



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1249871
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: _____



1249871

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> _____ <input type="checkbox"/> Commingled <i>(Submit ACO-4)</i>	PRODUCTION INTERVAL: _____ _____
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Form	ACO1 - Well Completion
Operator	Triple Crown Operating LLC
Well Name	Shauers 2-26
Doc ID	1249871

Tops

Name	Top	Datum
Anhydrite	1528	727
Heebner	3672	1397
Lansing	3727	1452
B/KC	4064	1789
Marmaton	4078	1803
Ft. Scott	4224	1949
Cherokee	4255	1980
Mississippian	4322	2057

ALLIED OIL & GAS SERVICES, LLC 063727

Federal Tax I.D. # 20-8651475

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

SERVICE POINT:
Great Bend KS

DATE <u>12-02-14</u>	SEC. <u>26</u>	TWP. <u>19</u>	RANGE <u>24</u>	CALLED OUT	ON LOCATION <u>6:00 AM</u>	JOB START <u>7:30 AM</u>	JOB FINISH <u>9:00 AM</u>
LEASE <u>SHAWERS</u>	WELL # <u>226</u>	LOCATION <u>Ness City west Tap Rd south</u>			COUNTY <u>Ness</u>	STATE <u>KS</u>	
OLD OR NEW (Circle one)			<u>For 6 miles East into</u>				

CONTRACTOR H2 Drilling

TYPE OF JOB Surface

HOLE SIZE 12 1/4 T.D. 240

CASING SIZE 8 5/8 DEPTH 238.93

TUBING SIZE DEPTH

DRILL PIPE DEPTH

TOOL DEPTH

PRES. MAX MINIMUM

MEAS. LINE SHOE JOINT

CEMENT LEFT IN CSG. 15 ft

PERFS.

DISPLACEMENT 13.63 Fresh H2O

OWNER

CEMENT

AMOUNT ORDERED 200 5x5 CLASS A

3% CC 2% Gel

COMMON <u>200 5x5</u>	@ <u>17.90</u>	<u>3580.00</u>
POZMIX <u>376 5x5</u>	@ <u>.50</u>	<u>188.00</u>
GEL <u>376 5x5</u>	@ <u>1.70</u>	<u>639.20</u>
CHLORIDE <u>564</u>	@ <u>1.10</u>	<u>620.40</u>
ASC <u>materials Total</u>	@	<u>4392.00</u>
	@ <u>Disc 20%</u>	<u>878.40</u>
	@	
	@	
	@	
	@	
	@	
	@	
HANDLING <u>9.89 x 15</u>	@ <u>2.75</u>	<u>407.13</u>
MILEAGE <u>216.26 x</u>	@ <u>2.48</u>	<u>536.32</u>

EQUIPMENT

PUMP TRUCK CEMENTER Kevin Eddy

366 HELPER Kevin Weighans

BULK TRUCK

871/112 DRIVER Jose

BULK TRUCK

DRIVER

REMARKS:

On location / Held safety meeting / R.O

up. Rig ran 238.93 ft 8 5/8 CAS. vs. 130 lbs

Circ w/ Rig mud - Pump 5 Ahead Fresh

H2O. mix 200 5x5 CLASS A 3% CC 2% Gel.

Displace 13.63 BBIS Fresh H2O. shut in

Rig down. Cement did Circ

TOTAL

SERVICE

DEPTH OF JOB 238.93

PUMP TRUCK CHARGE 1512

EXTRA FOOTAGE @

MILEAGE @

MANIFOLD @

LUM @ 7.7 115.50

HUM @ 7.70 115.50

CHARGE TO: Triple crown

STREET

CITY STATE ZIP

TOTAL 2686.45

Disc 20% 537.29

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 George Utley

SIGNATURE George Utley

PLUG & FLOAT EQUIPMENT

@

@

@

@

@

TOTAL

SALES TAX (If Any)

