



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1249146
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: _____



1249146

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 <i>(Attach Additional Sheets)</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Log	Formation (Top), Depth and Datum	<input type="checkbox"/> Sample
Samples Sent to Geological Survey	<input type="checkbox"/> Yes <input type="checkbox"/> No	Name	Top	Datum
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:				

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: Yes No

Date of First, Resumed Production, SWD or ENHR: _____ Producing Method: Flowing Pumping Gas Lift Other *(Explain)* _____

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> _____ <i>(Submit ACO-4)</i>	PRODUCTION INTERVAL: _____ _____
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Form	ACO1 - Well Completion
Operator	Triple Crown Operating LLC
Well Name	Malcolm 1-16
Doc ID	1249146

Tops

Name	Top	Datum
Anhydrite	1620	765
Heebner	3904	1513
Lansing	3954	1563
B/KC	4326	1935
Marmaton	4340	1949
Ft. Scott	4482	2091
Cherokee	4514	2123
Mississippian	4600	2209

ALLIED OIL & GAS SERVICES, LLC 063949

Federal Tax I.D. # 20-8651475

REMIT TO P.O. BOX 93999
SOUTHLAKE, TEXAS 76092

SERVICE POINT: great Bend

DATE <u>11-13-14</u>	SEC. <u>16</u>	TWP. <u>21</u>	RANGE <u>23</u>	CALLED OUT	ON LOCATION <u>2:30 pm</u>	JOB START <u>7:30 pm</u>	JOB FINISH <u>8:00 pm</u>
LEASE <u>Moham</u>	WELL # <u>1-16</u>	LOCATION <u>near city 5th to line 25</u>			COUNTY <u>Rodriguez</u>	STATE <u>Ks</u>	
OLD OR NEW (Circle one) <u>2E</u>							

CONTRACTOR H2 H2
 TYPE OF JOB surface
 HOLE SIZE 17 1/2 T.D. 230
 CASING SIZE 8 3/8 24 1/2 DEPTH 227
 TUBING SIZE _____ DEPTH _____
 DRILL PIPE _____ DEPTH _____
 TOOL _____ DEPTH _____
 PRES. MAX _____ MINIMUM _____
 MEAS. LINE _____ SHOE JOINT _____
 CEMENT LEFT IN CSG. 15'
 PERFS. _____
 DISPLACEMENT H20 13.44 BBI

EQUIPMENT
 PUMP TRUCK CEMENTER Charles Kingon
 # 366 HELPER Brian Lang
 BULK TRUCK _____
 # 609-239 DRIVER Jose
 BULK TRUCK _____
 # _____ DRIVER _____

REMARKS:
Ric Ran 227 8 3/8 csg probe case
2 Ric mud hook to wedge pump
5 BBI H20 mix 175 at class A 31-cc
21-gal displace 13.44 BBI H20
shut dr cement did case

CHARGE TO: Triple Crown
 STREET _____
 CITY _____ STATE _____ ZIP _____

Thank you!
 To: Allied Oil & Gas Services, LLC.
 You are hereby requested to rent cementing equipment and furnish cementer and helper(s) to assist owner or contractor to do work as is listed. The above work was done to satisfaction and supervision of owner agent or contractor. I have read and understand the "GENERAL TERMS AND CONDITIONS" listed on the reverse side.
 PRINTED NAME x George Utley
 SIGNATURE x George Utley

OWNER name
CEMENT
 AMOUNT ORDERED 175 at class A 31-cc
21-gal
 COMMON _____ @ _____
 POZMIX _____ @ _____
 GEL _____ @ _____
 CHLORIDE _____ @ _____
 ASC _____ @ _____
 _____ @ _____
 _____ @ _____
 _____ @ _____
 _____ @ _____
 _____ @ _____
 _____ @ _____
 HANDLING _____ @ _____
 MILEAGE _____ @ _____
 TOTAL _____

