

Kansas Corporation Commission Oil & Gas Conservation Division

137887

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:	SecTwpS. R
Address 2:	Feet from North / South Line of Section
City: State: Zip:+	Feet from East / West Line of Section
Contact Person:	Footages Calculated from Nearest Outside Section Corner:
Phone: ()	□NE □NW □SE □SW
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	Amount of Surface Pipe Set and Cemented at: Feet Multiple Stage Cementing Collar Used?
☐ OG ☐ GSW ☐ Temp. Abd.	If yes, show depth set: Feet
CM (Coal Bed Methane) Cathodic Other (Core, Expl., etc.):	If Alternate II completion, cement circulated from:
If Workover/Re-entry: Old Well Info as follows:	feet depth to: w/ sx cmt.
Operator:	
Well Name:	Drilling Fluid Management Plan (Data must be collected from the Reserve Pit)
Original Comp. Date: Original Total Depth:	Chloride content:ppm Fluid volume:bbls
☐ Deepening ☐ Re-perf. ☐ Conv. to ENHR ☐ Conv. to SWD ☐ Conv. to GSW	Dewatering method used:
Plug Back: Plug Back Total Depth	Location of fluid disposal if hauled offsite:
Commingled Permit #:	Operator Name:
Dual Completion Permit #:	Lease Name: License #:
SWD Permit #:	QuarterSecTwpS. R East West
ENHR Permit #:	County: Permit #:
GSW Permit #:	County Fermit #
Spud Date or Date Reached TD Completion Date or 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 Approved by: Date:

Side Two

1137887

Operator Name:			Lease Name:			_ Well #:			
Sec Twp	S. R	East West	County:						
time tool open and clo	osed, flowing and shu es if gas to surface te	d base of formations pe t-in pressures, whether st, along with final char well site report.	shut-in pressure rea	ached static level,	hydrostatic press	sures, bottom h	ole temperature, fluid		
Drill Stem Tests Taker (Attach Additional S		Yes No		_og Formatio	n (Top), Depth an	d Datum	Sample		
Samples Sent to Geo	logical Survey	Yes No	Nar	ne		Тор	Datum		
Cores Taken Electric Log Run Electric Log Submittee (If no, Submit Copy		Yes No Yes No Yes No							
List All E. Logs Run:									
				lew Used					
D (0)	Size Hole	Report all strings set	t-conductor, surface, in Weight	termediate, producti Setting	on, etc. Type of	# Sacks	Type and Percent		
Purpose of String	Drilled	Set (In O.D.)	Lbs. / Ft.	Depth	Cement	Used	Additives		
		ADDITION							
Burnage	Donth		AL CEMENTING / SQ	UEEZE RECORD					
Purpose: Depth Top Bottom		Type of Cement	# Sacks Used	Jsed Type and Percent Additives					
Protect Casing Plug Back TD									
Plug Off Zone									
Shots Per Foot	PERFORATI	ON RECORD - Bridge Plu	ıgs Set/Type	Set/Type Acid, Fracture, Shot, C			Cement Squeeze Record		
Specify Footage		Footage of Each Interval Pe	erforated	(Ai	mount and Kind of Ma	aterial Used)	Depth		
				ļ <u>-</u>					
TUBING RECORD:	Size:	Set At:	Packer At:	Liner Run:	Yes No				
Date of First, Resumed	Production, SWD or EN	HR. Producing Me		Gas Lift C	Other (Explain)				
Estimated Production Per 24 Hours	Oil	Bbls. Gas	Mcf Wa	iter B	bls. (Gas-Oil Ratio	Gravity		
		'							
	ON OF GAS:		METHOD OF COMPL			PRODUCTIO	ON INTERVAL:		
Vented Sold		Open Hole			nmingled mit ACO-4)				
(If vented, Sui	bmit ACO-18.)	Other (Specify)							

