



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1249211
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: _____



1249211

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

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	Cranston 1
Doc ID	1249211

Tops

Name	Top	Datum
Anhydrite	1584	761
Heebner	3690	1345
Lansing	3710	1365
B/KC	4040	1695
Marmaton	4046	1701
Ft. Scott	4242	1897
Cherokee	4270	1925
Mississippian	4362	2017

ALLIED OIL & GAS SERVICES, LLC 063919

Federal Tax I.D. # 20-8651475

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

SERVICE POINT:
Great Bend KS

DATE <u>11-19-14</u>	SEC. <u>23</u>	TWP. <u>13</u>	RANGE <u>34</u>	CALLED OUT	ON LOCATION <u>8:00 PM</u>	JOB START <u>9:30 PM</u>	JOB FINISH <u>10:00 PM</u>
LEASE <u>Crawston</u>		WELL # <u>1</u>	LOCATION <u>K96 Ness City 3 West</u>		COUNTY <u>Ness</u>	STATE <u>KS</u>	
OLD OR <u>NEW</u> (Circle one)			<u>Northita</u>				

CONTRACTOR maverick OWNER _____

TYPE OF JOB surface

HOLE SIZE <u>12 1/4</u>	T.D. <u>254</u>	CEMENT
CASING SIZE <u>8 3/4 32 LBS</u>	DEPTH <u>249</u>	AMOUNT ORDERED <u>175 sx class A + 3% class</u>
TUBING SIZE _____	DEPTH _____	<u>2% Gel</u>
DRILL PIPE _____	DEPTH _____	
TOOL _____	DEPTH _____	
PRES. MAX _____	MINIMUM _____	COMMON <u>175</u> @ <u>17.90</u> <u>3,132.50</u>
MEAS. LINE _____	SHOE JOINT _____	POZMIX @ _____
CEMENT LEFT IN CSG. <u>15 FT</u>		GEL <u>329</u> @ <u>.50</u> <u>164.50</u>
PERFS. _____		CHLORIDE <u>494</u> @ <u>1.10</u> <u>543.40</u>
DISPLACEMENT <u>14.25 Fresh H2O</u>		ASC <u>Materials Total</u> <u>3,840.40</u>
		<u>Disc 20%</u> <u>768.08</u>

EQUIPMENT		
PUMP TRUCK # <u>597</u>	CEMENTER <u>Kevin Eddy</u>	
	HELPER <u>Ben Newell</u>	
BULK TRUCK # <u>859</u>	DRIVER <u>Camelias Montoya (TWS)</u>	
BULK TRUCK # _____	DRIVER _____	
		HANDLING <u>189.23</u> @ <u>2.48</u> <u>469.28</u>
		MILEAGE <u>8.48 x 5 x 2.75 = 118.25</u> <u>350.95</u>

REMARKS:

On location - Held safety meeting - Rig up Rig Run 249ft of 8 3/4 casing. Hook to Sweden Bore. Site w/ Rig man - Pump 5 Afterditch, H2O mix 175 sx class A 3% class 2% Gel. Displace 14.25 B.B.K fresh H2O. Shut in Cement. Disc. Site. Rig Down.

DEPTH OF JOB <u>249</u>	
PUMP TRUCK CHARGE	<u>1512.25</u>
EXTRA FOOTAGE	@ _____
MILEAGE <u>Hum 5</u>	@ <u>7.70</u> <u>38.50</u>
MANIFOLD <u>Hum 5</u>	@ <u>4.40</u> <u>22.00</u>

CHARGE TO: Triple Crown Operating

STREET _____

CITY _____ STATE _____ ZIP _____

TOTAL 2,392.04
Disc 20% 478.41

PLUG & FLOAT EQUIPMENT

@	_____
@	_____
@	_____
@	_____
@	_____

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

SALES TAX (if Any) _____

TOTAL CHARGES 6,232.44

DISCOUNT 20% 1,246.48 (20/20/0) IF PAID IN 30 DAYS

4,985.95

TOTAL Disc 0% 0

Date 11-26-14 District Grant Bend Ticket No. 65147
 Company Tripple Crown Rig Marick 106
 Lease Constar Well No. 1
 County Missouri State Ks
 Location Missouri 3rd Nino Field 28 1824
Constar

CEMENT DATA:

Spacer Type: Franklin
 Amt. _____ Sks Yield _____ ft³/sk Density _____ PPG _____

LEAD: Pump Time Thickening hrs. Type ASC 2% 6% gye
5H Kohl 10% salt 14% DE Excess _____

