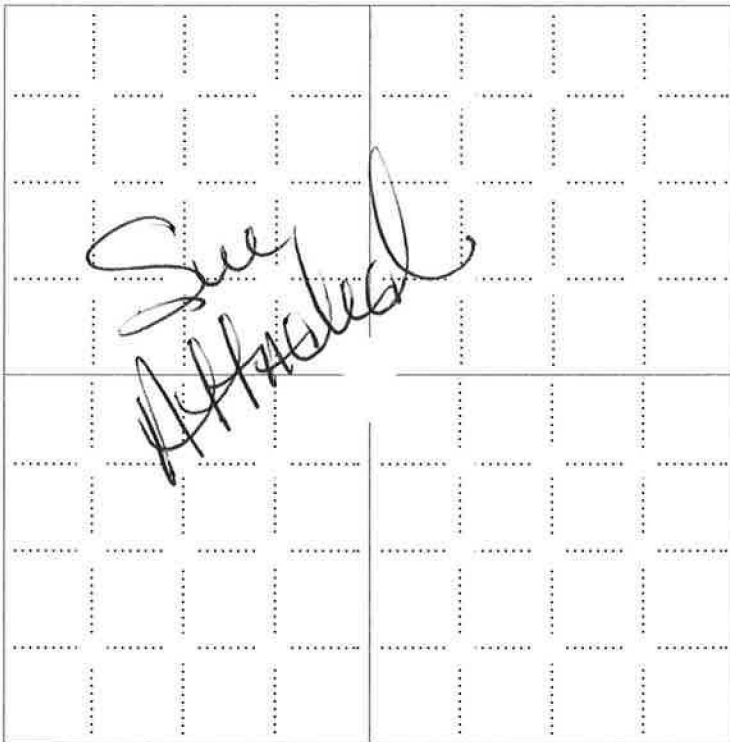
Is Section: ☐ Regular or ☐ Irregular

If Section is Irregular, locate well from nearest corner boundary.

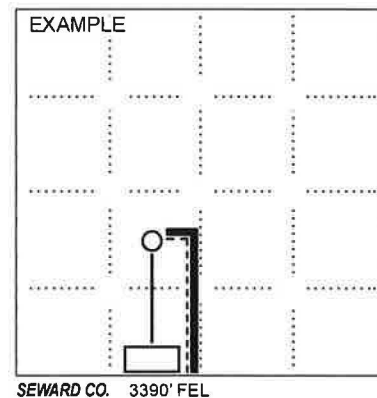
Section corner used: ☐ NE ☐ NW ☐ SE ☐ SW

**PLAT**

Show location of the well. Show footage to the nearest lease or unit boundary line. Show the predicted locations of lease roads, tank batteries, pipelines and electrical lines, as required by the Kansas Surface Owner Notice Act (House Bill 2032).  
 You may attach a separate plat if desired.

**LEGEND**

- ☐ Well Location
- ☐ Tank Battery Location
- Pipeline Location
- - - - Electric Line Location
- Lease Road Location



**NOTE: In all cases locate the spot of the proposed drilling location.**

**In plotting the proposed location of the well, you must show:**

- The manner in which you are using the depicted plat by identifying section lines, i.e. 1 section, 1 section with 8 surrounding sections, 4 sections, etc.
- The distance of the proposed drilling location from the south / north and east / west outside section lines.
- The distance to the nearest lease or unit boundary line (in footage).
- If proposed location is located within a prorated or spaced field a certificate of acreage attribution plat must be attached: (C0-7 for oil wells; CG-8 for gas wells).
- The predicted locations of lease roads, tank batteries, pipelines, and electrical lines.

