

Kansas Corporation Commission Oil & Gas Conservation Division

1269145

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 # | | API No.: | |
|-------------------------------------------------|-----------------------|----------------------------------------------------------|----------------|
| Name: | | Spot Description: | |
| Address 1: | | | East West |
| Address 2: | | Feet from North / South L | ine of Section |
| City: State: 2 | Zip:+ | Feet from | ine of Section |
| Contact Person: | | Footages Calculated from Nearest Outside Section Corner: | |
| Phone: () | | □NE □NW □SE □SW | |
| CONTRACTOR: License # | | GPS Location: Lat:, Long: | |
| Name: | | (e.g. xx.xxxxx) (e.g. | -xxx.xxxxx) |
| Wellsite Geologist: | | Datum: NAD27 NAD83 WGS84 | |
| Purchaser: | | County: | |
| Designate Type of Completion: | | Lease Name: Well #: | |
| New Well Re-Entry | Workover | Field Name: | |
| ☐ Oil ☐ WSW ☐ SWD | | Producing Formation: | |
| Gas DH EOR | | Elevation: Ground: Kelly Bushing: | |
| | | Total Vertical Depth: Plug Back Total Depth: | |
| CM (Coal Bed Methane) | | Amount of Surface Pipe Set and Cemented at: | Feet |
| Cathodic Other (Core, Expl., etc.): | | Multiple Stage Cementing Collar Used? Yes No | |
| If Workover/Re-entry: Old Well Info as follows: | | If yes, show depth set: | Feet |
| 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) | |
| Dameit # | | Chloride content:ppm Fluid volume: | bbls |
| _ | | Dewatering method used: | |
| | | Location of fluid disposal if hauled offsite: | |
| | | · | |
| 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



| Operator Name: | | | | Leas | e Name: _ | | | Well #: | |
|------------------------------------------------|----------------------|-----------------------|------------------------------|-------------------|----------------------------------|----------------------------|---------------------------------------|-------------------------------------------|----------------------------------------------------|
| SecTwp | pS. R | | East | Cour | nty: | | | | |
| | , flowing and shu | ut-in pressures, | whether shut- | in pressure re | ached stat | ic level, hydrosta | atic pressures, b | | rval tested, time tool erature, fluid recovery, |
| Final Radioactivit files must be sub | | | | | | ogs must be ema | ailed to kcc-well- | logs@kcc.ks.go | v. Digital electronic log |
| Drill Stem Tests T | | | Yes N | lo | L | | on (Top), Depth | | Sample |
| Samples Sent to | Geological Surv | /ey | Yes N | lo | Nam | ie | | Тор | Datum |
| Cores Taken Electric Log Run Geolgist Report / | _ | | Yes N Yes N | lo | | | | | |
| List All E. Logs R | iun: | | | | | | | | |
| | | | | SING RECORI | | ew Used ermediate, product | tion, etc. | | |
| Purpose of Str | | e Hole rilled | Size Casing Set (In O.D.) | V | Veight | Setting Depth | Type of Cement | # Sacks Used | Type and Percent Additives |
| | Di | illeu | Jet (III J.D.) | LL | ., i t. | Берш | Oement | Oseu | Additives |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| Purpose: | D | epth | | | | JEEZE RECORD | | Danas et Astaliticas | |
| Perforate | Тор | Bottom | Type of Cement | # Sac | # Sacks Used Type and Percent Ad | | | Percent Additives | |
| Protect Ca | TD | | | | | | | | |
| Plug Off Zo | one | | | | | | | | |
| Did you perform | a hydraulic fractur | ring treatment on | this well? | | | Yes | No (If No, s | skip questions 2 aı | nd 3) |
| 2. Does the volume | | • | ū | | | | | skip question 3) | -44- 400 4) |
| 3. Was the hydrauli | | | | | ure registry? | Yes Yes | No (If No, 1 | ill out Page Three | of the ACO-1) |
| Date of first Production: | ction/Injection or R | lesumed Producti | on/ Producing Flowing | g Method: ng | ping | Gas Lift (| Other (Explain) | | |
| Estimated Produc | tion | Oil Bbls. | Gas | Mcf | Wat | er B | Bbls. | Gas-Oil Ratio | Gravity |
| Per 24 Hours | | | | | | | | | |
| DISPO | OSITION OF GAS: | | | METHOD | OF COMPLI | ETION: | | PRODUCTION Top | ON INTERVAL: Bottom |
| | | d on Lease | Open Hole | Perf. | | | mmingled omit ACO-4) | тор | Bottom |
| , | ed, Submit ACO-18.) | | | | | | | | |
| Shots Per Foot | Perforation Top | Perforation Bottom | Bridge Plu Type | g Bridge Set / | | Acid | , Fracture, Shot, C (Amount and Ki | ementing Squeeze and of Material Used, | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| TUBING RECORE | D: Size: | Se | et At: | Packer A | t: | | | | |