TOTAL CHARGES 7078.45

DISCOUNT 20% 1415.69 IF PAID IN 30 DAYS

20/20/20

5662.76

ALLIED OIL & GAS SERVICES, LLC

Federal Tax I.D. #20-5975804

067257

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

SERVICE POINT: Brest Bend

DATE <u>12-7-14</u>	SEC <u>26</u>	TWP <u>15</u>	RANGE <u>24</u>	CALLED OUT	ON LOCATION	JOB START <u>8 AM</u>	JOB FINISH <u>8:30 PM</u>
LEASE <u>Shavers</u>	WELL# <u>2-26</u>	LOCATION <u>Ness city Wto Pad - 55000 -</u>			COUNTY <u>Ness</u>	STATE <u>KS</u>	
OLD OR NEW (Circle one) <u>NEW</u>			Eiars				

CONTRACTOR H2 #4
 TYPE OF JOB Production
 HOLE SIZE 7 7/8 T.D. _____
 CASING SIZE 5 1/2 DEPTH _____
 TUBING SIZE _____ DEPTH _____
 DRILL PIPE _____ DEPTH _____
 TOOL _____ DEPTH _____
 PRES. MAX _____ MINIMUM _____
 MEAS. LINE _____ SHOE JOINT _____
 CEMENT LEFT IN CSG. _____
 PERFS. _____
 DISPLACEMENT 102 661 H2O
 EQUIPMENT _____
 PUMP TRUCK CEMENTER Charles Kuyson
 # 366 HELPER Josh Isaac
 BULK TRUCK _____
 # 544-198 DRIVER Patrick Walker
 BULK TRUCK _____
 # _____ DRIVER Kevin Laughon

OWNER _____
 CEMENT _____
 AMOUNT ORDERED 116 ex ASC 7 1/2 gal 6 1/2 gal
10% salt 5# gal 7 DF
50 ex 60/40 4 1/2 gal 14 Flt
 COMMON _____ @ _____
 POZMIX _____ @ _____
 GEL _____ @ _____
 CHLORIDE _____ @ _____
 ASC 116 @ 23.58 2726.88
1401 575 @ 98 563.30
60/40 4x - 50 @ 18.82 941.00
DF 12 @ 9.80 117.60
FD 13 @ 2.97 38.61
DV 1100 - 500 @ 1.35 675.00
 _____ @ _____
 _____ @ _____
 _____ @ _____
 TOTAL 5066.29
 DISCOUNT 20% 1013.26

REMARKS:
on location - Rig up - had safety meeting
Run 5 1/2 casing - Break circulation
pump 1066 Dulloo - pump 566 H2O
plug psi + mH
pump 116 ex ASC
Drop plug
Displace 102 661 H2O
Lead plug 1000 psi - Rig down
 CHARGE TO: Triple Crown
 STREET _____
 CITY _____ STATE _____ ZIP _____

SERVICE
 HANDLING 701.25 @ 2.48 499.19
 MILEAGE 8.68 x 75 x 2.75 358.25
 DEPTH OF JOB _____
 PUMP TRUCK CHARGE _____ 2765.75
 EXTRA FOOTAGE _____ @ _____
 HV MILEAGE 15 @ 7.70 115.50
 LV MILEAGE 15 @ 4.40 66.00
Manifold @ 2.75 235.00
 _____ @ _____
 TOTAL 4079.49
 DISCOUNT 20% 815.90

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.

PLUG & FLOAT EQUIPMENT
Rubber Plug - 5 1/2 @ 85.00 85.00
 _____ @ _____
 _____ @ _____
 _____ @ _____
 TOTAL 85.00
 DISCOUNT 20% 17.00

PRINTED NAME X George Wiley
 SIGNATURE X George Wiley

SALES TAX (if Any) _____
 TOTAL CHARGES 9231.30
 DISCOUNT 20% 1846.26 IF PAID IN 30 DAYS
 NET TOTAL 7384.94 IF PAID IN 30 DAYS