KANSAS CORPORATION COMMISSION  
OIL & GAS CONSERVATION DIVISION  
**CERTIFICATION OF COMPLIANCE WITH THE  
KANSAS SURFACE OWNER NOTIFICATION ACT**

Form KSONA-1  
July 2014  
**Form Must Be Typed**  
**Form must be Signed**  
**All blanks must be Filled**

*This form must be submitted with all Forms C-1 (Notice of Intent to Drill); CB-1 (Cathodic Protection Borehole Intent);  
T-1 (Request for Change of Operator Transfer of Injection or Surface Pit Permit); and CP-1 (Well Plugging Application).  
Any such form submitted without an accompanying Form KSONA-1 will be returned.*

Select the corresponding form being filed: ☒ **C-1** (Intent) ☐ **CB-1** (Cathodic Protection Borehole Intent) ☐ **T-1** (Transfer) ☐ **CP-1** (Plugging Application)

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 Fax: ( \_\_\_\_\_ ) \_\_\_\_\_  
Email Address: NA

Well Location:  
SW NW SE SW Sec. 32 Twp. 15 S. R. 21 ☒ East ☐ West  
County: Franklin  
Lease Name: Duffy Well #: 31

*If filing a Form T-1 for multiple wells on a lease, enter the legal description of the lease below:*

**Surface Owner Information:**

Name: Lester Town  
Address 1: 15945 W. 288th St.  
Address 2: \_\_\_\_\_  
City: Louisburg State: KS Zip: 66071 + \_\_\_\_\_

*When filing a Form T-1 involving multiple surface owners, attach an additional sheet listing all of the information to the left for each surface owner. Surface owner information can be found in the records of the register of deeds for the county, and in the real estate property tax records of the county treasurer.*

*If this form is being submitted with a Form C-1 (Intent) or CB-1 (Cathodic Protection Borehole Intent), you must supply the surface owners and the KCC with a plat showing the predicted locations of lease roads, tank batteries, pipelines, and electrical lines. The locations shown on the plat are preliminary non-binding estimates. The locations may be entered on the Form C-1 plat, Form CB-1 plat, or a separate plat may be submitted.*

**Select one of the following:**

☒ I certify that, pursuant to the Kansas Surface Owner Notice Act (House Bill 2032), I have provided the following to the surface owner(s) of the land upon which the subject well is or will be located: 1) a copy of the Form C-1, Form CB-1, Form T-1, or Form CP-1 that I am filing in connection with this form; 2) if the form being filed is a Form C-1 or Form CB-1, the plat(s) required by this form; and 3) my operator name, address, phone number, fax, and email address.

☐ I have not provided this information to the surface owner(s). I acknowledge that, because I have not provided this information, the KCC will be required to send this information to the surface owner(s). To mitigate the additional cost of the KCC performing this task, I acknowledge that I must provide the name and address of the surface owner by filling out the top section of this form and that I am being charged a \$30.00 handling fee, payable to the KCC, which is enclosed with this form.

*If choosing the second option, submit payment of the \$30.00 handling fee with this form. If the fee is not received with this form, the KSONA-1 form and the associated Form C-1, Form CB-1, Form T-1, or Form CP-1 will be returned.*

I hereby certify that the statements made herein are true and correct to the best of my knowledge and belief.

Date: 7/5/12 Signature of Operator or Agent: [Signature] Title: Agent

- Correction -

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:

SW\_NW\_SE\_SW 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. xx.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

Location of fluid disposal if hauled offsite:

Operator Name:

Lease Name: License #:

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:

Title: Date: 7/15/12

**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:



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 ☐ New ☐ 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		

TUBING RECORD: Size: Set At: Packer At: Liner Run: ☐ Yes ☐ No

Date of First, Resumed Production, SWD or ENHR. Producing Method:  
☐ Flowing ☐ Pumping ☐ Gas Lift ☐ Other (Explain) \_\_\_\_\_