Amt. 116 Sks Yield 1.57 ft³/sk Density 14.5 PPG _____

TAIL: Pump Time Thickening hrs. Type 60/40 4% sd
4H Kohl Excess _____

Amt. 50 Sks Yield 1.40 ft³/sk Density 14.5 PPG _____

WATER: Lead _____ gals/sk Tail _____ gals/sk Total _____ Bbls. _____

CASING DATA: Conductor PTA Squeeze Misc
 Surface Intermediate Production Liner
 Size 5 1/2 Type Nu Weight 17 # Collar _____

Pump Trucks Used 366 - Kevin Wilchous
 Bulk Equip. 609-239 - Anthony

Casing Depths: Top _____ Bottom _____

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

Float Equip: Manufacturer _____

Shoe: Type _____ Depth _____

Float: Type _____ Depth _____

Centralizers: Quantity _____ Plugs Top 1 Btm. _____

Stage Collars _____

Special Equip. _____

Disp. Fluid Type _____ Amt. _____ Bbls. Weight _____ PPG _____

Mud Type _____ Weight _____ PPG _____

CAPACITY FACTORS:

Casing: Bbls/Lin. ft. 10232 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. _____

Bbls/Lin. ft. _____ Lin. ft./Bbl. _____

Perforations: From _____ ft. to _____ ft. Amt. _____

COMPANY REPRESENTATIVE _____

CEMENTER Josh Isaac

TIME	PRESSURES PSI		FLUID PUMPED DATA			REMARKS
	AM/PM	DRILL PIPE CASING	ANNULUS	TOTAL FLUID	Pumped Per Time Period	
						on location - rig up
						had safety meeting
						Run 5 1/2 casing
						Break circulation
					10	3 Pump 10 bbl D1100
						3 Plug RH & MH
10:30 AM			42.43	32.43	5	Mix 116 5H ASC 2% 6% gye 5H Kohl 10% salt 14% DE
10:40			144.77	102.34	5	Displace 102.34 bbl H2O
11 AM						Land plug 900 PSI
						Rig down

ALLIED OIL & GAS SERVICES, LLC 065147

Federal Tax I.D. # 20-8651475

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

SERVICE POINT: Great Bend

DATE <u>11-27-14</u>	SEC. <u>28</u>	TWP. <u>18</u>	RANGE <u>24</u>	CALLED OUT	ON LOCATION <u>10:30 AM</u>	JOB START <u>10 AM</u>	JOB FINISH <u>11 AM</u>
LEASE <u>Crown</u>	WELL # <u>1</u>	LOCATION <u>Ness city 3rd Nite</u>			COUNTY <u>Ness</u>	STATE <u>KS</u>	
OLD OR NEW (Circle one)							

CONTRACTOR Maurick 106
 TYPE OF JOB Production
 HOLE SIZE _____ T.D. _____
 CASING SIZE 5 1/2 DEPTH 4411.24
 TUBING SIZE _____ DEPTH _____
 DRILL PIPE _____ DEPTH _____
 TOOL _____ DEPTH _____
 PRES. MAX _____ MINIMUM _____
 MEAS. LINE _____ SHOE JOINT _____
 CEMENT LEFT IN CSG. _____
 PERFS. _____
 DISPLACEMENT 102.34 H2O

OWNER _____
 CEMENT
 AMOUNT ORDERED 505x 60/40 4% gel 1960
116 5x ASC 2% 6% gel 5# Ksh 10% salt
.14% DF

EQUIPMENT
 PUMP TRUCK CEMENTER Dale Isaac
 # 366 HELPER Kevin Wilgors
 BULK TRUCK
 # 609-239 DRIVER Anthony Hatten
 BULK TRUCK
 # _____ DRIVER _____

COMMON	@		
DF F10	13	@ 2.97	38.61
GEL	172	@ .50	86.00
DF DF	15	@ 9.50	147.00
ASC	116	@ 23.5	2,726.00
Kol	580	@ .98	568.40
60/40 4% gel	50	@ 18.92	946.00
DV 1100	500	@ 1.35	675.00
		@	
		Materials Total	5187.01
		Disc 20%	1037.40
		@	
		Service	
HANDLING	201.29	@ 2.49	499.22
MILEAGE	9.68 x 5 x 2.75 = 132.85		380.00

REMARKS:

On location - Rig up - had safety meeting
Ran 5 1/2 casing - Break circulation
Pump in 100 Bull 1100
Plug 2H MH
Mix 116 5x ASC 2% 6% gel 5# Ksh 10% salt 14% DF
Drop plug
Displace 102.34 bbl H2O
Land plug 900 PSI
Rig down

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

DEPTH OF JOB	
PUMP TRUCK CHARGE	2765.00
EXTRA FOOTAGE	@ _____
MILEAGE	@ _____
MANIFOLD	@ 2.75
HVM 5	@ 7.70
LVM 5	@ 4.40

TOTAL 3980.45
 Disc 20% 796.09

PLUG & FLOAT EQUIPMENT

Rubber plug - 5 1/2	@	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 X George Utley
 SIGNATURE X George Utley