ALLIED OIL & GAS SERVICES, LLC

Federal Tax I.D. #20-5975804

067265

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

SERVICE POINT: Crown + Blend

DATE <u>12-11-14</u>	SEC <u>26</u>	TWP <u>19</u>	RANGE <u>24</u>	CALLED OUT	ON LOCATION <u>2:45 pm</u>	JOB START <u>3:30 pm</u>	JOB FINISH <u>4:15 pm</u>
LEASE <u>Saguas</u> WELL # <u>2-24</u>				LOCATION <u>N. S. City W to P rd - S South</u>		COUNTY <u>West</u>	STATE <u>TX</u>
OLD OR NEW (Circle one)							

CONTRACTOR Northfolk
TYPE OF JOB Port Collar
HOLE SIZE _____ T.D. _____
CASING SIZE 5 7/8 DEPTH _____
TUBING SIZE 2 3/8 DEPTH 1224
DRILL PIPE _____ DEPTH _____
TOOL _____ DEPTH _____
PRES. MAX _____ MINIMUM _____
MEAS. LINE _____ SHOE JOINT _____
CEMENT LEFT IN CSG. _____
PERFS. _____
DISPLACEMENT 5.74 6bl H2O

OWNER _____
CEMENT
AMOUNT ORDERED 2.505x 65/35 6' gal
1/4 Flo
COMMON _____ @ _____
POZMIX _____ @ _____
GEL _____ @ _____
CHLORIDE _____ @ _____
ASC _____ @ _____
2.505x 65/35 6' @ 19.88 49.76
FLO 6.3 @ 2.97 18.74

EQUIPMENT
PUMP TRUCK CEMENTER John Isaac
366 HELPER Brian Long
BULK TRUCK
871-112 DRIVER Jose T
BULK TRUCK
609-239 DRIVER John A

TOTAL 51.50
DISCOUNT 25% 10.38

REMARKS:

Run 2 3/8 tubing - p. 2.505 - 1000 psi
open port collar
mix 2.505x 65/35 6' gal 1/4 Flo
Displace 5.74 6bl H2O
Slur port collar pressure test 500 psi
Cement did not
Wash casing & tubing
log down

SERVICE

HANDLING 309.00 @ 2.43 76.39
MILEAGE 12.95 x 15 x 2.25 534.38
DEPTH OF JOB 1224
PUMP TRUCK CHARGE 2249.84 2249.84
EXTRA FOOTAGE _____ @ _____
HV MILEAGE 15 @ 7.75 115.25
LV MILEAGE 15 @ 4.40 66.00
TOTAL 3739.82
DISCOUNT 25% 746.39

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

PLUG & FLOAT EQUIPMENT

_____ @ _____
_____ @ _____
_____ @ _____
_____ @ _____
TOTAL 0
DISCOUNT 5% 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
SIGNATURE X

SALES TAX (If Any) _____
TOTAL CHARGES 8889.82
DISCOUNT 1777.82 IF PAID IN 30 DAYS
NET TOTAL 7112.00 IF PAID IN 30 DAYS

Date 12-11-14 District Great Bend Ticket No. 67264
 Company Triplic Rig Frutiger 2
 Lease Shagers Well No. 2-26
 County Neosho State KS
 Location Neosho with pad - 55 Field 26 19 24

CEMENT DATA:
 Spacer Type: Free Water
 Amt. 7.2 Sks Yield _____ ft³/sk Density _____ PPG

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

LEAD: Pump Time Thicken time hrs. Type 65/35 6% gel
XGFI6 Excess _____
 Amt. _____ Sks Yield 1.97 ft³/sk Density 12.5 PPG

Casing Depths: Top _____ Bottom _____

TAIL: Pump Time _____ hrs. Type _____
 Excess _____
 Amt. _____ Sks Yield _____ ft³/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 T
609 - 239 - Jerry A

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. _____

Float Equip: Manufacturer _____
 Shoe: Type _____ Depth _____
 Float: Type 9-43 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
	AM/PM	DRILL PIPE CASING	ANNULUS	TOTAL FLUID	Pumped Per Time Period	
						On location - Rig up
						had safety meeting
						Run 2 3/4 tubing
						pressure port collar 1000 psi
						open tool
						mix 250 sk 65/35 6% gel 14FD
						Digloss 5.41 bbl +120
2:00						Shut port collar
2:15		500				pressure test 500psi
2:30						Wash casing + tubing
						Cement did circulate
						Rig down



