

Confidentiality Requested:

### KANSAS CORPORATION COMMISSION OIL & GAS CONSERVATION DIVISION

1223819

Form ACO-1 August 2013 Form must be Typed Form must be Signed All blanks must be Filled

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

Address 2:	OPERATOR: License #	API No. 15
Address 2:	Name:	Spot Description:
City:	Address 1:	
Contact Person:	Address 2:	Feet from  North / South Line of Section
Phone:	City: State: Zip:+	Feet from East / West Line of Section
CONTRACTOR: License #       GPS Location: Lat:, Long:	Contact Person:	Footages Calculated from Nearest Outside Section Corner:
Name:       (e.g. xxxxxxx)         Wellsite Geologist:	Phone: ()	
Name:       (e.g. xxxxx)       (e.g. xxxxx)         Wellsite Geologist:       Datum:       (NAD27       NAD83       (WG84         Purchaser:       Designate Type of Completion:       Lease Name:       Well #:       (E.g. xxxxx)         Designate Type of Completion:       Image: Completion:       Well #:       (E.g. xxxxx)       (E.g. xxxxx)         Designate Type of Completion:       Image: Completion:       Well #:       (E.g. xxxxx)       (E.g. xxxxx)         Designate Type of Completion:       Image: Completion:       Well #:       (E.g. xxxxx)       (E.g. xxxxx)         Designate Type of Completion:       Image: Completion:       Well #:       (E.g. xxxxx)       (E.g. xxxxx)         Designate Type of Completion:       Image: Completion:       Well #:       (E.g. xxxx)       (E.g. xxxx)         Original Completion:       Gas       DAX       Themp. Abd.       (E.g. xxxx)       (E.g. xxxx)       (E.g. xxx)       (E.g. xxx)         If Workover       Gas       DAX       Themp. Abd.       (E.g. xxx)       (E.g. xxx)       (E.g. xxx)       (E.g. xxx)       (E.g. xxx)       (E.g. xxx)       (F.g. xx)       (F.g	CONTRACTOR: License #	GPS Location: Lat:, Long:
Wellsite Geologist:	Name:	(e.g. xx.xxxx) (e.gxxx.xxxx)
Purchaser:	Wellsite Geologist:	Datum: NAD27 NAD83 WGS84
Designate Type of Completion:		County:
New Well Re-Entry Workover   Oil WSW SWD   Gas D&A ENHR   OG GSW Temp. Abd.   CM (Coal Bed Methane) Elevation:   CAthodic Other (Core, Expl., etc.):   CAthodic Other (Core, Expl., etc.):   Multiple Stage Cementing Collar Used? Yes   No If Workover/Re-entry:   Old Well Info as follows: If yes, show depth set:   Operator: Will Name:   Original Comp. Date: Original Total Depth:   Deepening Re-perf.   Commingled Permit #:   Dual Completion Permit #:   SWD Permit #:   SWD Permit #:   GSW Permit #:   Chioride content: ppm Fluid volume:   Deeparing method used:   Location of fluid disposal if hauled offsite:   Operator Name:   Lease Name:   License #:   Quarter Sec.   Two S. R.	Designate Type of Completion:	Lease Name: Well #:
Producing Formation:		Field Name:
Gas D&A ENHR SIGW   OG GSW Temp. Abd.   CM (Coal Bed Methane) Total Vertical Depth:Plug Back Total Depth:   Cathodic Other (Core, Expl., etc.):   If Workover/Re-entry: Old Well Info as follows:   Operator:   Original Comp. Date:Original Total Depth:   If Alternate II completion, cement circulated from:   If Alternate II completion, cement circulated from:   Image: Commingled Permit #:   Plug Back Conv. to GSW   Commingled Permit #:   SWD Permit #:   SWD Permit #:   SWD Permit #:   GSW Permit #:   Chloride content:ppm Fluid volume:   Devatering method used:		Producing Formation:
OG       GSW       Temp. Abd.         CM (Coal Bed Methane)       Total Vertical Depth: Plug Back Total Depth:         Cathodic       Other (Core, Expl., etc.):         If Workover/Re-entry: Old Well Info as follows:       Multiple Stage Cementing Collar Used? Yes         Operator:		Elevation: Ground: Kelly Bushing:
OG       GSW       Temp. Add.         CM (Coal Bed Methane)       Amount of Surface Pipe Set and Cemented at:         Cathodic       Other (Core, Expl., etc.):       Multiple Stage Cementing Collar Used?       Yes         If Workover/Re-entry: Old Well Info as follows:       If yes, show depth set:       If Alternate II completion, cement circulated from:         Operator:		Total Vertical Depth: Plug Back Total Depth:
Conv (Coar bed Methanle)       Multiple Stage Cementing Collar Used?       Yes       No         If Workover/Re-entry: Old Well Info as follows:       If yes, show depth set:       If Alternate II completion, cement circulated from:       If eet depth to:       If Alternate II completion, cement circulated from:       If eet depth to:       If alternate II completion, cement circulated from:       If eet depth to:       If alternate II completion, cement circulated from:       If eet depth to:       If alternate II completion, cement circulated from:       If eet depth to:       If alternate II completion fluid Management Plan       If alternate II completion fluid volume:       If alternate II completion fluid volume:       If alternate II completion fluid volume:       If alternate II completion fluid disposal if hauled offsite:       If alternate II completion fluid disposal if hauled offsite:       If alternate II completion fluid disposal if hauled offsite:       If alternate II completion fluid disposal if hauled offsite:       If alternate II completion fluid disposal if hauled offsite: <td></td> <td>Amount of Surface Pipe Set and Cemented at: Feet</td>		Amount of Surface Pipe Set and Cemented at: Feet
If Workover/Re-entry: Old Well Info as follows:       If yes, show depth set:		
Operator:		
Well Name:		
Original Comp. Date:       Original Total Depth:         Deepening       Re-perf.         Plug Back       Conv. to ENHR         Commingled       Permit #:         Dual Completion       Permit #:         SWD       Permit #:         SWD       Permit #:         GSW       Permit #:         OSW       Permit #:         Outling Fluid Management Plan         (Data must be collected from the Reserve Pit)         Chloride content:       ppm Fluid volume:         Dewatering method used:       Dewatering method used:         Location of fluid disposal if hauled offsite:       Operator Name:         Operator Name:       Lease Name:         Lease Name:       License #:         Quarter       Sec.		
Deepening       Re-perf.       Conv. to ENHR       Conv. to SWD         Plug Back       Conv. to GSW       Conv. to Producer         Commingled       Permit #:		
Plug Back       Conv. to GSW       Conv. to Producer       (Data must be collected from the Reserve Pit)         Commingled       Permit #:       ppm       Fluid volume:         Dual Completion       Permit #:       Dewatering method used:       Dewatering method used:         SWD       Permit #:       Location of fluid disposal if hauled offsite:         GSW       Permit #:       Operator Name:         Lease Name:       License #:         Quarter       Sec.		Drilling Eluid Management Dian
Commingled       Permit #:         Dual Completion       Permit #:         SWD       Permit #:         ENHR       Permit #:         GSW       Permit #:         Operator Name:       License #:         Lease Name:       License #:         Quarter       Sec.		
Dual Completion       Permit #:         SWD       Permit #:         ENHR       Permit #:         GSW       Permit #:         Operator Name:       License #:         Lease Name:       License #:         Quarter       Sec.		Chloride content: ppm Fluid volume: bbls
SWD       Permit #:       Location of fluid disposal if hauled offsite:         ENHR       Permit #:       Operator Name:         GSW       Permit #:       Lease Name:         Understand       Quarter       Sec.       Twp.       S.       R.       East		Dewatering method used:
Image: Sector of the sector		Location of fluid disposal if hauled offsite:
GSW       Permit #:       Operator Name:         Lease Name:       License #:         Quarter       Sec.       Twp.       S.       R.       East		
Quarter Sec. Twp. S. R.		Operator Name:
Spud Date or Date Reached TD Completion Date or Quarter Sec TwpS. R East		Lease Name: License #:
	Spud Date or Date Reached TD Completion Date or	QuarterSecTwpS. 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						
Confidentiality Requested						
Date:						
Confidential Release Date:						
Wireline Log Received						
Geologist Report Received						
UIC Distribution						
ALT I II III Approved by: Date:						