SERVICE
 DEPTH OF JOB 228 227
 PUMP TRUCK CHARGE _____
 EXTRA FOOTAGE _____ @ _____
 MILEAGE _____ @ _____
 MANIFOLD _____ @ _____
 _____ @ _____
 _____ @ _____
 TOTAL _____

PLUG & FLOAT EQUIPMENT
 _____ @ _____
 _____ @ _____
 _____ @ _____
 _____ @ _____
 _____ @ _____
 TOTAL _____

SALES TAX (If Any) _____
 TOTAL CHARGES _____
 DISCOUNT _____ IF PAID IN 30 DAYS
5166.86

ALLIED OIL & GAS SERVICES, LLC 065135

Federal Tax I.D. # 20-8651475

REMIT TO P.O. BOX 93999
SOUTHLAKE, TEXAS 76092

SERVICE POINT: Great Bend

DATE <u>11-14-14</u>	SEC. <u>16</u>	TWP. <u>21</u>	RANGE <u>23</u>	CALLED OUT	ON LOCATION <u>9:30 am</u>	JOB START <u>12 pm</u>	JOB FINISH <u>12:30</u>
LEASE <u>Malcolm</u>	WELL # <u>1-16</u>	LOCATION <u>Ness City 7500' in 2 1/2 E</u>			COUNTY <u>Haskell</u>	STATE <u>KS</u>	
OLD OR NEW (Circle one) <u>NEW</u>		N/A to					

CONTRACTOR 42

TYPE OF JOB Surface - linch

HOLE SIZE _____ T.D. _____

CASING SIZE _____ DEPTH _____

TUBING SIZE _____ DEPTH _____

DRILL PIPE _____ DEPTH _____

TOOL _____ DEPTH _____

PRES. MAX _____ MINIMUM _____

MEAS. LINE _____ SHOE JOINT _____

CEMENT LEFT IN CSG. _____

PERFS. _____

DISPLACEMENT _____

OWNER _____

CEMENT AMOUNT ORDERED 50 5x class A

3 1/2 cc 2 1/2 gel

COMMON	<u>50</u>	@	<u>17.90</u>	<u>895.00</u>
POZMIX		@		
GEL	<u>94#</u>	@	<u>.50</u>	<u>47.00</u>
CHLORIDE	<u>141#</u>	@	<u>1.10</u>	<u>155.10</u>
ASC		@		

Materials Total 1097.10

Disc 10% 109.71

Service

HANDLING	<u>57.06</u>	@	<u>2.48</u>	<u>139.97</u>
MILEAGE	<u>2.75 x 15 x</u>	@	<u>2.46</u>	<u>101.48</u>

EQUIPMENT

PUMP TRUCK CEMENTER Josh Isaac

398 HELPER Ben Newell

BULK TRUCK

609-239 DRIVER Jose Tracheta (TWS)

BULK TRUCK

_____ DRIVER _____

REMARKS:

On location - Rig up - had safety meeting

Run linch

Mix 50 5x class A 3 1/2 cc 2 1/2 gel

Wash up

Cement did circulate

Rig down

CHARGE TO: Triple Crown

STREET _____

CITY _____ STATE _____ ZIP _____

Thank you!!

To: Allied Oil & Gas Services, LLC.

You are hereby requested to rent cementing equipment and furnish cementer and helper(s) to assist owner or contractor to do work as is listed. The above work was done to satisfaction and supervision of owner agent or contractor. I have read and understand the "GENERAL TERMS AND CONDITIONS" listed on the reverse side.