TICKET 28226

CHARGE TO: Triple Crown
 ADDRESS: _____
 CITY, STATE, ZIP CODE: _____

PAGE 1 OF 1

SERVICE LOCATIONS
 1. NESS CITY KS.
 2. _____
 3. _____
 4. _____

WELL PROJECT NO. #2
 CONTRACTOR STOWENS
 TICKET TYPE SERVICE SALES
 WELL TYPE DILWELL

COUNTY/PARISH NESS CO.
 RIG NAME/NO. IRWIN
 JOB PURPOSE _____

STATE KS.
 SHIPPED VIA CONTR.
 DELIVERED TO LOCATION

DATE 12/22/14
 ORDER NO. _____
 WELL LOCATION see
 WELL PERMIT NO. _____

INVOICE INSTRUCTIONS _____

PRICE REFERENCE	SECONDARY REFERENCE/PART NUMBER	ACCOUNTING		DESCRIPTION	QTY.	U/M	QTY.	U/M	QTY.	U/M	UNIT PRICE	AMOUNT
		LOC	ACCT									
237		1			1	gal					30.00	30.00
221		1			2	gal					25.00	50.00

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 12/22/14 TIME SIGNED 1600 A.M. P.M.

REMIT PAYMENT TO:
SWIFT SERVICES, INC.
 P.O. BOX 466
 NESS CITY, KS 67560
 785-798-2300

OUR EQUIPMENT PERFORMED WITHOUT BREAKDOWN?	AGREE	UN-DECIDED	DIS-AGREE
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?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
<input type="checkbox"/> CUSTOMER DID NOT WISH TO RESPOND			

PAGE TOTAL 80.00
 TAX 17.55
 6.15%

TOTAL 80.00

CUSTOMER ACCEPTANCE OF MATERIALS AND SERVICES The customer hereby acknowledges receipt of the materials and services listed on this ticket.
 SWIFT OPERATOR DUSTY D. FUNK APPROVAL _____

Thank You!



TICKET 27925

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

PAGE 1 OF 1

WELL PROJECT NO. 2-26
 LEASE SHAVERS
 COUNTY/PARISH NESS
 STATE KS
 CITY
 TICKET TYPE SERVICE SALES
 CONTRACTOR FRETZLER TRUCKING
 RIG NAME/NO. LOCATION
 SHIPPED VIA CT
 WELL PERMIT NO.
 WELL LOCATION NESS Crk, Ks - 2w, 4³/4s, E
 JOB PURPOSE DEVELOPMENT
 SOVEREIGN PERFORATIONS

PRICE REFERENCE	SECONDARY REFERENCE/ PART NUMBER	ACCOUNTING		DESCRIPTION	QTY.	UM	QTY.	UM	UNIT PRICE	AMOUNT	
		LOC	ACCT								DF
575		1			10	MT			6.00	60.00	
578		1		MILEAGE # 114 PUMP CHARGE	1	808	4347	A	1500.00	1500.00	
300		1		REGULAR ACID	200	GAL	15	90	1.85	370.00	
235		1		ZURBOS-1	1	GAL			40.00	40.00	
325		1		STANDARD CEMENT	75	SBS			14.50	1087.50	
286		1		HAVAD-1	25	LBS			8.50	212.50	
290		1		D-ADR	1	GAL			42.00	42.00	
581		1		SERVIZE CHARGE CEMENT	75	SBS			2.00	150.00	
582		1		MINIMUM DRYAGE CHARGE	705	LBS	35	25	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

DATE SIGNED 12-23-14
 TIME SIGNED 1400 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?
 YES NO
 CUSTOMER DID NOT WISH TO RESPOND

PAGE TOTAL 3712.00
 TAX 82.53
 TOTAL 3794.53

SWIFT OPERATOR WAYNE WATSON
 APPROVAL
 THE CUSTOMER HEREBY ACKNOWLEDGES RECEIPT OF THE MATERIALS AND SERVICES LISTED ON THIS TICKET.
 Thank You!

JOB LOG

SWIFT Services, Inc.