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

Commenced Spudding: 3/14/2013

Lease Owner: Triple T

WELL LOG

Thickness of Strata	Formation	Total Depth
0-50	Soil/Clay	50
5	Lime	55
3	Shale	58
15	Lime	73
7	Shale	80
10	Lime	90
7	Shale	97
5	Lime	102
10	Shale & Shells	112
46	Shale	158
20	Lime	178
74	Shale	252
22	Lime	274
20	Shale	294
5	Shale & Lime	299
8	Lime	307
19	Shale	326
2	Lime	328
21	Shale	349
2	Lime	351
14	Shale	365
3	Lime	368
3	Shale	371
14	Lime	385
8	Shale	393
22	Lime	415
4	Shale	419
4	Lime	423
3	Shale	426
5	Lime	431
122	Shale	553
1	Sandy Shale	554
5	Sand	559
10	Sandy Shale	569
40	Shale	609
6	Lime	615
8	Shale	623
6	Lime	629
27	Shale	656
3	Lime	659

Franklin County, KS

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

Commenced Spudding: 3/14/2013

Well: #31

Lease Owner: Triple T

19 Shale 3 Shale & Lime 7 Shale 1 Sandy Shale 2 Sand 12 Sand 4 Sand 2 Sandy Shale	
3 Shale & Lime 7 Shale 1 Sandy Shale 2 Sand 12 Sand 4 Sand 2 Sandy Shale	680
3 Shale & Lime 7 Shale 1 Sandy Shale 2 Sand 12 Sand 4 Sand 2 Sandy Shale	699
7 Shale 1 Sandy Shale 2 Sand 12 Sand 4 Sand 2 Sandy Shale	702
1 Sandy Shale 2 Sand 12 Sand 4 Sand 2 Sandy Shale	709
2 Sand 12 Sand 4 Sand 2 Sandy Shale	710
12 Sand 4 Sand 2 Sandy Shale	712
2 Sandy Shale	724
	728
	730
	800
	·
	-



257421

LOCATION Have KS
FOREMAN Asey Kennedy

FIFE D TICKET & TREATMENT REPORT

Box 884, Ch 0-431-9210	nanute, KS 6672 or 800-467-8676	20 1 122	D HOILE	CEMEN				1
DATE	CUSTOMER#	WELL	NAME & NUM	BER	SECTION	TOWNSHIP	RANGE	COUNTY
115/13	796e6	Beckmen	180 # 3	31	SE 32	15	31	<i>FR</i>
ISTOMER.					TRUCK#	DRIVER	TRUCK#	DRIVER
10)	de l			-	481	Casken	- Cofedon	hastina
ILING ADDR	~ (()			,	6100	Gar Moo	e July	1
105 E	. Amity	STATE	ZIP CODE	_	5/0	Setwe		
TY	,	· · · · · ·				Kei Car		
<u>ouisbu</u>		KS]	66053 57e"]	1370 H_800'	CASING SIZE &	WEIGHT 27/8	" EVE
B TYPE / de		(1000 Alee	2/8	_ HOLE DEPT	ffle - 750	p /	OTHER	
SING DEPTH	•	DRILL PIPE	·····			CEMENT LEET I	CASING 38	.1
URRY WEIGH		SLURRY VOL		WATER gal/s	БК	RATE 4.5L	ON.	
_	14.39685	DISPLACEMENT		MIX PSI	1	ed t aume		Temin
MARKS: Le	ld safety	meeting, &	Habbaneo	CC16010	1 7	1 10-00	50%0 Po	
el follow			osh wat			Awshed a		punge
<u>emeint</u>	w/ 2/70 g		e, cem	70 1/1/2		eter ress		no PSI
1/2 "ruk	ober plugi	to baffle		39 bbls	Mesu Ce	17 43		<u> </u>
leaced pr	receive toh	ut in cas	<u>i~g</u>	V/WW.				
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						1		<u>.,</u>
ACCOUNT	T			ECCDIOTION A	of SERVICES or F	PRODUCT	UNIT PRICE	TOTAL
CODE	QUANITY	or UNITS	U	ESCRIPTION	JI SERVICES CI I			1030.00
5401			PUMP CHAR	GE				80.0
5406	20 v	<u>~i</u>	MILEAGE	77 . 6				10.
5402	786		casing	tootage				350.0
5407	minime	sun		<u>illeage</u>				180.°
5502 C	2 hr	·s	80 Ua	<u>c</u>				1700.
								1561.5
1124	117.51	ĺcs	5%50	Pormi	cement			1381.15
11183	397 ±		Premi	rubber,				62.3
4402	1		21/2"	rubbar.	pluc			2€. °
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avin 3737						a Baseline	SALES TAX ESTIMATEI TOTAL	3118.4

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