

Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1269127
OIL & GAS CONSERVATION DIVISION

Form ACO-1
November 2016

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

Gas DH EOR

OG GSW

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 EOR Conv. to SWD

Plug Back Liner Conv. to GSW Conv. to Producer

Commingled Permit #: _____

Dual Completion Permit #: _____

SWD Permit #: _____

EOR Permit #: _____

GSW Permit #: _____

Spud Date or Date Reached TD Completion Date or Recompletion Date

API No.: _____

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 Drill Stem Tests Received

Geologist Report / Mud Logs Received

UIC Distribution

ALT I II III Approved by: _____ Date: _____

1269127

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			
Geologist Report / Mud Logs	<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)*

Date of first Production/Injection or Resumed Production/Injection:	Producing Method: <input type="checkbox"/> Flowing <input type="checkbox"/> Pumping <input type="checkbox"/> Gas Lift <input type="checkbox"/> Other <i>(Explain)</i> _____				
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>			PRODUCTION INTERVAL: Top _____ Bottom _____	

Shots Per Foot	Perforation Top	Perforation Bottom	Bridge Plug Type	Bridge Plug Set At	Acid, Fracture, Shot, Cementing Squeeze Record <i>(Amount and Kind of Material Used)</i>

TUBING RECORD:	Size:	Set At:	Packer At:
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Miami County, KS
Well: Gerken T-5
Lease Owner: Triple T

Town Oilfield Service, Inc.
(913) 837-8400

Commenced Spudding:
10/16/2015

WELL LOG

Thickness of Strata	Formation	Total Depth
0-9	Soil-Clay	9
34	Lime	43
6	Shale	49
22	Lime	71
5	Shale	76
2	Lime	78
4	Shale	82
6	Lime	88
5	Shale	93
3	Lime	96
15	Shale	111
10	Sand	121
4	Limey Sand	125
55	Sandy Shale	180
74	Shale	254
4	Lime	258
40	Shale	298
5	Lime	303
8	Shale	311
2	Lime	313
7	Shale	320
9	Lime	329
14	Shale	343
4	Lime	347
6	Shale	353
5	Sand	358
29	Lime	387
5	Shale	392
3	Lime	395
30	Shale	425
3	Lime	428
32	Shale	460
4	Sand & Sandy Shale	464
9	Sandy Shale	473
7	Shale	480
4	Sand	484
12	Shale	496
2	Lime	498
27	Shale	525
6	Sand	531

Log Book

Well No. T-5

Farm Crocker

KS Miami
(State) (County)

29 18 24
(Section) (Township) (Range)

For Triple T Oil
(Well Owner)

Town Oilfield Services, Inc.

1207 N. 1st East
Louisburg, KS 66053
913-710-5400

Thickness of Strata	Formation	Total Depth	Remarks
0-9	soil-clay	9	
34	Lime	43	
6	shale	49	
22	Lime	71	
5	shale	76	
2	Lime	78	
4	shale	82	
6	Lime	88	Heathq
5	shale	93	
3	Lime	96	
15	shale	111	
10	sand	121	gas odor
4	limy sand	125	no oil
55	sandy shale	180	
74	shale	254	
4	Lime	258	
40	shale	298	
5	Lime	303	
8	shale	311	
2	Lime	313	
7	shale	320	
9	Lime	329	
14	shale	343	
4	Lime	347	
6	shale	353	
5	sand	358	no oil
29	Lime	387	



4550
4402

TICKET NUMBER 49858
LOCATION Ottawa KS
FOREMAN Fred Mader

PO Box 894, Chanute, KS 66720
620-431-9210 or 800-467-8876

FIELD TICKET & TREATMENT REPORT
CEMENT

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
10-20-15	7966	Gerken th T.5	NE 29	1E	24	MI
CUSTOMER			TRUCK #	DRIVER	TRUCK #	DRIVER
Mailing Address			712	Fred Mader		
CITY			495	Harbac		
STATE			675	Ken Diet		
ZIP CODE			548	TR Har		

JOB TYPE Log Entry HOLE SIZE 5 7/8 HOLE DEPTH 560 CASING SIZE & WEIGHT 2 3/8 EUE
 CASING DEPTH 553' DRILL PIPE Baffle In TUBING @ 521' OTHER _____
 SLURRY WEIGHT _____ SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT in CASING _____
 DISPLACEMENT 3.02 BB DISPLACEMENT PSI _____ MIX PSI _____ RATE 48PPM

REMARKS: Hold Safety meeting. Establish appropriate Mix Pump @ 100'
Get Flush. Mix Pump @ 70 SKS. Per Blend I of Cement
2% Gel. Cement to Surface. Flush pump & lines clean.
Displace 2 1/2" Rubber plug to baffle in casing. Pressure to 800'
PSI. Release pressure to set float valve. Shut in Casing.

TOS Drilling (was)

Fred Mader

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
CE0450	1	PUMP CHARGE	495	1500 ⁰⁰
CE0002	30 mi	MILEAGE	495	2145 ⁰⁰
CE0714	1/2 Minimum	Ten Miles Delivery	540	320 ⁰⁰
WE0853	1 hr	80 Vac	675	100 ⁰⁰
		Sub Total		2145 ⁰⁰
		Less 46%		- 986 ⁴²
				1158 ⁵⁸
4477 CC0580	70 SKS	Per Blend I of Cement	945 ⁰⁰	
CC0765	215 ⁰⁰	Bentonite Gel	65 ⁰⁰	
CP0176	1	2 1/2" Rubber Plug	45 ⁰⁰	
		Sub Total		1055 ⁰⁰
		Less 46%		- 485 ⁴²
				569 ⁵⁸
			8%	SALES TAX
				45 ⁵⁸
				ESTIMATED TOTAL
				1723 ⁵⁴

APR 8797 AUTHORIZATION [Signature] TITLE _____ DATE 10/20/15

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.