



KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION

1076603

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 # _____

Name: _____

Address 1: _____

Address 2: _____

City: _____ State: _____ Zip: _____ + _____

Contact Person: _____

Phone: (_____) _____

CONTRACTOR: License # _____

Name: _____

Wellsite Geologist: _____

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 #: _____

Spud Date or
Recompletion Date

Date Reached TD

Completion Date or
Recompletion Date

API No. 15 - _____

Spot Description: _____

_____-_____-_____- Sec. _____ Twp. _____ S. R. _____ ☐ East ☐ West

_____-_____-_____- Feet from ☐ North / ☐ South Line of Section

_____-_____-_____- Feet from ☐ East / ☐ West Line of Section

Footages Calculated from Nearest Outside Section Corner:

☐ NE ☐ NW ☐ SE ☐ SW

County: _____

Lease Name: _____ Well #: _____

Field Name: _____

Producing Formation: _____

Elevation: Ground: _____ Kelly Bushing: _____

Total Depth: _____ Plug Back Total Depth: _____

Amount of Surface Pipe Set and Cemented at: _____ 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: _____ ppm Fluid volume: _____ bbls

Dewatering method used: _____

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: _____

☐ Confidential Release Date: _____

☐ Wireline Log Received

☐ Geologist Report Received

☐ UIC Distribution

ALT ☐ I ☐ II ☐ III Approved by: _____ Date: _____



1076603

Operator Name: _____ Lease Name: _____ Well #: _____

Sec. _____ Twp. _____ S. R. _____ ☐ East ☐ West County: _____

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 ☐ Yes ☐ No <i>(Attach Additional Sheets)</i> Samples Sent to Geological Survey ☐ Yes ☐ No Cores Taken ☐ Yes ☐ No Electric Log Run ☐ Yes ☐ No Electric Log Submitted Electronically ☐ Yes ☐ No <i>(If no, Submit Copy)</i> List All E. Logs Run:	☐ Log Formation (Top), Depth and Datum ☐ Sample Name Top Datum
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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

ADDITIONAL CEMENTING / SQUEEZE RECORD				
Purpose:	Depth Top Bottom	Type of Cement	# Sacks Used	Type and Percent Additives
_____ Perforate _____ Protect Casing _____ Plug Back TD _____ 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

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 <i>(Explain)</i> _____		
Estimated Production Per 24 Hours	Oil Bbls.	Gas Mcf	Water Bbls.	Gas-Oil Ratio	Gravity

DISPOSITION OF GAS: ☐ Vented ☐ Sold ☐ Used on Lease <i>(If vented, Submit ACO-18.)</i>	METHOD OF COMPLETION: ☐ Open Hole ☐ Perf. ☐ Dually Comp. <i>(Submit ACO-5)</i> ☐ Commingled <i>(Submit ACO-4)</i> ☐ Other <i>(Specify)</i> _____	PRODUCTION INTERVAL: _____ _____
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CONSOLIDATED
Oil Well Services, LLC

PO Box 884, Chanute, KS 66720
620-431-9210 or 800-467-8676

TICKET NUMBER 36482

LOCATION Ottawa KS

FOREMAN Fred Mader

FIELD TICKET & TREATMENT REPORT

CEMENT

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
2/13/12	7966	St Harris # I-1	NW 5	16	21	FR
CUSTOMER <u>Triple T</u>						
MAILING ADDRESS <u>1207 N 1st St</u>						
CITY <u>Louisburg</u>	STATE <u>KS</u>	ZIP CODE <u>66053</u>				
			TRUCK #	DRIVER	TRUCK #	DRIVER
			506	FREMAD	Safety Mky	
			495	CASKEN	LIC	
			369	DERMAS	DM	
			510	RYASIN	RS	

JOB TYPE Logging HOLE SIZE 578 HOLE DEPTH 800 CASING SIZE & WEIGHT 2 3/8 EUE
CASING DEPTH 782 DRILL PIPE Burford TUBING 75 OTHER _____
SLURRY WEIGHT _____ SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT in CASING 2 1/2" Plug + 31'
DISPLACEMENT 4.37 DISPLACEMENT PSI _____ MIX PSI _____ RATE 5 BPM

REMARKS: Establish pump rate. Mix Pump 100 # Premium Gel Flush. Mix Pump 114 SKS 50/50 Poz Mix Cement 2% Gel 5% Salt 5# Kol Seal per sack. Cement to surface. Flush pump & lines clean. Displace 2 1/2" Rubber plug to Battle in casing. Pressure to 500# PSI. Hold pressure for 30 min MIT. Release pressure to set float valve. Shut in casing.

TOS Drilling (wes)

Fred Mader

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401	1	PUMP CHARGE	495	1030 ⁰⁰
5406	20 mi	MILEAGE	495	80 ⁰⁰
5402	782			N/C
5407	Minimum	Ton miles		350 ⁰⁰
5502C	2 hrs	80 BBL Vac Truck		180 ⁰⁰
1124	114 SKS	50/50 Poz Mix Cement		1248 ³⁰
118B	292 #	Premium Gel		61 ³²
1111	220 #	Granulated Salt		81 ⁴⁰
110A	570 #	Kol Seal		262 ³⁰
4402	1	2 1/2" Rubber Plug		28 ⁰⁰
247902				
		7.8%	SALES TAX	131 ¹³
			ESTIMATED TOTAL	3452 ³⁵

Ravin 3737

AUTHORIZATION

Stephen Scott

TITLE

DATE

I acknowledge that the payment terms, unless specifically amended in writing on the front of the form or in the customer's account records, at our office, and conditions of service on the back of this form are in effect for services identified on this form.

Franklin County, KS
Well: S. Harris I-1
Lease Owner: Triple T

Town Oilfield Service, Inc.
(913) 837-8400

Commenced Spudding:
2/10/2012

WELL LOG

Thickness of Strata	Formation	Total Depth
0-35	Soil-Clay	35
12	Shale	47
7	Lime	54
2	Shale	56
16	Lime	72
7	Shale	79
11	Lime	90
6	Shale	96
20	Lime	116
17	Shale	133
1	Lime	134
27	Shale	161
20	Lime	181
74	Shale	255
23	Lime	278
23	Shale	301
6	Lime	307
23	Shale	330
2	Lime	332
18	Shale	350
2	Lime	352
16	Shale	368
7	Lime	375
3	Shale	378
12	Lime	390
12	Shale	402
22	Lime	424
4	Shale	428
3	Lime	431
3	Shale	434
6	Lime	440
4	Shale	444
5	Lime	449
109	Shale	558
6	Sand	564
8	Sand	572
4	Sandy Shale	576
43	Shale	619
7	Lime	626
10	Shale	636

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[illegible]