Confidentiality Requested:

KANSAS CORPORATION COMMISSION OIL & GAS CONSERVATION DIVISION 1260785

Form ACO-1 November 2016 Form must be Typed Form must be Signed All blanks must be Filled

### WELL COMPLETION FORM

WELL HISTOP	RY - DES	CRIPTION	<b>OF WELL</b>	& LEASE

OPERATOR: License #	API No.:
Name:	Spot Description:
Address 1:	
Address 2:	Feet from Dorth / South Line of Section
City: State: Zip:+	Feet from East / West Line of Section
Contact Person:	Footages Calculated from Nearest Outside Section Corner:
Phone: ()	
CONTRACTOR: License #	GPS Location: Lat:, Long:
Name:	(e.g. xx.xxxxx) (e.gxxx.xxxxx)
Wellsite Geologist:	Datum: NAD27 NAD83 WGS84
Purchaser:	County:
Designate Type of Completion:	Lease Name: Well #:
New Well Re-Entry Workover	Field Name:
	Producing Formation:
	Elevation: Ground: Kelly Bushing:
Gas DH EOR	Total Vertical Depth: Plug Back Total Depth:
☐ OG ☐ GSW	Amount of Surface Pipe Set and Cemented at: Feet
CM (Coal Bed Methane) Cathodic Other (Core, Expl., etc.):	Multiple Stage Cementing Collar Used?
	If yes, show depth set: Feet
If Workover/Re-entry: Old Well Info as follows:	
Operator:	If Alternate II completion, cement circulated from:
Well Name:	feet depth to:w/sx cmt.
Original Comp. Date: Original Total Depth:	
Deepening Re-perf. Conv. to EOR Conv. to SWD	Drilling Fluid Management Plan
Plug Back Liner Conv. to GSW Conv. to Producer	(Data must be collected from the Reserve Pit)
Commingled Permit #:	Chloride content: ppm Fluid volume: bbls
Dual Completion     Permit #:	Dewatering method used:
SWD Permit #:	Location of fluid disposal if hauled offsite:
EOR Permit #:	
GSW Permit #:	Operator Name:
	Lease Name: License #:
Spud Date or Date Reached TD Completion Date or	Quarter Sec TwpS. R East West
Recompletion Date Recompletion Date	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 Drill Stem Tests Received
Geologist Report / Mud Logs Received
UIC Distribution
ALT I II III Approved by: Date:

	Page Two	1260785
Operator Name:	Lease Name:	Well #:
Sec TwpS. R East _ West	County:	
INSTRUCTIONS: Show important tops of formations panetrated Da	tail all cores. Report all fin	al conjes of drill stems tests giving interval tested, time tool

**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			Yes No		Log Formation	on (Top), Depth a	and Datum	Sample
Samples Sent to		vev	Yes No	Na	ame		Тор	Datum
Cores Taken Electric Log Run Geolgist Report / List All E. Logs R	/ Mud Logs		Yes No Yes No Yes No					
			CASING Report all strings set-	RECORD	New Used	tion, etc.		
Purpose of St		e Hole rilled	Size Casing Set (In O.D.)	Weight Lbs. / Ft.	Setting Depth	Type of Cement	# Sacks Used	Type and Percent Additives
			ADDITIONAL	CEMENTING / S	QUEEZE RECORD	1		
Purpose: Perforate		Depth Bottom	Type of Cement	# Sacks Used		Type and	Percent Additives	
Protect Ca Plug Back	TD							
	e of the total base	fluid of the hydra	n this well? aulic fracturing treatmer submitted to the chemi	-		No (If No, s	kip questions 2 ar kip question 3) Il out Page Three	
Date of first Produce Injection:	ction/Injection or F	Resumed Product	tion/ Producing Met	hod:	Gas Lift	Other <i>(Explain)</i>		
Estimated Produc Per 24 Hours		Oil Bbls.	Gas	Mcf V	Vater E	Bbls.	Gas-Oil Ratio	Gravity
DISPO	OSITION OF GAS	:		METHOD OF COM	PLETION:		PRODUCTIO	ON INTERVAL:
Vented	Sold Use	d on Lease	Open Hole			mmingled	Тор	Bottom
(If vente	ed, Submit ACO-18.	)		(Sub	omit ACO-5) (Sub	omit ACO-4)		
Shots Per Foot	Perforation Top	Perforation Bottom	Bridge Plug Type	Bridge Plug Set At	Acid	, Fracture, Shot, Ce (Amount and Kir	ementing Squeeze	