PRINTED NAME X Gary Axtell

SIGNATURE X Gary Axtell

DEPTH OF JOB _____

PUMP TRUCK CHARGE 1512.00

EXTRA FOOTAGE @ _____

MILEAGE @ _____

MANIFOLD @ _____

HV 15 @ 7.70 115.50

LV 15 @ 4.50 66.00

TOTAL 1929.05

Disc 10% 192.91

PLUG & FLOAT EQUIPMENT

_____ @ _____

_____ @ _____

_____ @ _____

_____ @ _____

_____ @ _____

TOTAL 0

SALES TAX (If Any) _____

TOTAL CHARGES 3026.15

DISCOUNT 10% 302.62 IF PAID IN 30 DAYS 10/10

\$ 2723.53

Date 11-20-14 District Great Bend Ticket No. 63920
 Company Triple Crown Rig H2 Drilling
 Lease MRI/Galm Well No. 1-16
 County Hodgeman State Ks
 Location South of Ness City To Field _____
White School House 1 East North into

CASING DATA: Conductor PTA Squeeze Misc
 Surface Intermediate Production Liner
 Size _____ Type _____ Weight _____ Collar _____

Casing Depths: Top _____ Bottom 1150

Drill Pipe: Size 4 1/2 Weight xH Collars X Hole
 Open Hole: Size 7 7/8 T.D. _____ ft. P.B. to _____ ft.

CAPACITY FACTORS:
 Casing: Bbls/Lin. ft. _____ Lin. ft./Bbl. _____
 Open Holes: Bbls/Lin. ft. _____ Lin. ft./Bbl. _____
 Drill Pipe: Bbls/Lin. ft. _____ Lin. ft./Bbl. _____
 Annulus: Bbls/Lin. ft. _____ Lin. ft./Bbl. _____
 Perforations: From _____ ft. to _____ ft. Amt. _____

CEMENT DATA:
 Spacer Type: Fresh
 Amt. _____ Sks Yield _____ ft³/sk Density _____ PPG
 LEAD: Pump Time _____ hrs. Type Low 40 49% Gel
4 910 Excess _____
 Amt. 750 Sks Yield 640 ft³/sk Density 14.5 PPG
 TAIL: Pump Time _____ hrs. Type _____
 Excess _____
 Amt. _____ Sks Yield _____ ft³/sk Density _____ PPG
 WATER: Lead _____ gals/sk Tail _____ gals/sk Total _____ Bbls.

Pump Trucks Used 366 / Ben Newell
 Bulk Equip. 410/170 CRNDY MAN

Float Equip: Manufacturer _____
 Shoe: Type _____ Depth _____
 Float: Type _____ Depth _____
 Centralizers: Quantity _____ Plugs Top _____ Btm. _____
 Stage Collars _____
 Special Equip. _____
 Disp. Fluid Type _____ Amt. _____ Bbls. Weight _____ PPG
 Mud Type _____ Weight _____ PPG

COMPANY REPRESENTATIVE _____ CEMENTER Kevin Eddy

TIME AM/PM	PRESSURES PSI		FLUID PUMPED DATA			REMARKS
	DRILL PIPE CASING	ANNULUS	TOTAL FLUID	Pumped Per Time Period	RATE Bbls Min.	
6:00 PM						On Location - Held safety meeting - Rig up
						Rig Ran 1650 ft of 4 1/2 Drill Pipe
8:00 PM				4		#1 50 sks @ 1650 ft
8:45 PM				4		#2 90 sks @ 810
9:15 PM				4		#3 50 sks @ 270
9:30 PM				4		#4 20 sks @ 60
10:05 PM				4		RAT Hole 30 sks
10:06 PM				4		Mouse Hole 20 sks
						Rig Down

ALLIED OIL & GAS SERVICES, LLC 063920

Federal Tax I.D. # 20-8651475

REMIT TO P.O. BOX 93999
SOUTHLAKE, TEXAS 76092

SERVICE POINT:
Great Bend KS

DATE <u>11-20-14</u>	SEC. <u>16</u>	TWP. <u>21</u>	RANGE <u>23</u>	CALLED OUT	ON LOCATION <u>6:00 PM</u>	JOB START <u>9:00 PM</u>	JOB FINISH <u>1:00 PM</u>
LEASE <u>Malcolm</u>		WELL # <u>1-16</u>		LOCATION <u>South Ness city white school</u>		COUNTY <u>Hodgeman</u>	STATE <u>KS</u>
OLD OR NEW (Circle one)				<u>House 1 East North into</u>			