Estimated Production Per 24 Hours	Oil Bbls.	Gas Mcf	Water Bbls.	Gas-Oil Ratio	Gravity
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<b>DISPOSITION OF GAS:</b> <input type="checkbox"/> Vented <input type="checkbox"/> Sold <input type="checkbox"/> Used on Lease (If vented, Submit ACO-18.)	<b>METHOD OF COMPLETION:</b> <input type="checkbox"/> Open Hole <input type="checkbox"/> Perf. <input type="checkbox"/> Dually Comp. <input type="checkbox"/> Commingled (Submit ACO-5) (Submit ACO-4) <input type="checkbox"/> Other (Specify) _____	<b>PRODUCTION INTERVAL:</b> _____ _____
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- Correction -

For KCC Use:

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

District # \_\_\_\_\_

SGA? ☐ Yes ☐ No

KANSAS CORPORATION COMMISSION  
OIL & GAS CONSERVATION DIVISION

NOTICE OF INTENT TO DRILL

Must be approved by KCC five (5) days prior to commencing well

Form KSONA-1, Certification of Compliance with the Kansas Surface Owner Notification Act, MUST be submitted with this form.

Form C-1

July 2014

Form must be Typed

Form must be Signed

All blanks must be Filled

Expected Spud Date: \_\_\_\_\_  
month day year

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

Well Drilled For: Well Class: Type Equipment:

☒ Oil ☐ Enh Rec ☒ Infield ☐ Mud Rotary  
☐ Gas ☐ Storage ☐ Pool Ext. ☒ Air Rotary  
☐ Disposal ☐ Wildcat ☐ Cable

☐ Seismic; # of Holes ☐ Other

☐ If OWWO: old well information as follows:

Operator: \_\_\_\_\_

Well Name: \_\_\_\_\_

Original Completion Date: \_\_\_\_\_ Original Total Depth: \_\_\_\_\_

Directional, Deviated or Horizontal wellbore? ☐ Yes ☐ No

If Yes, true vertical depth: \_\_\_\_\_

Bottom Hole Location: \_\_\_\_\_

KCC DKT #: \_\_\_\_\_

Spot Description: \_\_\_\_\_

NW - SW - SE - SW Sec. 32 Twp. 15 S. R. 21 ☒ E ☐ W  
(a/a/a/a) 176 feet from ☐ N / ☒ S Line of Section  
3,893 feet from ☒ E / ☐ W Line of Section

Is SECTION: ☐ Regular ☐ Irregular?

(Note: Locate well on the Section Plat on reverse side)

County: Franklin

Lease Name: Duffy Well #: 32

Field Name: Paola-Rantoul

Is this a Prorated / Spaced Field? ☐ Yes ☐ No

Target Formation(s): Squirrel

Nearest Lease or unit boundary line (in footage): 111

Ground Surface Elevation: 1033 feet MSL

Water well within one-quarter mile: ☐ Yes ☒ No

Public water supply well within one mile: ☐ Yes ☒ No

Depth to bottom of fresh water: 100

Depth to bottom of usable water: 200

Surface Pipe by Alternate: ☐ I ☒ II

Length of Surface Pipe Planned to be set: 20

Length of Conductor Pipe (if any): NA

Projected Total Depth: 800

Formation at Total Depth: Squirrel

Water Source for Drilling Operations:

☐ Well ☐ Farm Pond ☒ Other: Haul

DWR Permit #: \_\_\_\_\_

(Note: Apply for Permit with DWR ☐)

Will Cores be taken? ☐ Yes ☐ No

If Yes, proposed zone: \_\_\_\_\_

AFFIDAVIT

The undersigned hereby affirms that the drilling, completion and eventual plugging of this well will comply with K.S.A. 55 et. seq.

It is agreed that the following minimum requirements will be met:

1. Notify the appropriate district office **prior** to spudding of well;
2. A copy of the approved notice of intent to drill **shall be** posted on each drilling rig;
3. The minimum amount of surface pipe as specified below **shall be set** by circulating cement to the top; in all cases surface pipe **shall be set** through all unconsolidated materials plus a minimum of 20 feet into the underlying formation.
4. If the well is dry hole, an agreement between the operator and the district office on plug length and placement is necessary **prior to plugging**;
5. The appropriate district office will be notified before well is either plugged or production casing is cemented in;
6. If an ALTERNATE II COMPLETION, production pipe shall be cemented from below any usable water to surface within **120 DAYS** of spud date. Or pursuant to Appendix "B" - Eastern Kansas surface casing order #133,891-C, which applies to the KCC District 3 area, alternate II cementing must be completed within 30 days of the spud date or the well shall be plugged. **In all cases, NOTIFY district office** prior to any cementing.

