



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1249208
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: _____



1249208

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> _____ <input type="checkbox"/> Other <i>(Specify)</i> _____	PRODUCTION INTERVAL: _____ _____
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Form	ACO1 - Well Completion
Operator	Triple Crown Operating LLC
Well Name	Shauers 1-26
Doc ID	1249208

Tops

Name	Top	Datum
Anhydrite	1524	747
Heebner	3666	1395
Lansing	3720	1449
B/KC	4058	1787
Marmaton	4060	1789
Ft.Scott	4220	1949
Cherokee	4250	1979
Mississippian	4330	2059

ALLIED OIL & GAS SERVICES, LLC 063064

Federal Tax I.D. # 20-8651475

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

SERVICE POINT:
Medicine Lodge KS

DATE <u>11/23/14</u>	SEC <u> </u>	TWP. <u> </u>	RANGE <u> </u>	CALLED OUT <u>1000PA</u>	ON LOCATION <u>700AM</u>	JOB START <u>615AM</u>	JOB FINISH <u>645AM</u>
LEASE <u>Shawnee</u>	WELL # <u>1-26</u>	LOCATION <u>Ness City KS, 2mi West to Rd P,</u>			COUNTY <u>Ness</u>	STATE <u>KS</u>	
OLD OR NEW (Circle one) <u>NEW</u>		Smi South to mail box, East into					

CONTRACTOR Triple Crown H2 #4
 TYPE OF JOB Surface
 HOLE SIZE 12 1/4 T.D. _____
 CASING SIZE 8 5/8 DEPTH 238
 TUBING SIZE _____ DEPTH _____
 DRILL PIPE _____ DEPTH _____
 TOOL _____ DEPTH _____
 PRES. MAX _____ MINIMUM _____
 MEAS. LINE _____ SHOE JOINT _____
 CEMENT LEFT IN CSG. 20ft
 PERFS. _____
 DISPLACEMENT 13 1/4 BBL Fresh H2O

OWNER Triple Crown Operating
 CEMENT
 AMOUNT ORDERED 175sx Class A + 3% cct
2% Gel
 COMMON Class A 175sx @ 17.90 3132.50
 POZMIX _____ @ _____
 GEL 329#s @ 1.05 345.45
 CHLORIDE 493#s @ 1.10 542.30
 ASC _____ @ _____
 _____ @ _____
 _____ @ _____
 _____ @ _____
 _____ @ _____
 _____ @ _____
 _____ @ _____
 HANDLING _____ @ _____
 MILEAGE _____ @ _____

EQUIPMENT

PUMP TRUCK CEMENTER Jason Thimench
 # 8 / 302 HELPER Jake Heard
 BULK TRUCK
 # _____ DRIVER Ron Reed
 BULK TRUCK
 # _____ DRIVER _____

REMARKS: _____

TOTAL 4020.25

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

SERVICE

DEPTH OF JOB 238
 PUMP TRUCK CHARGE _____ 1512.25
 EXTRA FOOTAGE LV 10 @ 4.40 44.00
 MILEAGE 10 @ 7.70 77.00
 MANIFOLD _____ @ _____
Handling 189.23 cuft @ 2.48 469.29
Drayage 864 to-mi @ 2.75 237.60

TOTAL 2340.14

PLUG & FLOAT EQUIPMENT

NA
 _____ @ _____
 _____ @ _____
 _____ @ _____
 _____ @ _____
 _____ @ _____

TOTAL _____

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 6360.39
 DISCOUNT _____ IF PAID IN 30 DAYS
Net 5088.31

PRINTED NAME _____
 SIGNATURE Moore Kelly

ALLIED OIL & GAS SERVICES, LLC 063925

Federal Tax I.D. # 20-8651475

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

SERVICE POINT:
Great Bend KS

DATE <u>11-28-14</u>	SEC. <u>26</u>	TWP. <u>19</u>	RANGE <u>24</u>	CALLED OUT	ON LOCATION <u>4:30 PM</u>	JOB START <u>6:00 AM</u>	JOB FINISH <u>7:00 AM</u>	
LEASE <u>SHAVERS</u>		WELL # <u>1-26</u>	LOCATION <u>Wess city west to PkD south</u>			COUNTY <u>WESS</u>	STATE <u>KS</u>	
OLD OR NEW (Circle one)		5 miles to 90 RD 3/4 on south East into						

