

Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1247000
OIL & GAS CONSERVATION DIVISION

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

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
- Plug Back Conv. to GSW Conv. to Producer
- Commingled Permit #: _____
- Dual Completion Permit #: _____
- SWD Permit #: _____
- ENHR Permit #: _____
- GSW Permit #: _____

Spud Date or Recompletion Date	Date Reached TD	Completion Date or Recompletion Date
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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

GPS Location: Lat: _____, Long: _____
(e.g. xx.xxxxx) (e.g. -xxx.xxxxx)

Datum: NAD27 NAD83 WGS84

County: _____

Lease Name: _____ Well #: _____

Field Name: _____

Producing Formation: _____

Elevation: Ground: _____ Kelly Bushing: _____

Total Vertical 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

- Confidentiality Requested
Date: _____
- Confidential Release Date: _____
- Wireline Log Received
- Geologist Report Received
- UIC Distribution
- ALT I II III Approved by: _____ Date: _____

1247000



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

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

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 <input type="checkbox"/> Yes <input type="checkbox"/> No <i>(Attach Additional Sheets)</i> Samples Sent to Geological Survey <input type="checkbox"/> Yes <input type="checkbox"/> No Cores Taken <input type="checkbox"/> Yes <input type="checkbox"/> No Electric Log Run <input type="checkbox"/> Yes <input type="checkbox"/> No List All E. Logs Run: _____	<input type="checkbox"/> Log Formation (Top), Depth and Datum <input type="checkbox"/> Sample Name Top Datum
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CASING RECORD <input type="checkbox"/> New <input type="checkbox"/> 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
<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 <i>(Amount and Kind of Material Used)</i>	Depth

TUBING RECORD:	Size:	Set At:	Packer At:	Liner Run: <input type="checkbox"/> Yes <input type="checkbox"/> No
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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 <i>(Explain)</i> _____
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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 <i>(If vented, Submit ACO-18.)</i>	METHOD OF COMPLETION: <input type="checkbox"/> Open Hole <input type="checkbox"/> Perf. <input type="checkbox"/> Dually Comp. <input type="checkbox"/> Commingled <i>(Submit ACO-5)</i> <input type="checkbox"/> Other <i>(Specify)</i> _____	PRODUCTION INTERVAL: _____ _____
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Miami County, KS
Well: Alice Kuhn I-4
Lease Owner: Triple T Oil

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

Commenced Spudding:
4-15-2015

WELL LOG

Thickness of Strata	Formation	Total Depth
0 - 6	Soil - Clay	6
6	Lime	12
5	Shale	17
17	Lime	34
21	Shale	55
23	Lime	78
65	Shale	143
19	Lime	162
11	Shale	173
9	Lime	182
33	Shale	215
4	Lime	219
37	Shale	256
11	Lime	267
17	Shale	284
25	Lime	309
7	Shale	316
20	Lime	336
3	Shale	339
3	Lime	342
2	Shale	344
11	Lime	355
10	Shale	365
3	Sand	368
12	Shale	380
25	Sandy Shale	405
76	Shale	481
2	Sand	483
54	Shale	537
5	Lime	542
5	Shale	547
10	Lime	557
4	Shale	561
2	Lime	563
13	Shale	576
4	Lime	580
6	Sand	586
14	Shale	600
4	Lime	604
10	Shale	614

C
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E
by
th

Short Cuts

TANK CAPACITY

BBLS. (42 gal.) equals $D^2 \times 14 \times h$

D equals diameter in feet.

h equals height in feet.

BARRELS PER DAY

Multiply gals. per minute x 34.2

HP equals $BPH \times PSI \times .0004$

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 - $RPM \times d$ over $SPM \times R$

d - $SPM \times R \times D$ over RPM

SPM - $RPM \times D$ over $R \times d$

R - $RPM \times D$ over $SPM \times d$

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

* Need these to figure belt length

TO FIGURE AMPS: $\frac{WATTS}{VOLTS} = AMPS$

746 WATTS equal 1 HP

Log Book

Well No. I-4

Farm Alice Kahn

KS Miami
(State) (County)

19 CG 24
(Section) (Township) (Range)

For T T T
(Well Owner)

**Town Oilfield
Services, Inc.**
1207 N. 1st East
Louisburg, KS 66053
913-710-5400

Thickness of Strata	Formation	Total Depth	Remarks
6	soil & clay	6	
6	lime	12	
5	shale	17	
17	lime	34	
21	shale	55	
23	lime	78	
65	shale	143	
19	lime	162	
11	shale	173	
9	lime	182	
33	shale	215	
4	lime	219	
37	shale	256	
11	lime	267	
17	shale	284	
25	lime	309	Winterset
7	shale	316	
20	lime	336	Bothway Falls
3	shale	339	
3	lime	342	VC
2	shale	344	
11	lime	355	Hertha
10	shale	365	
3	sand	368	odor, slight bleed
12	shale	380	
25	sandy shale	405	Bleed, No odor, grey
76	shale	481	

481

Thickness of Strata	Formation	Total Depth	Remarks
2	Sand	483	Slight show
54	Shale	537	
5	Lime	542	
5	Shale	547	
10	Lime	557	
4	Shale	561	
2	Lime	563	
13	Shale	576	
4	Lime	580	
6	Sand	586	Slight bleed
14	Shale	600	
4	Lime	604	
10	Shale	614	
4	Lime	618	
5	Shale	623	
9	Lime	632	
8	Shale	640	
1	Lime	641	
7	Shale	648	
6	Lime	654	
6	Shale	660	
2	Lime	662	
18	Shale	680	
2	Sand	682	No oil
22	Shale	704	
1	Sand	705	Top, 10% oil
B	Sand	710	50% +

Town Oilfield Service

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

Ticket Number _____
Location _____
Foreman _____

Field Ticket & Treatment Report Cement

Date	Customer#	Well Name & Number	Section	Township	Range	County
4-16-15		Alice Kubro I-4	19	16	24	MZ
Customer Triple T			Mailing Address			
			City	State	Zip Code	

Job Type long string Hole Size 5 5/8 Hole Depth 780 Casing Size & Weight 2 3/8
 Casing Depth 728 Drill Pipe _____ Tubing _____ Other _____
 Displacement 4.6 Displacement PSI 500 Mix PSI 350 Rate 6 BPM

Remarks _____

Account Code	Quantity or Units	Description of Services or Product	Unit Price	Total
		Pump Charge		700
		Cement Truck		250
		Water Truck		150
	140	Cement	8	1120
		Gel		
		Plug		25
			Sales Tax	
Estimated Total				2245

Authorization [Signature] 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.