| Form | ACO1 - Well Completion | | | |
|-----------|------------------------|--|--|--|
| Operator | Triple T Oil, LLC | | | |
| Well Name | Gerken I-4 | | | |
| Doc ID | 1269145 | | | |

Casing

| Purpose Of String | Size Hole Drilled | Size Casing Set | | | Type Of Cement | | Type and Percent Additives |
|----------------------|----------------------|-----------------------|----|-----|-------------------|----|----------------------------|
| Surface | 9 | 7 | 10 | 20 | 50/50 POZ | 3 | Portland |
| Production | 5.625 | 2.875 | 8 | 543 | 50/50 POZ | 70 | Portland |
| | | | | | | | |
| | | | | | | | |

Lease Owner:Triple T

Miami County, KS Town Oilfield Service, Inc. Commenced Spudding: Well:Gerken I-4 (913) 837-8400 10/22/2015

WELL LOG

| hickness of Strata | Formation | Total Depth |
|--------------------|--------------------|-------------|
| 0-9 | Soil-Clay | 9 |
| 29 | Lime | 38 |
| 12 | Shale | 50 |
| 19 | Lime | 69 |
| 4 | Shale | 73 |
| 2 | Lime | 75 |
| 4 | Shale | 79 |
| 7 | Lime | 86 |
| 4 | Shale | 90 |
| 2 | Lime | 92 |
| 15 | Shale | 107 |
| 13 | Sand | 120 |
| 45 | Sandy Shale | 165 |
| 89 | Shale | 254 |
| 4 | Lime | 258 |
| 35 | Shale | 293 |
| 5 | Lime | 298 |
| 21 | Shale | 319 |
| 9 | Lime | 328 |
| 12 | Shale | 340 |
| 4 | Lime | 344 |
| 4 | Shale | 348 |
| 7 | Sand | 355 |
| 30 | Lime | 385 |
| 5 | Shale | 390 |
| 3 | Lime | 393 |
| 59 | Shale | 452 |
| 3 | Sandy Shale | 455 |
| 3 | Broken Sand | 458 |
| 9 | Sandy Shale | 467 |
| 3 | Sand & Sandy Shale | 469 |
| 5 | Shale | 474 |
| 5 | Sand | 479 |
| 12 | Shale | 491 |
| 1 | Coal | 492 |
| 3 | Lime | 495 |
| 65 | Shale | 560-TD |
| | | |
| | | |

Log Book

| Well No. I - 4 | |
|------------------|------------------|
| | |
| Farm Cyeck | ry |
| | |
| <u>ks</u> | Miami |
| (State) | (County) |
| 29 | 18 24 |
| (Section) (To | ownship) (Range) |
| For Triple | Toil |
| For / CPTC (Well | Owner) |

