

KANSAS CORPORATION COMMISSION OIL & GAS CONSERVATION DIVISION

1137880

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 #	API No. 15
Name:	Spot Description:
Address 1:	
Address 2:	Feet from North / South Line of Section
City: State: Zip:+	Feet from Fast / West Line of Section
Contact Person:	Footages Calculated from Nearest Outside Section Corner:
Phone: ()	
CONTRACTOR: License #	County:
Name:	Lease Name: Well #:
Wellsite Geologist:	Field Name:
Purchaser:	Producing Formation:
Designate Type of Completion:	Elevation: Ground: Kelly Bushing:
New Well Re-Entry Workover	Total Depth: Plug Back Total Depth:
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:	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
Operator:	Defilie a Finite Management Dise
Well Name:	Drilling Fluid Management Plan (Data must be collected from the Reserve Pit)
Original Comp. Date: Original Total Depth: Deepening Re-perf. Conv. to ENHR Conv. to SWD Conv. to GSW	Chloride content: ppm Fluid volume: bbls Dewatering method used:
Plug Back: Plug Back Total Depth	Location of fluid disposal if hauled offsite:
Commingled Permit #:	Operator Name:
Dual Completion Permit #: SWD Permit #:	Lease Name: License #:
ENHR Permit #:	Quarter Sec TwpS. R East West
GSW Permit #:	County: Permit #:
Spud Date or Date Reached TD Completion Date or Recompletion Date Recompletion Date Recompletion Date	

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:

	Side Two	1137880
Operator Name:	Lease Name:	Well #:
Sec TwpS. 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 (Attach Additional Sheets)		Yes No		Log Formation (Top), Depth a			Sample Datum	
Samples Sent to Geolog	gical Survey	Yes No	Nam	C		Тор	Datum	
Cores Taken Electric Log Run Electric Log Submitted Electronically <i>(If no, Submit Copy)</i>		<pre> Yes □ No Yes □ No Yes □ No</pre>						
List All E. Logs Run:								
		CASING		ew Used				
		Report all strings set-	conductor, surface, inte	ermediate, producti	on, 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: Perforate	Depth Top Bottom	Type of Cement	# Sacks Used	Type and Percent Additives
Protect Casing Plug Back TD				
Plug Off Zone				

Shots Per Foot	PERFORATION RECORD - Bridge Plugs Set/Type Specify Footage of Each Interval Perforated						ement Squeeze Record I of Material Used)	Depth		
TUBING RECORD:	Siz	ze:	Set At:		Packer	r At:	Liner R	un:	No	
Date of First, Resumed I	Product	ion, SWD or ENHF	λ .	Producing N	1ethod:	ping	Gas Lift	Other (Explain)		
Estimated Production Per 24 Hours		Oil Bb	ls.	Gas	Mcf	Wate	ər	Bbls.	Gas-Oil Ratio	Gravity
						1				
DISPOSITION OF GAS:				METHOD OF COMPLETION: PRODUCTION INTERVA		ERVAL:				
Vented Sold		Jsed on Lease		Open Hole	Perf.	Dually (Submit)	Comp. ACO-5)	Commingled (Submit ACO-4)		
(If vented, Sub	omit ACC)-18.)		Other (Specify)						

Mail to: KCC - Conservation Division, 130 S. Market - Room 2078, Wichita, Kansas 67202

Franklin County, KS Well: I - 16 Lease Owner: Triple T

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WELL LOG

Thickness of Strata	Formation	Total Depth
0-49	Soil/Clay	49
24	Lime	73
7	Shale	80
10	Lime	90
7	Shale	97
5	Lime	102
10	Shale & Shells	112
39	Shale	151
4	Sandy Lime	155
2	Shale	157
20	Lime	177
76	Shale	253
22	Lime	275
18	Shale	293
6	Shale & Lime	299
8	Lime	307
19	Shale	326
2	Lime	328
21	Shale	349
2	Lime	351
13	Shale	364
4	Lime	368
3	Shale	371
13	Lime	384
8	Shale	392
23	Lime	415
5	Shale	420
4	Lime	424
4	Shale	428
4	Lime	432
123	Shale	555
6	Sand	561
9	Sandy Shale	570
40	Shale	610
6	Lime	616
8	Shale	624
7	Lime	631
28	Shale	659
3	Lime	662
18	Shale	680

Franklin County, KS Well: I - 16 Lease Owner: Triple T

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

2	Lime	682
18	Shale	700
4	Shale & Lime	704
5	Shale	709
2	Sandy Shale	711
1	Sand	712
4	Sand	716
6	Sand	722
2	Sand	724
6	Sand	730
70	Sandy Shale	800

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Consolidated Qil Well Services, LLC

257269

TICKET NUMBER LOCATION CHawa KS FOREMAN Casey Kenned

38834

-10-4	
PO Box 884, Cha	nute, KS 66720
620-431-9210 or	800-467-8676

FIELD TICKET & TREATMENT REPORT

620-431-9210 C	or 800-467-8676		C	EMENT				
DATE	CUSTOMER#	WELL	NAME & NUMBER		SECTION	TOWNSHIP	RANGE	COUNTY
3/8/13	7966	Beckene	yer # I-	-16 5	E 32	15	21	FR
CUSTOMER	110		7		to a second s			
Triple	2			-	TRUCK#	DRIVER	TRUCK#	DRIVER
MAILING ADDRE	SS				481	Casken	V Satiety	Leefing_
105	EAmity				(dala	KeiCar_	V.	
CITY		STATE	ZIP CODE		558	Bre Man	<u></u>	
Louisb	ura	KS	Laco53		675	Kei Det	iv	
JOB TYPE / c		HOLE SIZE	5/8" HOI	LE DEPTH	8001	CASING SIZE & V	VEIGHT_P7/8	· Eve
CASING DEPTH	786	DRILL PIPE		BING bacf	be - 72	<u>56'</u>	OTHER	, ,
SLURRY WEIGH		SLURRY VOL	WA	ATER gal/sk		CEMENT LEFT In		· · · · · · · · · · · · · · ·
	- Al-Schle	DISPLACEMENT	PSI MIX	< PSI		RATE 4-54	m	
REMARKS:	No cotal	martin	stabilitized r	icculat	on mitre	1 t pumped	2 100 # t?	empia
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ACCOUNT		or UNITS	DESCF		SERVICES or PF	ODUCT	UNIT PRICE	TOTAL
CODE						· ·		1030.00
5401	· · · · · · · · · · · · · · · · · · ·		PUMP CHARGE					80.00
5406	DOM	1 <u></u>	MILEAGE	,				1
5402	786		casing to			<u> </u>		350.00
5407	minim	um	ton milea		<u></u>			270,00
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			7.8%	SALES TAX	105.20	
avin 3737		L		ESTIMATED TOTAL	3183.98	
	1. Con Pro 1			DATE		

No Co. Ros. on location TITLE_ AUTHORIZTION_

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