DATE 12-23-14 PAGE NO. 1

CUSTOMER TRADE CROWN OPER. WELL NO. 2-26 LEASE SHAUERS JOB TYPE SQUEEZE PERFORATIONS TICKET NO. 27925

CHART NO.	TIME	RATE (BPM)	VOLUME (BBT/GAL)	PUMPS		PRESSURE (PSI)		DESCRIPTION OF OPERATION AND MATERIALS
				T	C	TUBING	CASING	
	1345							ON LOCATION (HOLE FULL FLUID)
								2 3/8 x 5 1/2 (17#)
								PERFS - 4347'
								RETAINER - 4344'
	1420	2	16 3/4	✓		400		SPOT ACID (5 BBS ACID) / 11 3/4 H2O
								STING INTO RETAINER
	1430	2	10	✓		900		ZWT RATE
	1445	2	16	✓		400 ^{ADD}		MIX 75 SLS STANDARD (25" HAWK - 1 15" 25 SLS)
	1453	2	0	✓		200		DISPASE CEMENT
		2	7	✓		500		"
		2	10	✓		1000		"
		1 1/2	14	✓		1800		"
	1500	1/2	14 1/2	✓		2000		" SHUT DOWN
	1510		14 3/4			1350		" " HOLDING
	1520					1350		HOLDING - RELEASE PSE TO 400 PSE
	1523							PULL OUT RETAINER APPROX 8"
	1525	2 1/2	25	✓		750		REVERSE CLEAN - PULL TUBING
								WASH TRUCK
								65 SLS CEMENT TO PERFS
	1600							JOB COMPLETE
								THANK YOU
								WAYNE, FLEET, ROB



TICKET 28227

CHARGE TO: INTEGRAL CROWN OPERATING,
 ADDRESS _____
 CITY, STATE, ZIP CODE _____

PAGE 1 OF _____

SERVICE LOCATIONS
 1. NESS CITY KS
 2. _____
 3. _____
 4. _____

REFERRAL LOCATION _____

WELL PROJECT NO. _____
 TICKET TYPE 2-26 CONTRACTOR _____
 SERVICE SALES
 WELL TYPE DRILL WELL JOB PURPOSE DEVELOPMENT
 INVOICE INSTRUCTIONS _____

LEASE SWAZERS COUNTY/PARISH NESS CO. STATE KS. DATE 12-29-14 OWNER _____
 SHIPPED VIA _____ RIG NAME/NO. _____ ORDER NO. _____
 DELIVERED TO LOCATION WELL LOCATION _____
 WELL PERMIT NO. _____

PRICE REFERENCE	SECONDARY REFERENCE/ PART NUMBER	ACCOUNTING LOC ACCT DF	DESCRIPTION	QTY.	UM	QTY.	UM	UNIT PRICE	AMOUNT	SURVEY		PAGE TOTAL	AMOUNT
										AGREE	DIS- AGREE		
<u>221</u>		<u>1</u>	<u>MILEAGE LIQUID KCL</u>	<u>2 gal</u>				<u>25.00</u>	<u>50.00</u>			<u>50</u>	<u>50.00</u>

Peck up by GABEL'S

REMIT PAYMENT TO:
 SWIFT SERVICES, INC.
 P.O. BOX 466
 NESS CITY, KS 67560
 785-798-2300

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: 12-29-14 TIME SIGNED: 1451 A.M. P.M.

OUR EQUIPMENT PERFORMED WITHOUT BREAKDOWN?
 WE UNDERSTOOD AND MET YOUR NEEDS?
 YOUR SERVICE WAS PERFORMED WITHOUT DELAY?
 WE OPERATED THE EQUIPMENT AND PERFORMED JOB CALCULATIONS SATISFACTORILY?
 ARE YOU SATISFIED WITH OUR SERVICE?
 YES NO

AGREE _____ DIS-AGREE _____
 UMF-DECIDED _____
 CUSTOMER DID NOT WISH TO RESPOND _____

TAX Net 5%
6.16%

TOTAL 50

SWIFT OPERATOR DUSTY D TRICK APPROVAL _____

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

Thank You!