CONTRACTOR H2 Drilling
TYPE OF JOB Production
HOLE SIZE 7 7/8 T.D. 4430
CASING SIZE 5 1/2 17483 DEPTH 4407.30
TUBING SIZE DEPTH
DRILL PIPE DEPTH
TOOL DEPTH
PRES. MAX MINIMUM
MEAS. LINE SHOE JOINT
CEMENT LEFT IN CSG. 22.2 FT
PERFS.
DISPLACEMENT 102.26 Fresh H2O
EQUIPMENT

OWNER
CEMENT
AMOUNT ORDERED 116 sx Class A+c + 2% Gal + 10% Salt + 6% Gye + 5# Kal seal Per sx + DF
50 sx 60/40 + 4% + 1/4 flt
COMMON _____ @ _____
POZMIX _____ @ _____
GEL _____ @ _____
CHLORIDE _____ @ _____
ASC 116 sx Asc @ 23.50 2,726.00
575 Kal @ .93 563.50
DF @ 9.80 117.60
50 sx 60/40 + 4% @ 18.92 946.00
Flo @ 2.97 38.61
Materials Total 4391.71
Discount @ 20% 878.34
Service @ _____
HANDLING 201.29 x @ 248 499.19
MILEAGE 8.68 x 15 @ 2.75 235.25

PUMP TRUCK CEMENTER Kevin Eddy
597 HELPER Toriano Allen
BULK TRUCK
609/239 DRIVER Kevin Weighaus
BULK TRUCK
DRIVER

REMARKS:

on location / held safety meeting / Rig up
Rig Run at 5 1/2 casing - Broke size wire
Mud - Pump 5 BBIs Fresh H2O, Pump 10 BBIs flush
Pump 5 BBIs Belliso - Plug Rat + mouse hole
Mix 116 sx Asc + 2% Gal + 10% salt + 6% Gye + 5#
Kal seal Per sx + DF - Shut Down Release Plug
Displace 102. BBIs Fresh H2O - (and Plug)
1050 PSI - Cement Did Circ. Rig Down

DEPTH OF JOB
PUMP TRUCK CHARGE 2765.75
EXTRA FOOTAGE @ _____
MILEAGE Hwy 15 @ 7.70 115.50
MANIFOLD @ 275.00 275.00
CUM 15 @ 4.40 66.00

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

TOTAL 4079.49
Disc 20% 815.90

PLUG & FLOAT EQUIPMENT

1 Rubber Plug @ 85.00 85.00
@ _____
@ _____
@ _____

TOTAL 85.00
Disc 20% 17.00

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 _____

SIGNATURE [Signature]

SALES TAX (If Any) _____
TOTAL CHARGES 8,556.30
20% 1,711.26 (20/20/20)
DISCOUNT _____ IF PAID IN 30 DAYS
6,845.04



CHARGE TO: TRIPLE CROWN
 ADDRESS:
 CITY, STATE, ZIP CODE:

TICKET 28072
 PAGE 1 OF

SERVICE LOCATIONS
 1. NESS CITY, KS. WELLPROJECT NO. LEASE SHAWERS 1-26 COUNTY/PARISH NESS STATE KS CITY NESS CITY, KS. DATE 15 DEC 14 OWNER
 2. TICKET TYPE CONTRACTOR RIG NAME/NO. SHIPPED DELIVERED TO ORDER NO.
 SERVICE FRIETZER TRUCKRINKS
 SALES
 3. WELL TYPE WELL CATEGORY WELL PERMIT NO. WELL LOCATION
 DIL DEVELOPMENT Acidize
 4. REFERRAL LOCATION INVOICE INSTRUCTIONS

PRICE REFERENCE	SECONDARY REFERENCE/ PART NUMBER	ACCOUNTING		DESCRIPTION	QTY.	UM	QTY.	UM	UNIT PRICE	AMOUNT
		LOC	ACCT							
500				MILEAGE \$115	10	mi			10.00	100.00
501				Pump charge	1	hrs			657.00	657.00
303				MCA Acid	500	gal	20	%	2.85	1425.00
232				MUSOL	10	gal			24.00	240.00
235				TJMB-1	2	gal			40.00	80.00
221				KIQUID KCL	10	gal			25.00	250.00

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

X DATE SIGNED 15 Dec 14 TIME SIGNED 10:15 AM
 George V. [Signature]
 A.M. P.M.

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

PAGE TOTAL 2705.00
 TAX
 TOTAL

CUSTOMER ACCEPTANCE OF MATERIALS AND SERVICES The customer hereby acknowledges receipt of the materials and services listed on this ticket.
 SWIFT OPERATOR [Signature] APPROVAL

Thank You!