CONTRACTOR H2 Drilling
 TYPE OF JOB PTA
 HOLE SIZE 7 7/8 T.D.
 CASING SIZE DEPTH
 TUBING SIZE DEPTH
 DRILL PIPE 4 1/2 DEPTH 1650
 TOOL DEPTH
 PRES. MAX MINIMUM
 MEAS. LINE SHOE JOINT
 CEMENT LEFT IN CSG. All
 PERFS.
 DISPLACEMENT Fish H2C

EQUIPMENT

PUMP TRUCK CEMENTER Kevin Eddy
 # 366 HELPER Ben Newell
 BULK TRUCK
 # 610/170 DRIVER Candyman
 BULK TRUCK
 # DRIVER

REMARKS:
on location - held safety meeting - Rig up
Rig Ran 1650' 4 1/2" Drill pipe
#1 50 SXS @ 1650'
#2 80 SXS @ 910'
#3 50 SXS @ 270'
#4 20 SXS @ 60'
RAT Hole @ 30 SXS Mouse Hole @ 20 SXS
Rig Down

CHARGE TO: Triple Crown
 STREET _____
 CITY _____ STATE _____ ZIP _____

To: Allied Oil & Gas Services, LLC.
 You are hereby requested to rent cementing equipment and furnish cementer and helper(s) to assist owner or contractor to do work as is listed. The above work was done to satisfaction and supervision of owner agent or contractor. I have read and understand the "GENERAL TERMS AND CONDITIONS" listed on the reverse side.

PRINTED NAME George Utley
 SIGNATURE George Utley

OWNER
CEMENT
 AMOUNT ORDERED 25 ASX 60/40 + 42A + 4 H2C
 COMMON @ _____
 POZMIX @ _____
 GEL @ _____
 CHLORIDE @ _____
 ASC @ _____
25 ASX 60/40/42A @ 18.92 4730.00
4 H2C @ 2.97 187.00
 @ _____
 @ _____
 @ _____
 @ _____
 @ _____
 HANDLING 246.75 @ 2.48 1640.62
 MILEAGE 11.21 x 15 x 2.75 462.41
 TOTAL _____

SERVICE

DEPTH OF JOB _____
 PUMP TRUCK CHARGE 2213.48
 EXTRA FOOTAGE @ _____
 MILEAGE HUM 15 @ 7.70 115.50
 MANIFOLD @ _____
HUM 15 @ 4.40 66.00
 @ _____

TOTAL 4498.02
20% 899.60

PLUG & FLOAT EQUIPMENT

 @ _____
 @ _____
 @ _____
 @ _____
 @ _____
 TOTAL _____

SALES TAX (If Any) _____
 TOTAL CHARGES 9415.13
 DISCOUNT 20% 1883.03 IF PAID IN 30 DAYS
7532.10

Conservation Division
266 N. Main St., Ste. 220
Wichita, KS 67202-1513



Phone: 316-337-6200
Fax: 316-337-6211
<http://kcc.ks.gov/>

Shari Feist Albrecht, Chair
Jay Scott Emler, Commissioner
Pat Apple, Commissioner

Sam Brownback, Governor

April 15, 2015

Doyle Williams
Triple Crown Operating LLC
2201 S. UTICA PL STE 100
TULSA, OK 74114-7099

Re: ACO-1
API 15-083-21911-00-00
Malcolm 1-16
SW/4 Sec.16-21S-23W
Hodgeman County, Kansas

Dear Doyle Williams :

K.A.R. 82-3-107 provides for all completion information to be filed within 120 days of the spud date. Subsection(e)(2) of that regulation states "All rights to confidentiality shall be lost if the filings are not timely."

The above referenced well was spudded on 11/13/2014 and the ACO-1 was received on April 14, 2015 (not within the 120 days timely requirement).

Therefore, your request for confidential treatment of data contained within the ACO-1 filing cannot be granted at this time.

If you should have any questions, please do not hesitate to contact me at (316)337-6200.

Sincerely,

Production Department