



Confidentiality Requested:

Yes  No

KANSAS CORPORATION COMMISSION 1249195  
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: \_\_\_\_\_



1249195

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:  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

<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> <input type="checkbox"/> Other <i>(Specify)</i> _____ <i>(Submit ACO-4)</i>	<b>PRODUCTION INTERVAL:</b> _____ _____
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Form	ACO1 - Well Completion
Operator	Triple Crown Operating LLC
Well Name	Schwartz 1-16
Doc ID	1249195

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



Date 11-28-14 District Great Bend Ticket No. 65750  
 Company Tripple Crown Rig Manick 106  
 Lease Schwartz Well No. 1-16  
 County Ness State KS  
 Location Ness SW 1/4 - 345 Field 16 19 24

CASING DATA: Conductor  PTA  Squeeze  Misc   
 Surface  Intermediate  Production  Liner   
 Size 8 7/8 Type 2 1/2" New Weight 32# Collar \_\_\_\_\_

Casing Depths: Top \_\_\_\_\_ Bottom 226.15

Drill Pipe: Size \_\_\_\_\_ Weight \_\_\_\_\_ Collars \_\_\_\_\_  
 Open Hole: Size \_\_\_\_\_ T.D. \_\_\_\_\_ ft. P.B. to \_\_\_\_\_ ft.

CAPACITY FACTORS:  
 Casing: Bbls/Lin. ft. 0.609 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 water  
 Amt. 5 bbl Sks Yield \_\_\_\_\_ ft<sup>3</sup>/sk Density \_\_\_\_\_ PPG

LEAD: Pump Time Thickentime hrs. Type Class A 3 1/2 cc  
21.501 Excess \_\_\_\_\_  
 Amt. 175 Sks Yield 1.34 ft<sup>3</sup>/sk Density 15.2 PPG

TAIL: Pump Time \_\_\_\_\_ hrs. Type \_\_\_\_\_  
 Excess \_\_\_\_\_  
 Amt. \_\_\_\_\_ Sks Yield \_\_\_\_\_ ft<sup>3</sup>/sk Density \_\_\_\_\_ PPG

WATER: Lead \_\_\_\_\_ gals/sk Tail \_\_\_\_\_ gals/sk Total \_\_\_\_\_ Bbls.  
 Pump Trucks Used 366 - Ben Newell  
 Bulk Equip. 871-112 - Brian Lang

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 Josh Isaac

TIME	PRESSURES PSI		FLUID PUMPED DATA			REMARKS
	DRILL PIPE CASING	ANNULUS	TOTAL FLUID	Pumped Per Time Period	RATE Bbls Min.	
						on location - rig up
						had safety meeting
						Run 8 7/8 casing
						Break circulation
	0			5	5	pump 5 bbl H2O
	0		46.76	41.76	5	Mix 175 SX class A 3 1/2 cc 2 1/2 gal
	100		59.61	12.85	5	Displace 12.85 bbl H2O
						Shut in
						Cement did circulate
						Rig down









# ALLIED

OIL & GAS SERVICES, LLC

## CEMENTING LOG

STAGE NO. 11.14

12-11-14  
 District Great Bend Ticket No. 67262  
 Well No. 1-16  
 State Ks  
 Field \_\_\_\_\_

CEMENT DATA:  
 Spacer Type: Freshwater  
 Amt. \_\_\_\_\_ Sks Yield \_\_\_\_\_ ft<sup>3</sup>/sk Density \_\_\_\_\_ PPG \_\_\_\_\_

LEAD: Pump Time Thicken Time hrs. Type \_\_\_\_\_  
 Excess \_\_\_\_\_

CASING DATA: Conductor  PTA  Squeeze  Misc   
 Surface  Intermediate  Production  Liner   
 Size 5 1/2 Type \_\_\_\_\_ Weight \_\_\_\_\_ Collar \_\_\_\_\_

Amt. \_\_\_\_\_ Sks Yield \_\_\_\_\_ ft<sup>3</sup>/sk Density \_\_\_\_\_ PPG \_\_\_\_\_  
 TAIL: Pump Time \_\_\_\_\_ hrs. Type \_\_\_\_\_  
 Excess \_\_\_\_\_

Casing Depths: Top \_\_\_\_\_ Bottom \_\_\_\_\_

Amt. \_\_\_\_\_ Sks Yield \_\_\_\_\_ ft<sup>3</sup>/sk Density \_\_\_\_\_ PPG \_\_\_\_\_  
 WATER: Lead \_\_\_\_\_ gals/sk Tail \_\_\_\_\_ gals/sk Total \_\_\_\_\_ Bbls.