Packer At:

Size:

Set At:

TUBING RECORD:

Form	ACO1 - Well Completion
Operator	Triple T Oil, LLC
Well Name	West Weaver 6
Doc ID	1260785

### Casing

Purpose Of String	Size Hole Drilled	Size Casing Set		Setting Depth	Type Of Cement		Type and Percent Additives
Surface	9	7	10	20	Portland	3	50/50 POZ
Production	5.625	2.875	8	744	Portland	125	50/50 POZ

Commenced Spudding: 7-28-2015

Miami County, KS Well: West Weaver 6 Lease Owner: Triple T Oil

y, KS Town Oilfield Service, Inc. Weaver 6 (913) 837-8400

#### WELL LOG

Thickness of Strata	Formation	Total Depth	
0 - 6	Soil - Clay	6	
17	Lime	23	
70	Shale	93	
16	Lime	109	
12	Shale	121	
9	Lime	130	
13	Shale	143	
2	Limey Sand	145	
20	Shale	165	
5	Lime	170	
34	Shale	204	
10	Lime	214	
15	Shale	229	
25	Lime	254	
6	Shale	260	
	Lime	280	
20	Shale	283	
3	Lime	286	
3	Shale	289	
3	Lime	300	
	Shale	305	
5	Sand	314	
9	Shale	324	
10	Sand	400	
76	Shale	421	
21	Shale & Lime	423	
2	Sand	430	
7	Shale	486	
56		489	
3	Sandy Lime Shale	507	
18		510	
3	Lime	513	
3	Shale	518	
5	Lime	523	
5	Shale	531	
8	Lime	550	
19	Shale	555	
5	Lime	561	
6	Shale	500	
7	Lime	580	
12	Shale	000	

	Town		d Service,	Inc.	Commenced Spudding: 7-28-2015
Well: West Weaver 6		(913)	837-8400		1 20 2013
Lease Owner: Triple T Oil					

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		E
5	Lime	585
8	Shale	593
1	Lime	594
	Shale	604
10		607
3	Lime	614
7	Shale	
1	Lime	615
39	Shale	654
1	Sandy Shale	655
1	Sand	656
19	Core	675
85	Sandy Shale	760 TD
00		
· · · · · · · ·		
	1	

	Core	
		656
1	Sand	657
2.5	Sand	659.5
1	Sand	660.5
14.5	Sandy Shale	675
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······		······
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# Short Cuts TANK CAPACITY

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2.

BBLS. (42 gal.) equals D<sup>2</sup>x.14xh D equals diameter in feet. h equals height in feet.

BARRELS PER DAY Multiply gals. per minute x 34.2

HP equals BPH x PSI x .0004 BPH - barrels per hour PSI - pounds square inch

### TO FIGURE PUMP DRIVES

\* D - Diameter of Pump Sheave \* d - Diameter of Engine Sheave SPM - Strokes per minute RPM - Engine Speed R - Gear Box Ratio \*C - Shaft Center Distance

D - RPMxd over SPMxR d - SPMxRxD over RPM SPM - RPMXD over RxD R - RPMXD over SPMxD

BELT LENGTH - 2C + 1.57(D + d) +  $\frac{(D-d)^2}{4C}$ \* Need these to figure belt length TO FIGURE AMPS: WATTS VOLTS = AMPS

746 WATTS equal 1 HP

Log Book Well No. Weaver Mess Farm MISMI (State) (County) 24 (Section) (Township) (Range) 0 (Well Owner)