	Page Two	1223819
Operator Name:	Lease Name:	Well #:
Sec TwpS. R East West	County:	
INCTRUCTIONS, Chow important tang of formations populated	Datail all cares Report all	final conject of drill stome tasts giving interval tasted, time tool

**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 (Attach Additional Sh	eets)	Yes No		0	on (Top), Depth a		Sample
Samples Sent to Geolog	gical Survey	Yes No	Nam	e		Тор	Datum
Cores Taken Electric Log Run		☐ Yes ☐ No ☐ Yes ☐ No					
List All E. Logs Run:							
			RECORD Ne		ion, 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 / SQL	EEZE RECORD			
Purpose:	Depth Top Bottom	Type of Cement	# Sacks Used		Type and F	Percent Additives	

Purpose: Perforate	Depth Top Bottom	Type of Cement	# Sacks Used	Type and Percent Additives
Protect Casing				
Plug Off Zone				

Did you perform a hydraulic fracturing treatment on this well?	Y
Does the volume of the total base fluid of the hydraulic fracturing treatment exceed 350,000 gallons?	Y
Was the hydraulic fracturing treatment information submitted to the chemical disclosure registry?	Y

Yes	No
Yes	No
Yes	No

No

(If No, skip questions 2 and 3) (If No, skip question 3)

(If No, fill out Page Three of the ACO-1)

Shots Per Foot		PERFORATION Specify Fo		RD - Bridge Plu Each Interval Pe		e			ement Squeeze Record I of Material Used)	Depth
TUBING RECORD:	Si	ze:	Set At:		Packe	r At:	Liner F		No	
Date of First, Resumed	d Product	tion, SWD or ENHI	٦.	Producing Me	ethod:	ping	Gas Lift	Other (Explain)		
Estimated Production Per 24 Hours		Oil Bb	ls.	Gas	Mcf	Wate	ər	Bbls.	Gas-Oil Ratio	Gravity
DISPOSIT		240.			METHOD	OF COMPLE			PRODUCTION IN	
Vented Sol	d 🗌	Used on Lease		Open Hole	Perf.		Comp.	Commingled (Submit ACO-4)		
(If vented, Su	ubmit ACC	D-18.)		Other <i>(Specify)</i> _						

Form	ACO1 - Well Completion
Operator	Triple T Oil, LLC
Well Name	Weaver 10
Doc ID	1223819

### Casing

Purpose Of String	Size Hole Drilled	Size Casing Set		Setting Depth	Type Of Cement		Type and Percent Additives
Surface	9	7	10	20	Portland	4	50/50 POZ
Completio n	5.6250	2.8750	8	760	Portland	115	50/50 POZ

Lease Owner: Triple T Oil

# Miami County, KS Well: Weaver #10 (913) 837-8400 Commenced Spudding: 9/4/2014

### WELL LOG

hickness of Strata	Formation	Total Depth
7	Soil & Clay	7
2	Lime	9
4	Shale	13
23	Lime	36
11	Shale	47
7	Sand & Sandy Shale	54
22	Lime	76
71	Shale	1474
17	Lime	164
11	Shale	175
9	Lime	184
7	Shale	191
8	Sandy Shale	199
20	Shale	219
7	Lime	226
34	Shale	260
11	Lime	271
16	Shale	287
25	Lime	312
6	Shale	318
20	Lime	338
4	Shale	342
3	Lime	345
2	Shale	347
11	Lime	358
7	Shale	365
2	Lime & Shale	367
114	Sandy Shale	481
7	Sand	488
46	Shale	534
4	Lime	538
5	Shale	543
2	Sandy Lime	545
7	Shale	552
4	Lime	556
2	Shale	558
7	Lime	565
2	Coal	567
6	Shale	573
6	Lime	573

# Miami County, KS Well: Weaver #10 (913) 837-8400 Commenced Spudding: 9/4/2014

2	Shale & Lime	581
2	Broken Sand	583
3	Broken Sand	586
3	Sandy Shale	589
11	Shale	600
3	Lime	603
2	Slate	605
5	Shale	610
2	Lime	612
13	Shale & Lime	625
4	Lime	629
9	Shale	638
1	Lime	639
28	Shale	667
6	Sand	673
28	Shale	701
2	Broken Sand	701
6	Sand	to the second
1	Broken Sand	709
1	Broken Sand	710
1	Broken Sand	711
30	Sandy Shale	712
27	Shale	742
6	Sand	769
5	Sandy Shale	775
	Gandy Shale	780
	- Ma	

# Short Cuts

BBLS. (42 gal.) equals D<sup>2</sup>x.14xh D equals diameter in feet. h equals height in feet.

BARRELS PER DAY Multiply gals. per minute x 34.2

HP equals BPH x PSI x .0004 BPH - barrels per hour PSI - pounds square inch

TO FIGURE PUMP DRIVES \* D - Diameter of Pump Sheave \* d - Diameter of Engine Sheave SPM - Strokes per minute RPM - Engine Speed R - Gear Box Ratio \*C - Shaft Center Distance

D - RPMxd over SPMxR d - SPMxRxD over RPM SPM - RPMXD over RxD R - RPMXD over SPMxD

BELT LENGTH - 2C + 1.57(D + d) +  $\frac{(D-d)^2}{4C}$ 

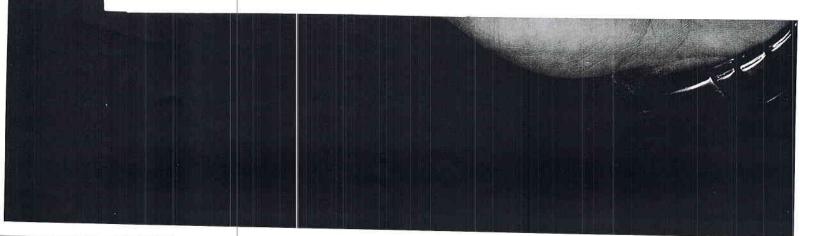
\* Need these to figure belt length WATTS = AMPS TO FIGURE AMPS: VOLTS 746 WATTS equal 1 HP

## Log Book

Well No. <u>YO</u> Farm <u>Necwcy</u> (State) <u>(County)</u> <u>IS</u> <u>IC</u> <u>24</u> (Section) (Township) (Range) For <u>Torighe TO 1</u> (Well Owner)

Town Oilfield Services, Inc.

