





1249182

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
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<b>DISPOSITION OF GAS:</b> <input type="checkbox"/> Vented <input type="checkbox"/> Sold <input type="checkbox"/> Used on Lease <i>(If vented, Submit ACO-18.)</i>	<b>METHOD OF COMPLETION:</b> <input type="checkbox"/> Open Hole <input type="checkbox"/> Perf. <input type="checkbox"/> Dually Comp. <input type="checkbox"/> Commingled <i>(Submit ACO-5)</i> <i>(Submit ACO-4)</i> <input type="checkbox"/> Other <i>(Specify)</i> _____	<b>PRODUCTION INTERVAL:</b> _____ _____
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Form	ACO1 - Well Completion
Operator	Triple Crown Operating LLC
Well Name	Jordan 1-4
Doc ID	1249182

Tops

Name	Top	Datum
Anhydrite	1620	721
Heebner	3710	1369
Lansing	3754	1413
B/KC	4084	1743
Marmaton	4102	1763
Ft. Scott	4204	1913
Cherokee	4234	1943
Mississippian	4340	1999



# ALLIED OIL & GAS SERVICES, LLC 063878

Federal Tax I.D. # 20-8651475

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

SERVICE POINT: great Bend

DATE <u>11-23-14</u>	SEC <u>4</u>	TWP <u>18</u>	RANGE <u>24</u>	CALLED OUT	ON LOCATION <u>11:00 am</u>	JOB START <u>4:30 pm</u>	JOB FINISH <u>5:30 pm</u>
LEASE <u>Jordan</u>		WELL # <u>1-4</u>		LOCATION <u>near city 4W NE 170</u>		COUNTY <u>Now</u>	STATE <u>KS</u>
OLD OR <input checked="" type="radio"/> NEW (Circle one)				3/4 E			

CONTRACTOR <u>Marrick 102</u>	
TYPE OF JOB <u>PIPE</u>	
HOLE SIZE <u>7 7/8</u>	T.D. <u>4510</u>
CASING SIZE <u>5 1/2</u>	17# DEPTH <u>4480</u>
TUBING SIZE	DEPTH
DRILL PIPE	DEPTH
TOOL	DEPTH
PRES. MAX	MINIMUM
MEAS. LINE	SHOE JOINT <u>37.15</u>
CEMENT LEFT IN CSG. <u>37.15</u>	
PERFS.	
DISPLACEMENT <u>H2O 103</u>	
EQUIPMENT	
PUMP TRUCK # <u>517</u>	CEMENTER <u>Charles King</u>
	HELPER <u>Dan Cooper</u>
BULK TRUCK # <u>359</u>	DRIVER <u>Travis Allen</u>
BULK TRUCK #	DRIVER

OWNER <u>Same</u>	
CEMENT	
AMOUNT ORDERED <u>116 cu ft 2 1/2 gal 61 gal 101 salt 54 Kalsol + DF</u>	
<u>50 lb 60/40 4 gal 1/2 pt</u>	
COMMON	@
POZMIX	@
GEL	@
CHLORIDE	@
ASC <u>116.5X 230</u>	@ <u>33.50</u> <u>2,726.00</u>
<u>515 60/40 Kai</u>	@ <u>.98</u> <u>563.50</u>
<u>D.F. 12</u>	@ <u>9.80</u> <u>117.60</u>
<u>300X 60/40 + 2%</u>	@ <u>18.92</u> <u>976.00</u>
<u>Flo 13</u>	@ <u>2.97</u> <u>38.61</u>
<u>Materials Total</u> <u>4,391.21</u>	
<u>Disc. 20%</u> <u>878.24</u>	
Service	
HANDLING <u>201.27X</u>	@ <u>2.48</u> <u>499.13</u>
MILEAGE <u>8.68 X 75</u>	X <u>2.75</u> <u>358.00</u>

**REMARKS:**

Rig Run 4480' 5 1/2 cas Banta case w/ Rig  
Need plug lat hole 30 cu plug in case hole  
2000 hole to Road mix 116.44 ASC  
shut down wash pump & line Release  
plug displace 103 BBL H2O plug disl  
sand plug disl hole

DEPTH OF JOB <u>4480</u>	
PUMP TRUCK CHARGE <u>2765.73</u>	
EXTRA FOOTAGE	@
MILEAGE <u>8.68</u>	@ <u>15</u> <u>129.90</u>
MANIFOLD	@ <u>275.00</u> <u>275.00</u>
	@ <u>4.40</u> <u>66.00</u>

CHARGE TO: Triple Crown  
STREET \_\_\_\_\_  
CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

TOTAL 4,079.42  
Disc 20% 815.88

**PLUG & FLOAT EQUIPMENT**

<u>Rubber plug</u>	<u>85.00</u>	<u>85.00</u>
	@	
	@	
	@	
	@	

TOTAL 85.00  
Disc 20% 17.00

*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.