I hereby certify that the statements made herein are true and to the best of my knowledge and belief.

Date: 7/5/17 Signature of Operator or Agent: \_\_\_\_\_ Title: Agent

For KCC Use ONLY

API # 15 - \_\_\_\_\_

Conductor pipe required \_\_\_\_\_ feet

Minimum surface pipe required \_\_\_\_\_ feet per ALT. ☐ I ☐ II

Approved by: \_\_\_\_\_

This authorization expires: \_\_\_\_\_  
(This authorization void if drilling not started within 12 months of approval date.)

Spud date: \_\_\_\_\_ Agent: \_\_\_\_\_

Remember to:

- File Certification of Compliance with the Kansas Surface Owner Notification Act (KSONA-1) with Intent to Drill;
- File Drill Pit Application (form CDP-1) with Intent to Drill;
- File Completion Form ACO-1 within 120 days of spud date;
- Notify appropriate district office 48 hours prior to workover or re-entry;
- Submit plugging report (CP-4) after plugging is completed (within 60 days);
- Obtain written approval before disposing or injecting salt water.
- If well will not be drilled or permit has expired (See: authorized expiration date) please check the box below and return to the address below.

☐ Well will not be drilled or Permit Expired Date: \_\_\_\_\_

Signature of Operator or Agent: \_\_\_\_\_

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

32 15 21 ☒ E ☐ W

For KCC Use ONLY

API # 15 - \_\_\_\_\_

**IN ALL CASES PLOT THE INTENDED WELL ON THE PLAT BELOW**

In all cases, please fully complete this side of the form. Include items 1 through 5 at the bottom of this page.

Operator: TDR Construction, Inc.  
 Lease: Duffy  
 Well Number: 32  
 Field: Paola-Rantoul

Number of Acres attributable to well: \_\_\_\_\_  
 QTR/QTR/QTR/QTR of acreage: NW - SW - SE - SW

Location of Well: County: Franklin  
 176 feet from ☐ N / ☒ S Line of Section  
 3,893 feet from ☒ E / ☐ W Line of Section  
 Sec. 32 Twp. 15 S. R. 21 ☒ E ☐ W