TICKET 28207

CHARGE TO: Uniflex Crown Operations
 ADDRESS: _____
 CITY: _____ STATE: _____ ZIP CODE: _____

PAGE 1 OF 1

SERVICE LOCATIONS
 1. NESS CITY KS WELLPROJECT NO. 2-26 LEASE SHAWEN S COUNTY/PARISH NESS Co. STATE KS CITY NESS CITY KS DATE 01 02 15 OWNER
 2. _____ TICKET TYPE CONTRACTOR RIG NAME/NO. _____ SHIPPED DELIVERED TO _____ ORDER NO. _____
 3. _____ SERVICE FENZLER WELLCATEGORY _____ WELL PERMIT NO. _____
 4. _____ SALES _____ WELL CATEGORY _____ JOB PURPOSE DEVELOPMENT ACIDIZE WELLPERMIT NO. _____
 REFERRAL LOCATION _____ INVOICE INSTRUCTIONS See 26-195-246

PRICE REFERENCE	SECONDARY REFERENCE / PART NUMBER	ACCOUNTING			DESCRIPTION	QTY.	UM	QTY.	UM	UNIT PRICE	AMOUNT
		LOC	ACCT	DF							
500					MILEAGE 109	1	@	18	mi	6.00	60.00
501					ACID Pump CHARGE	1	@	18	mi	6.50	65.00
303					WCA ACID	250	gal	20	Pr	2.88	712.50
232					MUSAL	5	gal	2	Pr	24.00	120.00
235					TAHER-1	1	gal	40	Pr	40.00	40.00
237					CAS-1	1	gal	30	Pr	30.00	30.00
221					KCL	10	gal	25	Pr	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
 DATE SIGNED 01-02-15 TIME SIGNED 1:40 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 1862 50

TAX 7.55

TOTAL 1615.95

TOTAL 1862.50

SWIFT OPERATOR DUSTY 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 07 22 15 PAGE NO. 1

CUSTOMER		WELL NO.		LEASE		JOB TYPE		TICKET NO.	
TRIPLE CROWN OPERATIONAL		2-26		SHAVERS		ACIDIZE		28207	
CHART NO.	TIME	RATE (BPM)	VOLUME (BBL) (GAL)	PUMPS		PRESSURE (PSI)		DESCRIPTION OF OPERATION AND MATERIALS	
				T	C	TUBING	CASING		
	1210								ON LOCATION WAIT ON WATER
									TAL 4344 PERFS 4320'-42'
									FED. WORK SPOT NONE
									5 1/2 x 17# TREAT 4342'
									CS. 100.74 Bbl 4342'
									IN WALK
									TOTAL 100.74 Bbl
	1339	4.8	.25	✓		0			PUMPING ACID
	1341	2-4.5	6	✓		0			ON MCH FEELIT
		4.50	21	✓		0			
		4.75	36	✓		0			
		4.75	51	✓		0			
		4.75	66	✓					
		4.75	81	✓					
		4.75-0	96	✓					
	1400	2-D	98	✓		600			LOADED STALLING
	1410	.33-D	98.50	✓		700			STALLING,
	1420	.33-D	99.50	✓		800			DROPPING FASTER
	1430	.33-D	99.75	✓		900			WANTS TO FEED
	1435	.33-D	100	✓		900			STALLING
	1441	.33	102	✓		900			FEEDING 1 1/4 Bbl ACID OUT
		.33	104	✓		950			"
		.33	105	✓		975			"
		.33	106	✓		1000			"
		.33	106.75	✓		1000			ON OVER FEELIT
		.33	107.75	✓		1000			FEEDING
	1459	.33-D	108.75	✓		1000			ISIP
				✓		650			5-MEN
				✓		525			10-MEN
				✓		400			15-MEN
				✓		VAC			1/2-HR SLIGHT VACUUM
									REA DOWN
									TICKET
	1540								JOB COMPLETE
									THANK YOU DUSTY & RUSSELL