1207 N. 1st East Louisburg, KS 66053 913-710-5400



Necoco Farm: M.com County	CA	SING		
State; Well No	Feet	In.	08	
Elevation 10% 3		<u> </u>		
Commenced Spuding (1-1), 20-1-1				
Finished Drilling $-9-5$ $20^{14}$				
Driller's Name Check Wacun				
Driller's Name				
Driller's Name				2
Tool Dresser's Name Cale Holcom				-
Tool Dresser's Name				100
Tool Dresser's Name				-
Contractor's Name 505				
18 16 24				
(Section) (Township) (Range)		-		
Distance from line,ft.				
Distance 1		-		
Distance from L line, 3145 ft.				
· · · · · · · · · · · · · · · · · · ·		2 <sup>8</sup>		
4- cacks			1	1
CASING AND TUBING				
RECORD				
5	7			
10" Set 10" Pulled				
8" Set 8" Pulled				
6%" Set 6%" Pulled		•		
4" Set 4" Pulled				
4" Set 4" Pulled 2"7/set 2" Pulled		]		
728.70 Badele		1	9	
750 70		<i>R</i>		

···· / ···

Thickness of Strata	Formation	Total Depth	
<u> </u>	mail /clay		Remarks
2	Lime	9	
).1	encile	13	
23	Since	30	
	especte	1.17	
7	Eand descendible	le 54	
22	Lime	76	-
71	shale	147	
- 71	Lima	164	-
- 11	shele	175	-
9	Lime	184	-
7	dre la	191	
~~~	scondy shall	199	
20	shale	219	
7	2 ima	226	
34	shelle	200	
16	Lime	271	
25	sherle	287	
(	Lime	312	-
20	cherle	318	
4	<u>L'ine</u>	338	
3	shele	25-12	
2	Lince	345	
21	Livie	347	
٦	encile	358	Handha
2 3	smet diala	365	
	-2-		

-3-

Thickness of	Formation	367 Total	-
Strata		Depth	Remarks
-114	sendy shelle	481	
	send	488	
46	shele	534	ser, he oil
4	Lime	538	
	smale	543	
2	scrightime	545	
	shale	352	
4	Lime	556	
2	ebala	558	
7	Lima	565	
2	Speal	567	
Co	esherta	573	
C	Lime	579	
2	shales Line	SOI	
<u> </u>	Bucken send	583	ne oil
3	Broken send	586	
3	eand , chale	589	odon, 20%- 30% oil, slight blee
	alacha	600	
15	Lime	603	
2	sicha	605	
5	decile	610	
2	Livne	GID	
13	chalad Lime	625	
<u> </u>	Lime	629	и
9	shale	638	
)	Linc	639	
2.8	essele	667-	
2	-4-	-	-5-



Thickness of		CG7	
Strata	Formation	Total Depth	Remarks
6	sand	673	Sher no or
28	smelle	701	
2	Broken send	703	ador, 5% - 10% oil
6	esand	709	60°/0- 80°/0 0.1, 6000 black
)	Brokensond	710	50% cil
)	Buden sund	711	20% 0.1
)	Buokan sand	515	29/0-5% 01
30	Scaly shale	742	
27	shale	769	
6	sand	775	me oil, white even send
5	sandy shale	740	THO
	,		A. 3%/
	7		
			2
		1	
			×
	-6-		-7-

## **Town Oilfield Service**

P.O Box 339 Louisburg, Ks 66053 913-837-8400

Ticket Number	
Location	
Foreman	

### Field Ticket & Treatment Report

### Cement

Date	Customer#	V/ell Name & N	umber	Section	Township	Range	County
9-5-14		Weaver #10	)	18	16	24	MT
Customer	iple T		Mailing Ad	dress			1.14
	por contraction of the second s		City		State	Zip Code	
Casing Depth	760 Drill	Die Size_ <u>5 %</u> H Pipe Tub Nacement PSI_ <u>500</u> _ N	ing		Other		
Remarks							

Account Code	Quantity or L	nits Description of Services or Produ	uct	Unit Price	Total
		Pump Charge			700
		Cement Truck			250
		Water Truck			150
	115	Cement		10	1150
		Gel			1.00
		Plug		1	25
				Sales Tax	
				Estimated Total	
ization 200	les	Title	Date	9-5-14	

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.