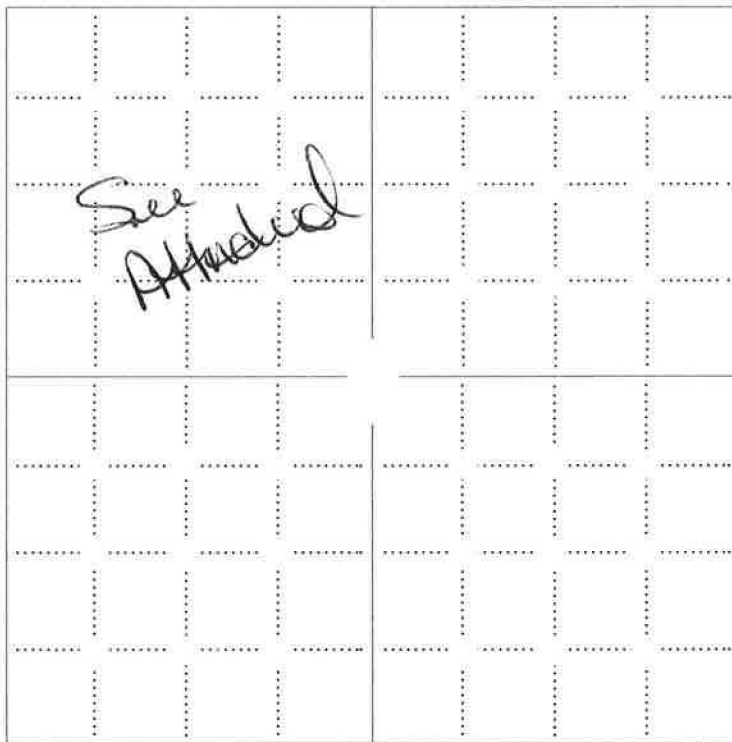
Is Section: ☐ Regular or ☐ Irregular

If Section is Irregular, locate well from nearest corner boundary.

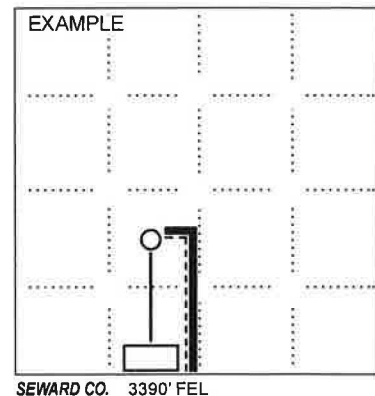
Section corner used: ☐ NE ☐ NW ☐ SE ☐ SW

**PLAT**

Show location of the well. Show footage to the nearest lease or unit boundary line. Show the predicted locations of lease roads, tank batteries, pipelines and electrical lines, as required by the Kansas Surface Owner Notice Act (House Bill 2032).  
 You may attach a separate plat if desired.

**LEGEND**

- ☐ Well Location
- ☐ Tank Battery Location
- Pipeline Location
- - - - Electric Line Location
- Lease Road Location



**NOTE: In all cases locate the spot of the proposed drilling location.**

**In plotting the proposed location of the well, you must show:**

- The manner in which you are using the depicted plat by identifying section lines, i.e. 1 section, 1 section with 8 surrounding sections, 4 sections, etc.
- The distance of the proposed drilling location from the south / north and east / west outside section lines.
- The distance to the nearest lease or unit boundary line (in footage).
- If proposed location is located within a prorated or spaced field a certificate of acreage attribution plat must be attached: (C0-7 for oil wells; CG-8 for gas wells).
- The predicted locations of lease roads, tank batteries, pipelines, and electrical lines.

KANSAS CORPORATION COMMISSION  
OIL & GAS CONSERVATION DIVISION

**CERTIFICATION OF COMPLIANCE WITH THE  
KANSAS SURFACE OWNER NOTIFICATION ACT**

Form KSONA-1  
July 2014  
**Form Must Be Typed**  
**Form must be Signed**  
**All blanks must be Filled**

*This form must be submitted with all Forms C-1 (Notice of Intent to Drill); CB-1 (Cathodic Protection Borehole Intent); T-1 (Request for Change of Operator Transfer of Injection or Surface Pit Permit); and CP-1 (Well Plugging Application). Any such form submitted without an accompanying Form KSONA-1 will be returned.*

Select the corresponding form being filed: ☒ **C-1** (Intent) ☐ **CB-1** (Cathodic Protection Borehole Intent) ☐ **T-1** (Transfer) ☐ **CP-1** (Plugging Application)

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 Fax: ( \_\_\_\_\_ ) \_\_\_\_\_  
Email Address: NA

Well Location:  
NW SW SE SW Sec. 32 Twp. 15 S. R. 21 ☒ East ☐ West  
County: Franklin  
Lease Name: Duffy Well #: 32  
*If filing a Form T-1 for multiple wells on a lease, enter the legal description of the lease below:*

**Surface Owner Information:**

Name: Lester Town  
Address 1: 15945 W. 288th  
Address 2: \_\_\_\_\_  
City: Paola State: KS Zip: 66071 + \_\_\_\_\_

*When filing a Form T-1 involving multiple surface owners, attach an additional sheet listing all of the information to the left for each surface owner. Surface owner information can be found in the records of the register of deeds for the county, and in the real estate property tax records of the county treasurer.*