Customer <i>Triple Crown</i>	Lease No.	Date
Lease <i>Shadows</i>	Well # <i>2-26</i>	<i>2/11/15</i>
Field Order # <i>12010</i>	Station <i>Pratt</i>	Casing
Type Job <i>Acid Wash Re-frac</i>	Formation <i>MISS</i>	Depth
		County <i>Wasi</i>
		State <i>KS</i>
		Legal Description <i>26 19 24</i>

PIPE DATA		PERFORATING DATA		FLUID USED		TREATMENT RESUME		
Casing Size <i>3 1/2"</i>	Tubing Size <i>3 1/2"</i>	Shots/Ft		Acid <i>400 gal 15%h</i>	RATE	PRESS	ISIP	<i>Vac</i>
Depth	Depth	From	To	Pre Pad <i>NEFE</i>	Max <i>4</i>	<i>0</i>		5 Min.
Volume <i>100</i>	Volume	From	To	Pad	Min			10 Min.
Max Press	Max Press	From	To	Frac	Avg			15 Min.
Well Connection	Annulus Vol.	From	To		HHP Used			Annulus Pressure
Plug Depth	Packer Depth	From	To	Flush <i>90 BL</i>	Gas Volume			Total Load <i>102 BL</i>

Customer Representative <i>Wayne</i>	Station Manager	Treater <i>MT</i>
Service Units <i>81547</i>	<i>83353</i>	
Driver Names <i>TLM</i>	<i>Marrin</i>	

Time	Casing Pressure	Tubing Pressure	Bbls. Pumped	Rate	Service Log
					<i>11200N Loc</i>
					<i>Set up Hold Safety Meeting</i>
<i>1128</i>					<i>Start Acid</i>
<i>1131</i>	<i>0</i>		<i>12</i>	<i>3</i>	<i>Start Flush</i>
<i>1146</i>	<i>0</i>		<i>71</i>	<i>4</i>	<i>Hold on Bottom</i>
<i>1154</i>	<i>0</i>		<i>102</i>	<i>4</i>	<i>Flush in</i>
	<i>Vac</i>				<i>ISIP</i>

Thank you!



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 12010 A

DATE _____ TICKET NO. _____

DATE OF JOB: 2/11/15		DISTRICT: PROT		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: Showers		2-26		WELL NO.:	
ADDRESS:				COUNTY: Ness		STATE: KS			
CITY:				STATE:		SERVICE CREW: Martin Tim			
AUTHORIZED BY:				JOB TYPE: AcNW Retreat					
EQUIPMENT#	HRS	EQUIPMENT#	HRS	EQUIPMENT#	HRS	TRUCK CALLED	DATE	AM PM	TIME
81517	1						2/11/15	AM	11:20
						ARRIVED AT JOB		PM	11:28
						START OPERATION		AM	11:54
						FINISH OPERATION		PM	12:00
						RELEASED		AM	12:00
						MILES FROM STATION TO WELL			124

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 Pu One Way	Mi	33		148 50
E101	Heavy Equipment 7 Mi	Mi	33		247 50
E114	Delivery of Acid where repumping service involved	EO	1		400 00
S003	Service Supervisor 8 hr on loc	EO	1		175 00
AK325	15% HCL Acid	gal	500		1000 00
ASK341	NE Acid Conu	gal	500		60 00
ASK342	FE Acid Conu	gal	500		125 00
C204	CIA IEP hi Temp Acid inhibitor	gal	1		75 00
C705	Clayplex 302 Clay Stabilizer	gal	1		38 00
C2316	Surfactant 255	gal	1		40 00
SUB TOTAL					2309 00

CHEMICAL / ACID DATA:			

SERVICE & EQUIPMENT	%TAX ON \$	
MATERIALS	%TAX ON \$	
TOTAL		1870.29

SERVICE REPRESENTATIVE: Martin Fleming	THE ABOVE MATERIAL AND SERVICE ORDERED BY CUSTOMER AND RECEIVED BY: _____ (WELL OWNER OPERATOR CONTRACTOR OR AGENT)
--	--

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 21, 2015

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

Re: ACO-1
API 15-135-25824-00-00
Shauers 2-26
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 12/1/2014 and the ACO-1 was received on April 20, 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