TICKET 28107

CHARGE TO: Table Crown Operating
 ADDRESS
 CITY, STATE, ZIP CODE

PAGE 1 OF 1

SERVICE LOCATIONS
 1. Ness City, KS WELL/PROJECT NO. 1-26 LEASE SHAVERS COUNTY/PARISH Ness STATE Ks DATE 1-14-15 OWNER same
 2. TICKET TYPE CONTRACTOR RIG NAME/NO. Ness SHIPPED VIA CR DELIVERED TO LOCATION ORDER NO.
 3. FRATER TRUCKING WELL TYPE Development WELL CATEGORY Development JOB PURPOSE Seize Perforations WELL PERMIT NO. WELL LOCATION SW/Ness City, KS
 4. REFERRAL LOCATION INVOICE INSTRUCTIONS

PRICE REFERENCE	SECONDARY REFERENCE/ PART NUMBER	ACCOUNTING			DESCRIPTION	MILEAGE #	QTY.	UM	QTY.	UM	UNIT PRICE	AMOUNT
		LOC	ACCT	DF								
575		1			MILEAGE # 112	20	ME				6.00	120.00
578		1			Pump Charge	1	NOB	4314	FT		1500.00	1500.00
325		1			STANDARD CENTER	75	SUS				14.50	1087.50
286		1			WAB-1	30	UBS				8.50	255.00
290		1			D-APP	1	GR				42.00	42.00
581		1			Seize Charge Center	75	SUS				2.00	150.00
582		1			MEDIUM DRYAGE CHARGE	7080	UBS	70.8	MM		250.00	250.00

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
 X George Whiston DATE SIGNED 1-14-15 TIME SIGNED 1:00 A.M. P.M.
 REMIT PAYMENT TO:
 SWIFT SERVICES, INC.
 P.O. BOX 466
 NESS CITY, KS 67560
 785-798-2300
 SURVEY
 OUR EQUIPMENT PERFORMED WITHOUT BREAKDOWN? YES NO
 WE UNDERSTOOD AND MET YOUR NEEDS? YES NO
 OUR SERVICE WAS PERFORMED WITHOUT DELAY? YES NO
 WE OPERATED THE EQUIPMENT AND PERFORMED JOB CALCULATIONS SATISFACTORILY? YES NO
 ARE YOU SATISFIED WITH OUR SERVICE? YES NO
 CUSTOMER DID NOT WISH TO RESPOND
 PAGE TOTAL 3404.50
 TAX 7.55
6.15%
 TOTAL 3489.65
 SWIFT OPERATOR George Whiston APPROVAL

Thank You!

CUSTOMER ACCEPTANCE OF MATERIALS AND SERVICES The customer hereby acknowledges receipt of the materials and services listed on this ticket

JOB LOG

SWIFT Services, Inc.

DATE 1-14-15 PAGE NO. 1

CUSTOMER Trade Crews Oper. WELL NO. 1-26 LEASE SHAYERS JOB TYPE SQUEEZE PERFORATIONS TICKET NO. 28107

CHART NO.	TIME	RATE (BPM)	VOLUME (BBL/GAL)	PUMPS		PRESSURE (PSI)		DESCRIPTION OF OPERATION AND MATERIALS
				T	C	TUBING	CASING	
	1300							ON LOCATION
								TUBING - 2 3/8
								CASING - 5 1/2 - 17"
								PERFS - 4320-42
								RETAINER - 4314
	1310		7					LOAD HOLE
	1315				✓		500	STING INTO RETAINER - PSZ ANNULUS - HELD
	1320	2	3	✓		1100		TEST RATE
	1335	2	16	✓		900 ^{avg}		MAX CEMENT 75% STANDARD (HAWK-1 1 1/2 300K)
	1345	2	0	✓		900		DISPLACE CEMENT
		2	7	✓		1100		"
		2	12	✓		1500		"
	1355	1	15	✓		1500		" SHUT DOWN
	1400	1/2	16	✓		1250/1500		" STAGE - SHUT DOWN
	1405					1250		HOLD PSZ
	1415					1250		STING OUT RETAINER
	1420	2 1/2	30	✓			700	REVERSE CLEAN 1' ABOVE RETAINER
								PULL TUBING
								WASH TRUCK
								65 SKS CEMENT IN PERFS
	1530							JOB COMPLETE
								THANK YOU
								WAYNE, JOHN J., PERSTON

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 15-135-25818-00-00
Shauers 1-26
NW/4 Sec.26-19S-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 11/22/2014 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