SALES TAX (If Any) _____
 TOTAL CHARGES 9,252.45
 DISCOUNT 1850.45 IF PAID IN 30 DAYS
7,401.92

Customer <i>T. P. Co. Co. Operations, LLC</i>	Lease No. <i>112</i>	Date <i>1-16-15</i>
Lease <i>CRAWSTON</i>	Well # <i>1</i>	
Field Order # <i>12155</i>	Station <i>PRATT</i>	Casing <i>5 7/8</i>
		Depth <i>4374</i>
Type Job <i>SAFETY CIVIL</i>	Formation	County <i>NESS</i>
		State <i>KS</i>
		Legal Description <i>28-15-24</i>

PIPE DATA		PERFORATING DATA		FLUID USED		TREATMENT RESUME		
Casing Size	Tubing Size	Shots/Ft		Acid	RATE	PRESS	ISIP	
<i>5 7/8</i>	<i>4 1/2</i>							
Depth	Depth	From	To	Pre Pad	Max		5 Min.	
	<i>4356</i>	<i>4362</i>	<i>4374</i>					
Volume	Volume	From	To	Pad	Min		10 Min.	
	<i>16.9</i>							
Max Press	Max Press	From	To	Frac	Avg		15 Min.	
	<i>2000</i>							
Well Connection	Annulus Vol.	From	To		HHP Used		Annulus Pressure	
Plug Depth	Packer Depth	From	To	Flush	Gas Volume		Total Load	
	<i>4356</i>							

Customer Representative <i>Doyle</i>	Station Manager <i>Kevin</i>	Treater <i>TOP</i>
Service Units <i>23705 20920 19960 19360</i>	<i>9294</i>	<i>19937</i>
Driver Names <i>Butt Fagin</i>	<i>Kevin</i>	<i>Kevin</i>

Time	Casing Pressure	Tubing Pressure	Bbls. Pumped	Rate	Service Log
<i>10:20</i>					<i>ANLW / SAFETY MATERIAL</i>
					<i>PERFESS ARE FROM 4362' - 4374'</i>
					<i>CEMENT RETAINER SET @ 4356</i>
<i>10:40</i>	<i>100</i>		<i>2</i>	<i>2.75</i>	<i>START DOWN IN BACKSIDE TO LEAD HOLD</i>
	<i>500</i>				<i>PSI UP BACKSIDE TO 500 PSI</i>
					<i>SHUT DOWN FULL OUT OF RETAINER</i>
<i>10:59</i>					<i>START ACID</i>
		<i>200</i>	<i>3</i>	<i>1.5</i>	<i>ACID IN START HAD</i>
		<i>700</i>	<i>13.5</i>	<i>1.5</i>	<i>H2O IN STRING INTO RETAINER</i>
					<i>START BREAK DOWN PERFESS</i>
					<i>MAX PSI 2000 WALK IN BACK SIDE</i>
		<i>1900</i>		<i>.25</i>	<i>AT 26 BPM MAX PSI</i>
		<i>2000</i>		<i>1.25</i>	<i>SET IN 200 PSI</i>
		<i>1200</i>	<i>5</i>	<i>1</i>	<i>START MIXING 25 SK COMMAN WITH GEL</i>
		<i>1000</i>	<i>5</i>	<i>1</i>	<i>MIX 25 SK COMMAN</i>
		<i>500</i>	<i>#</i>	<i>1</i>	<i>GO RIGHT IN TO DISP.</i>
<i>11:49</i>		<i>2000</i>	<i>7</i>	<i>1</i>	<i>DISP. 7 BALS HIT MAX PSI</i>
<i>11:52</i>		<i>2000</i>	<i>1/2</i>	<i>.25</i>	<i>WALK BACK TO 2000 PSI</i>
<i>11:56</i>		<i>2000</i>	<i>1/2</i>	<i>.25</i>	<i>WALK BACK TO 2000 PSI</i>
<i>12:05</i>					<i>RELEASE BACK NO FLOW</i>
<i>12:06</i>					<i>STRING OUT OF RETAINER START</i>
					<i>REVIEW OUT</i>



BASICSM
ENERGY SERVICES
PRESSURE PUMPING & WIRELINE

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

FIELD SERVICE TICKET

1718 12155 A

DATE _____ TICKET NO. _____

DATE OF JOB FK 15	DISTRICT Butt	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 Operations LLC		LEASE Crown					WELL NO. 1		
ADDRESS		COUNTY Ford			STATE KS				
CITY		STATE		SERVICE CREW Triple Crown					
AUTHORIZED BY				JOB TYPE: SQUEEZE-FLOW					
EQUIPMENT#	HRS	EQUIPMENT#	HRS	EQUIPMENT#	HRS	TRUCK CALLED	DATE	AM PM	TIME
						ARRIVED AT JOB		AM PM	
						START OPERATION		AM PM	
						FINISH OPERATION		AM PM	
						RELEASED		AM PM	
						MILES FROM STATION TO WELL			