*If this form is being submitted with a Form C-1 (Intent) or CB-1 (Cathodic Protection Borehole Intent), you must supply the surface owners and the KCC with a plat showing the predicted locations of lease roads, tank batteries, pipelines, and electrical lines. The locations shown on the plat are preliminary non-binding estimates. The locations may be entered on the Form C-1 plat, Form CB-1 plat, or a separate plat may be submitted.*

**Select one of the following:**

- ☒ I certify that, pursuant to the Kansas Surface Owner Notice Act (House Bill 2032), I have provided the following to the surface owner(s) of the land upon which the subject well is or will be located: 1) a copy of the Form C-1, Form CB-1, Form T-1, or Form CP-1 that I am filing in connection with this form; 2) if the form being filed is a Form C-1 or Form CB-1, the plat(s) required by this form; and 3) my operator name, address, phone number, fax, and email address.
- ☐ I have not provided this information to the surface owner(s). I acknowledge that, because I have not provided this information, the KCC will be required to send this information to the surface owner(s). To mitigate the additional cost of the KCC performing this task, I acknowledge that I must provide the name and address of the surface owner by filling out the top section of this form and that I am being charged a \$30.00 handling fee, payable to the KCC, which is enclosed with this form.

*If choosing the second option, submit payment of the \$30.00 handling fee with this form. If the fee is not received with this form, the KSONA-1 form and the associated Form C-1, Form CB-1, Form T-1, or Form CP-1 will be returned.*

I hereby certify that the statements made herein are true and correct to the best of my knowledge and belief.

Date: 7/5/17 Signature of Operator or Agent: [Signature] Title: Agent

Confidentiality Requested:

☐ Yes ☒ No

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

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

Form ACO-1

July 2014

**Form must be Typed  
Form must be Signed  
All blanks must be Filled**

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 #: \_\_\_\_\_

7/13/2011 7/14/2011 7/22/2011  
Spud Date or Date Reached TD Completion Date or  
Recompletion Date Recompletion Date

API No. 15 - 059-25526-00-00

Spot Description: \_\_\_\_\_

NW SW SE SW Sec. 32 Twp. 15 S. R. 21 ☒ East ☐ West  
176 Feet from ☐ North / ☒ South Line of Section  
3,893 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: Franklin

Lease Name: Duffy Well #: 32

Field Name: Paola-Rantoul

Producing Formation: Squirrel

Elevation: Ground: 1033 Kelly Bushing: 0

Total Vertical Depth: 838 Plug Back Total Depth: 784

Amount of Surface Pipe Set and Cemented at: 23 Feet

Multiple Stage Cementing Collar Used? ☐ Yes ☒ No

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

If Alternate II completion, cement circulated from: 0

feet depth to: 23 w/ 5 sx cmt.

**Drilling Fluid Management Plan**

(Data must be collected from the Reserve Pit)

Chloride content: 1500 ppm Fluid volume: 80 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 #: \_\_\_\_\_

**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: \_\_\_\_\_

Operator Name: TDR Construction, Inc. Lease Name: Duffy Well #: 32  
 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:

**GammaRay/Neutron/CCL**

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

### CASING RECORD ☐ New ☐ 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	9	6.2500	10	23	Portland	5	50/50 POZ
Completion	5.6250	2.8750	8	784	Portland	102	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
3	722.5-743		

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: <input type="checkbox"/> Vented <input type="checkbox"/> Sold <input type="checkbox"/> Used on Lease (If vented, Submit ACO-18.)	METHOD OF COMPLETION: <input type="checkbox"/> Open Hole <input type="checkbox"/> Perf. <input type="checkbox"/> Dually Comp. <input type="checkbox"/> Commingled (Submit ACO-5) (Submit ACO-4) <input type="checkbox"/> Other (Specify) _____	PRODUCTION INTERVAL: _____ _____
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# Duffy map 2017