Town Oilfield Services, Inc. 1207 N. 1st East Louisburg, KS 66053 913-710-5400

Wat Wand Miami County Farm: Miami County	CA	SING AN	ID TUBING	MEASU	JREMENTS	
Elevation 1039	Feet	In.	Feet	In.	Feet	In
Commenced Spuding 7-28 20/5 Finished Drilling 7-30 20/5 Driller's Name Waster Dollard	7110	65	B	<u>L</u>	R	
Finished Drilling 7-30 po 15						
Driller's Name Wastay Dollard	744.	• 40	FL	c.t		
, Driller's Name	760	70			24	
Driller's Name	700					$   \rightarrow   $
Tool Dresser's Name Kyan Ward						
/ Tool Dresser's Name						
Tool Dresser's Name						
Contractor's NameOS						
24 16 23		<b>  </b>  .				
(Section) (Township) (Range)		-				
Distance from $\underline{}$ line, $\underline{}$ $\underline{}$ ft.						
Distance from <u>E</u> line, <u>4502</u> ft. Distance from <u>E</u> line, <u>219</u> ft.						
3 sacks 10 hrs						
16018						
57/8 bouchale						
						·
2 7-8 CASING AND TUBING						
RECORD	·					
10" Set 10" Pulled						
8′′ Set 8′′ Pulled						
764" Set 20 6%" Pulled						
4" Set 4" Pulled						
2" Set 2" Pulled		······································				

Thickness of Strata	Formation	Total Depth	Remarks
0-6	Soil-clay	6	
17_	lime!	23	
70	Shale	43	
16	Lime	109	
12	She. 7	121	~
9	Lime	130	
13	shile	143	
2	liney sand	145	odor- slight show
20	Shale	165	
5	Lime	170	
34	Shal-C	204	
10	Lime	214	
		229	
_25	Lime	254	
6	Shall	260	
20	Lime	250	
<u> </u>	Shale	283	
3	Lime	286	
3	Shale	289	
	Lime	300	Hertha
5	Shale	305	
	Sand	314	- ador-broken shirt show
10	Shale	324	
76	Sand	400	some somely state - no Oil
21	Shale	421	
2	shele & lime	423	
	<u>-2-</u>	430	= <u>Grey</u>

		430	
Thickness of Strata	Formation	Total Depth	Remarks
56	Shale	486	
3	Sindy Lime	489	
14	Shal e	507	(eclose)
3	Lime	510	
3	Shall	513	
5	Lim-R_	518	
5	shale	523	
Ś	Lime	53/	
19	Shelf	550	
5	Ling	555	
6	Shalt	561	
7	Lime	568	
12	Shale	580	
5	lime	585	
<u> </u>	Shall	593	
	Lime	594	
10	Shall	404	
3	Lime	601	-
7	<u>Shale</u>	619	
	Lime	05	
39	Shall	654	-
	Sandy Shale	655	
	Sanel	0.00	broken Oil -peit-
19	Core Economistal	760	Pase 6
- 45	Sandy Shall	100	-715
	-4-	<del></del>	-5-

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hickness of Formation	Total Depth	Remarks	
Lore	1		
	land		
1 Sind	656		
	<u>65761</u>	oten good show pers	
2.5 Sandy	659.5 5		
	11	The second secon	
	Definence	oken- and show	
14.5 Sandy Shall	675		
	+		
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	<u> </u>		
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# Town Oilfield Service

P.O Box 339 Louisburg, Ks 66053 913-837-8400

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Authorization(

Ticket Num	ber
Location	
Foreman	

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## Field Ticket & Treatment Report

Cement

Date	Customer#	Well Name & Nur	nber	Section	Township	Range	County
17-30	-15	West weaver	#4	24	14	23	mΖ
Customer			Mailing	Address			
			City		State	Zip Code	
Job Type _	long String Hol	e Size 5 5/8 Ho	le Dep	oth_760	Casing Size	& Weight_2	7/2
Casing Dep	oth <u>744</u> Drill P	ipe Tubi	ng		Other		
Displaceme	nt 4.4 Displa	acement PSI_ <u>2CC</u> _ M	ix PSI	300	Rate	BPM	
Remarks							

Account Code	Quantity or Units	Description of Services or Product	Unit Price Total
		Pump Charge	700
annen an bhan de gara. A bhanna a garait a sha bhan da bhan a bhanna a sha bhan a bhan a bhan a bhan a bhan a b		Cement Truck	2.50
		Water Truck	150
	12.5	Cement	Z 1000
		Gel	
		Plug	25
	***************************************		
			Sales Tax
			Estimated Total 2123

Title\_ I acknowledge that the payment terms, unless specifically amended in writing on the front of the form or in the customer's account records, at our office, and conditions of service on the back of this form are in effect for services identified on this form

Date\_