SALES TAX (If Any) \_\_\_\_\_  
TOTAL CHARGES 8,556.20  
20% 1,711.24 (20/20/20)  
DISCOUNT \_\_\_\_\_ IF PAID IN 30 DAYS  
6,844.96

PRINTED NAME George Kelly  
SIGNATURE George Kelly





TICKET 28204

CHARGE TO: JACOBS CRUISE OPERATIONS LLC  
 ADDRESS: \_\_\_\_\_  
 CITY, STATE, ZIP CODE: \_\_\_\_\_

PAGE 1 OF 1

SERVICE LOCATIONS  
 1. NESS CITY KS WELD/PROJECT NO. 1-4 LEASE TORRAN COUNTY/PARISH NESS CO. STATE KS CITY NESS CITY KS DATE 12 29 14 OWNER  
 2. \_\_\_\_\_ TICKET TYPE CONTRACTOR  SERVICE  SALES ADAM FOLK WELLS SERV RIG NAME/NO. GARY SHIPPED VIA \_\_\_\_\_ DELIVERED TO 4330 N. 4th RD NO. 34 E. N. FORT ORDER NO. \_\_\_\_\_  
 3. \_\_\_\_\_ WELLS TYPE \_\_\_\_\_ WELLS CATEGORY \_\_\_\_\_ JOB PURPOSE ACIDIZING WELLS PERMIT NO. \_\_\_\_\_ WELLS LOCATION SOC 04-185-24W  
 4. REFERRAL LOCATION \_\_\_\_\_ INVOICE INSTRUCTIONS \_\_\_\_\_

PRICE REFERENCE	SECONDARY REFERENCE/ PART NUMBER	ACCOUNTING			DESCRIPTION	QTY.	UM	QTY.	UM	UNIT PRICE	AMOUNT
		LOC	ACCT	DF							
560					109					6.00	600.00
561					ACID Pump Charge	1	e	10	mi	65.00	650.00
203 301					FE/WK ACID	500	gal	15	0%	2.25	1125.00
221					LIQUID KCL	10	gal			25.00	250.00
230					SWF-3	2	gal			25.00	50.00
232					MUSHL	10	gal	2	1%	24.00	240.00
235					INITIAL-1	1	gal			40.00	40.00
237					CASTA-1	1	gal			30.00	30.00
254					MICEL-1	1	gal			45.00	45.00

LEGAL TERMS: Customer hereby acknowledges and agrees to the terms and conditions on the reverse side hereof which include, but are not limited to, PAYMENT, RELEASE, INDEMNITY, and LIMITED WARRANTY provisions.  
 MUST BE SIGNED BY CUSTOMER OR CUSTOMER'S AGENT PRIOR TO START OF WORK OR DELIVERY OF GOODS  
 DATE SIGNED 12 29 14 TIME SIGNED 10:49  A.M.  P.M.  
 SIGNATURE Morse Nelson  
 REMIT PAYMENT TO:  
 SWIFT SERVICES, INC.  
 P.O. BOX 466  
 NESS CITY, KS 67560  
 785-798-2300  
 SURVEY:  OUR EQUIPMENT PERFORMED WITHOUT BREAKDOWN?  WE UNDERSTOOD AND MET YOUR NEEDS?  OUR SERVICE WAS PERFORMED WITHOUT DELAY?  WE OPERATED THE EQUIPMENT AND PERFORMED JOB CALCULATIONS SATISFACTORILY?  ARE YOU SATISFIED WITH OUR SERVICE?  
 CUSTOMER DID NOT WISH TO RESPOND  
 TAX 6.15%  
 TOTAL 2490.00  
 SWIFT OPERATOR Dustin D Falk APPROVAL \_\_\_\_\_  
 CUSTOMER ACCEPTANCE OF MATERIALS AND SERVICES: The customer hereby acknowledges receipt of the materials and services listed on this ticket.  
 Thank You!

JOB LOG

SWIFT Services, Inc.

DATE 12-29-14 PAGE NO. 7

CUSTOMER TRIPLE CROWN OPER. WELL NO. 1-4 LEASE JORDAN JOB TYPE ACIDIZ. TICKET NO. 28204

CHART NO.	TIME	RATE (BPM)	VOLUME (BBL) (GAL)	PUMPS		PRESSURE (PSI)		DESCRIPTION OF OPERATION AND MATERIALS
				T	C	TUBING	CASING	
	0843							ON LOCATION NORTH FORK SWARTZELL
								TAW 4396' PERFS. 4/346
								FEED - 50' SPOT Pull From 4396
								5 1/2 x 17# TREAT 4396'
								CS. 4396' 101.9872
								1500#s MAX. TB NONE
								TOTAL 101.9872
	0936	3.50	.25	✓		0		PUMPING ACID
	0940	2-4	12	✓		0		ON KCH FLUSH
		4.5	42	✓		0		ON FLUSH
		4.5	72	✓		0		" "
		4	87	✓		0		" "
	0958	2	101	✓		600		LOADED & STAGING
	0958	.33-0	101.50	✓		600		STAGING
	1005	.75	101.75	✓		700		STAGING, WANTS TO FEED
		.75	102	✓		700		FEEDING
		1	103	✓		850		"
		1.50	104	✓		1000		"
		1.75	105	✓		1100		"
		2	107	✓		1200		"
		2	107.75	✓		1000		BREAK
		2	108.50	✓		900		FEEDING
		2	110	✓		900		"
		2	113	✓		900		ON OPEN FLUSH
	1012	2-0	115	✓		800		ISIP
				✓		625		5 MEN
				✓		550		10 MEN
				✓		500		15 MEN
				✓		400		12-HR Release of Back 1 Bl
								TOTAL LOAD 114 Bbl
								Run Down
								TICKET
	1051							Job COMPLETE
								THANK YOU DUSTY RUSSELL



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 15-135-25815-00-00  
Jordan 1-4  
SE/4 Sec.04-18S-24W  
Ness 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 11/15/2014 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