Drill Pipe: Size \_\_\_\_\_ Weight \_\_\_\_\_ Collars \_\_\_\_\_  
 Open Hole: Size \_\_\_\_\_ T.D. \_\_\_\_\_ ft. P.B. to \_\_\_\_\_ ft.

Pump Trucks Used 366 - Brian Long  
 Bulk Equip. 871-112 - Jose I  
609-239 - Jerry Acosta

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. \_\_\_\_\_

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 \_\_\_\_\_

Perforations: From \_\_\_\_\_ ft. to \_\_\_\_\_ ft. Amt. \_\_\_\_\_

COMPANY REPRESENTATIVE \_\_\_\_\_

CEMENTER Josh Bee

TIME	PRESSURES PSI		FLUID PUMPED DATA			REMARKS
	DRILL PIPE CASING	ANNULUS	TOTAL FLUID	Pumped Per Time Period	RATE Bbls Min.	
						On location - Rig up
						had safety meeting
						Run 2 3/8 tubing - 1612 ft
	1000				2	Preced port collar 1000psi
1125	500			89.20	4	Mix 240 5x 65/35
1130	500		8948	5.28	4	Displace 5.29 bbl 470
1145	500					Close port collar Pressure test 500psi Wash casing + tubing
						Cement dial circularize
12pm						Rig down

FINAL DISP. PRESS: \_\_\_\_\_ PSI BUMP PLUG TO \_\_\_\_\_ PSI BLEEDBACK \_\_\_\_\_ BBLs. THANK YOU

# ALLIED OIL & GAS SERVICES, LLC

Federal Tax I.D. #20-5975804

067263

REMIT TO P.O. BOX 93999  
SOUTH LAKE, TEXAS 76092

SERVICE POINT: Erwin Bend

DATE <u>12-11-14</u>	SEC. <u>16</u>	TWP. <u>19</u>	RANGE <u>24</u>	CALLED OUT	ON LOCATION <u>8:00 AM</u>	JOB START <u>11:30 AM</u>	JOB FINISH <u>12:00 PM</u>
LEASE <u>Schwartz</u>			WELL# <u>1-16</u>	LOCATION <u>NESC city #5</u>	COUNTY <u>TARRANT</u>	STATE <u>TX</u>	
OLD OR NEW (Circle one)							

CONTRACTOR North Fork Well Serv  
 TYPE OF JOB Feet well  
 HOLE SIZE \_\_\_\_\_ I.D. \_\_\_\_\_  
 CASING SIZE 5 1/2 DEPTH \_\_\_\_\_  
 TUBING SIZE 2 3/8 DEPTH 1612  
 DRILL PIPE \_\_\_\_\_ DEPTH \_\_\_\_\_  
 TOOL \_\_\_\_\_ DEPTH \_\_\_\_\_  
 PRES. MAX \_\_\_\_\_ MINIMUM \_\_\_\_\_  
 MEAS. LINE \_\_\_\_\_ SHOE JOINT \_\_\_\_\_  
 CEMENT LEFT IN CSG. \_\_\_\_\_  
 PERFS. \_\_\_\_\_  
 DISPLACEMENT 5.28 1612 1170

OWNER \_\_\_\_\_  
 CEMENT AMOUNT ORDERED 240 5x 65/35  
6 bags 1/2 Flt  
 COMMON \_\_\_\_\_ @ \_\_\_\_\_  
 POZMIX \_\_\_\_\_ @ \_\_\_\_\_  
 GEL \_\_\_\_\_ @ \_\_\_\_\_  
 CHLORIDE \_\_\_\_\_ @ \_\_\_\_\_  
 ASC \_\_\_\_\_ @ \_\_\_\_\_  
240 5x 65/35 6x @ 19.88 4771.20  
Flt 6x @ 2.97 178.20  
 TOTAL 4949.40

EQUIPMENT  
 PUMP TRUCK CEMENTER Josh Isaacs  
 # 306 HELPER Brian Long  
 BULK TRUCK  
 # 871-112 DRIVER Jose B.  
 BULK TRUCK  
 # 607-237 DRIVER Jerry Acosta

DISCOUNT 20% 989.88

REMARKS:  
Drillstring - Rig up and set up cementing  
Run casing - Dissolve annular cement  
put 2 3/8 5x 65/35  
Displace 5.28 1612 1170  
Close annular - Wash casing & tubing  
Cement did circulate  
Log down