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
CF 116	Common Cement	SB	55		400 00
CF 116	Common Cement	SB	25		400 00
CF 115	C-41 P	LB	60		24 00
CF 129	FLA 227	LB	120		90 00
AB 325	15% Acid	Gal	150		300 00
C 204	Acid Inhibitor	Gal	75		75 00
E 100	Light Mileage	Mi	100		450 00
E 101	Heavy Mileage	Mi	200		1500 00
E 113	Bulk Delivery	Ton	240		600 00
CE 205	Drilling Charge	Hour	11		2,520 00
CE 240	Mixing Charge	Hour	70		70 00
CE 500	Shimmy	Hour	50		500 00
S 003	Supervisor	Hour	175		175 00
SUB TOTAL					7,109 00

CHEMICAL / ACID DATA:			

SERVICE & EQUIPMENT	%TAX ON \$	
MATERIALS	%TAX ON \$	
TOTAL		4,499 40

SERVICE REPRESENTATIVE <i>[Signature]</i>	THE ABOVE MATERIAL AND SERVICE ORDERED BY CUSTOMER AND RECEIVED BY: <i>[Signature]</i>
FIELD SERVICE ORDER NO.	(WELL OWNER OPERATOR CONTRACTOR OR AGENT)



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

TICKET 28171
 PAGE 1 OF 1

WELL/PROJECT NO. #1 LEASE CRANSTON COUNTY/PARISH DEAS CITY KS STATE
 TICKET TYPE CONTRACTOR SERVICE SALES DELIVERED TO DEAS CITY DATE 13 Feb 15 OWNER
 WELL TYPE OIL WELL CATEGORY WORKOVER JOB PURPOSE acidize pads WELL PERMIT NO. LOCATION

PRICE REFERENCE	SECONDARY REFERENCE/ PART NUMBER	ACCOUNTING LOC	ACCT	DF	DESCRIPTION	QTY.	UM	QTY.	UM	UNIT PRICE	AMOUNT
500		1			MILEAGE TRK 114	5 mi				5.00	25.00
501		1			Pump Charge	1 ea				600.00	600.00
303		1			MCA acid	15%	20 gal			2.25	562.50
230		1			MISCAL	2%	5 gal			20.00	100.00
237		1			Oba-sta	1 gal				30.00	30.00
235		1			Inhib-1	1 gal				40.00	40.00
221		1			KCL liquid	10 gal				25.00	250.00

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. ARE YOU SATISFIED WITH OUR SERVICE?

AGREE DIS-AGREE DECIDED

PAGE TOTAL 1607.50

TAX 38.44

TOTAL 1645.94

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: TIME SIGNED: APPROVAL: REF: 1630

SWIFT OPERATOR: APPROVAL: REF: 1630

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 **3 Feb 15** PAGE NO. **1**

CUSTOMER **Triple Crown** WELL NO. **#** LEASE **Cranston** JOB TYPE **acidize perf** TICKET NO. **28171**

CHART NO.	TIME	RATE (BPM)	VOLUME (BBL) (GAL)	PUMPS		PRESSURE (PSI)		DESCRIPTION OF OPERATION AND MATERIALS
				T	C	TUBING	CASING	
								250 gal 15% MCA w/ 2% musol 5 1/2" casing perf 4346-40 17#
	1315							on loc TRK 114
	1405	5						200 gal Demote w/ acid (6 bbl) flush with RCL H ₂ O
	1425		100					load casing (6 acid + 94 H ₂ O) 500 holdin pressure / release pressure 1000 pump to 1000 psi to get acid to perf
	1500		101					1000 pressure coming off steadily (15 min - 150 psi) 1100 goto 1100 psi
	1515		101 1/2					1200 stage 1200 psi
	1530		101 3/4					1300 stage 1300 psi
	1545		102					1400 stage 1400 (1 bbl in zone)
	1550							1600 goto 1600 - falling off 6 feet
	1552	1/2	102 1/2					950 3 bbl in zone
	1558	1/2	104					900 set on over flush
	1601	1/2	107					950 increase rate
		2	109					1150 2 bpm @ 1150 psi - Kickout ISIP 950
	1615							10 min 550 Release pump to truck 1 bbl back to tank
								108 bbl load
								Back up job complete Thanks Blake & Flint

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 15-135-25825-00-00
Cranston 1
SE/4 Sec.28-18S-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 11/19/2014 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