SERVICE  
 HANDLING 309.03 @ 7.48 766.35  
 MILEAGE 12.85 x 15 x 2.15 524.15  
 DEPTH OF JOB 2249.84 2249.84  
 PUMP TRUCK CHARGE \_\_\_\_\_  
 EXTRA FOOTAGE \_\_\_\_\_ @ \_\_\_\_\_  
 HV MILEAGE 15 @ 7.70 115.50  
 LV MILEAGE 15 @ 4.40 66.00  
 TOTAL 3731.84  
 DISCOUNT 20% 746.37

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

PLUG & FLOAT EQUIPMENT  
 \_\_\_\_\_ @ \_\_\_\_\_  
 \_\_\_\_\_ @ \_\_\_\_\_  
 \_\_\_\_\_ @ \_\_\_\_\_  
 \_\_\_\_\_ @ \_\_\_\_\_  
 \_\_\_\_\_ @ \_\_\_\_\_  
 TOTAL 0  
 DISCOUNT 0% 0

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

SALES TAX (if Any) \_\_\_\_\_  
 TOTAL CHARGES 8691.32  
 DISCOUNT 1738.26 IF PAID IN 30 DAYS  
 NET TOTAL 6945.06 IF PAID IN 30 DAYS









**BASIC**<sup>SM</sup>  
ENERGY SERVICES  
PRESSURE PUMPING & WIRELINE

10244 NE Hwy. 61  
P.O. Box 8613  
Pratt, Kansas 67124  
Phone 620-672-1201

FIELD SERVICE TICKET

1718 12011 A

DATE \_\_\_\_\_ TICKET NO. \_\_\_\_\_

DATE OF JOB: 2/11/15		DISTRICT: Pratt		NEW WELL <input checked="" type="checkbox"/> OLD WELL <input type="checkbox"/>		PROD <input type="checkbox"/> INJ <input type="checkbox"/> WDW <input type="checkbox"/>		CUSTOMER ORDER NO.:	
CUSTOMER: Triple Crown Oper				LEASE: Schwartz		1-16		WELL NO.	
ADDRESS:				COUNTY: Ness		STATE: KS			
CITY:				STATE:		SERVICE CREW: Martin Tim			
AUTHORIZED BY:				JOB TYPE: ACW Retrot					
EQUIPMENT#	HRS	EQUIPMENT#	HRS	EQUIPMENT#	HRS	TRUCK CALLED	DATE	AM PM	TIME
81547	1					ARRIVED AT JOB	02/11/15	AM PM	12:10
						START OPERATION		AM PM	12:20
						FINISH OPERATION		AM PM	13:28
						RELEASED		AM PM	13:35
						MILES FROM STATION TO WELL			126

CONTRACT CONDITIONS: (This contract must be signed before the job is commenced or merchandise is delivered).

The undersigned is authorized to execute this contract as an agent of the customer. As such, the undersigned agrees and acknowledges that this contract for services, materials, products, and/or supplies includes all of and only those terms and conditions appearing on the front and back of this document. No additional or substitute terms and/or conditions shall become a part of this contract without the written consent of an officer of Basic Energy Services LP.

SIGNED: \_\_\_\_\_  
(WELL OWNER, OPERATOR, CONTRACTOR OR AGENT)

ITEM/PRICE REF. NO.	MATERIAL, EQUIPMENT AND SERVICES USED	UNIT	QUANTITY	UNIT PRICE	\$ AMOUNT
E100	Unit Mi. Charge Du No way	Mi	33		148 50
E101	Heavy Equipment Mi	Mi	33		247 50
E114	Delivery of Acid where no pumping service is used	EG	1		400 00
S003	Service Supervisor	EO	1		175 00
AK325	15% HCL Acid	gal	500		1000 00
ASK341	NE Acid Conv	gal	500		60 00
ASK342	FE Acid Conv	gal	500		125 00
C204	CIATP hi Temp inhibitor	gal	1		75 00
C704	Cloy max KCL Substitute	gal	3		175 00
C705	Cloyplex 302 Cloy Stabilizer	gal	1		38 00
C2316	SURFACTANT 283	gal	1		40 00

SUB TOTAL 2484 00

CHEMICAL / ACID DATA:			

SERVICE & EQUIPMENT	%TAX ON \$
MATERIALS	%TAX ON \$

TOTAL 129

Discount Price 2012 07

SERVICE REPRESENTATIVE: Martin Fleming	THE ABOVE MATERIAL AND SERVICE ORDERED BY CUSTOMER AND RECEIVED BY: _____ (WELL OWNER OPERATOR CONTRACTOR OR AGENT)
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FIELD SERVICE ORDER NO.

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 15-135-25817-00-00  
Schwartz 1-16  
NW/4 Sec.16-19S-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 11/28/2014 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