Town Oilfield Services, Inc. 1207 N. 1st East

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

| Gelken Farm: Missmil county | CASING AND TUBING MEASUREMENTS | |
|-------------------------------------------------------------|--------------------------------|----------------------------|
| FS State; Well No. J-4 | Feet In. Feet In. Feet | ln, |
| Elevation 929 | 5/5, 30 BATE | |
| Commenced Spuding 10-22 20 15 | | |
| Finished Drilling 10-23 20/5 | 543, 40 Flact | |
| Finished Drilling 10-23 2015 Driller's Name Wesley Dollard | 7 | / |
| Driller's Name | 560 - 2 | 5/ |
| Driller's Name | | 0 |
| Tool Drossor's Name Lyan Ward | | |
| Tool Dresser's Name | | - |
| Tool Dresser's Name | | |
| Contractor's Name | | ļ |
| 29 18 24 | | |
| (Section) (Township) (Range) | | M chinarations or Lawrence |
| Distance from E line, 1750 II | | |
| Distance from Eline, 1750 II | | |
| 3 sacles | | |
| 7 415 | | |
| 5 5/8 borelelle | | |
| A 74 CASING AND TUBING | | |
| [™] / [©] CASING-AND TUBING | | ļ |
| RECORD | | ļ |
| | | |
| 10" Set 10" Pulled | | |
| 8" Set 8" Pulled | | |
| 700" Set 20 6%" Pulled , | | |
| A" Cot A" Pollad | | 1 |

-1-

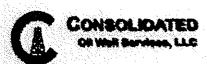
2" Set 2" Pulled _____

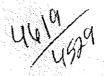
| Thickness of | Formation | Total | |
|---------------|--------------|-------------|-----------------|
| Strata | Soil-clay | Depth C4 | Remarks |
| 29 | Lime | 38 | |
| 12 | Shale | 50 | |
| 19 | Lime | 69 | |
| 4 | Shale | 73 | |
| 2 | Lime | 75 | |
| 4 | Shale | 79 | |
| 7 | Lime | 86 | Hastha |
| 4 | Shale | 90 | 1/2)700 |
| 2 | Lim & | 92 | |
| 15 | Shale | 107 | |
| 13 | sand | 120 | Slight Show |
| 45 | sandy shall | 165 | January St. Coo |
| 89 | Shal e | 254 | |
| | Lime | 258 | |
| 35_ | Shall | 293 | |
| 5 | Lime | 298 | |
| 21 | Shele | 319 | |
| 9 | lime | 328 | |
| 12 | shale | 340 | |
| 4 | Line | 344 | |
| 4 | Shale | 348 | |
| | sand | 355 | no Oil |
| 30 | Lime | 385 | |
| <u>5</u> 3 | <u>shile</u> | 390 | |
| 5 | Line | 393 | |
| <u> 591</u> | Shale | 452 | |

-2-

452

| | | 1300 | |
|------------------------|--------------|----------------|-------------------------|
| Thickness of Strata | Formalion | Total Depth | Remarks |
| Strata 3 | Sandy shale | 455 | |
| 3 | broken sand | 458 | OK oil show |
| 9 | sandy shalf | 467 | |
| 3 | sind & shale | 469 | good oil slow - broken |
| 5 | Shale | 474 | |
| 5_ | Squel | 479 | solid - good seturation |
| 12 | shale | 491 | |
| | Coa | 492 | |
| 3 | lime | 495 | |
| 65 | shale | 560 | TD |
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| | -4- | | -5- |





LOCATION & Home KS FOREMAN Fred Made

| PO Box 884, | Chanute, | KS 66720 |
|-------------|-----------|----------|
| 620-431-921 | 0 or 800- | 467-8676 |

FIELD TICKET & TREATMENT REPORT

| 620-431-9210 | or 800-467-8676 | | CEM | ENT | | | |
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| DATE | CUSTOMER# | 11.5% | L NAME & NUMBER | SECTION | TOWNSHIP | RANGE | COUNTY |
| 10-23-15 | 7966 | Garl | w * 7.4 | NE 29 | /9 | 24 | MI |
| CUSTOMER | | 0:1 | | TRUCK# | DRIVER | TRUCK # | DRIVER |
| MAJLING ADDR | e T | | | 7/2 | Frollar | Shart Salay | |
| | કુદ ¥૦ઇ | and the state of t | | 495 | Hor Bas | | |
| YIK | | STATE | ZIP CODE | 475 | rest bast | | |
| Louis | burg | KS | 66053 | 548 | Tro Hor | | |
| IOB TYPE L | one strily | HOLE SIZE | 3 78 HOLE DE | | CASING SIZE & V | VEIGHT_276 | EUE |
| Casing Depth | 343 0 | DRILL PIPE | STE CONTING | @ 515' | | OTHER | |
| SLURRY WEIGH | | SLURRY VOL | WATER (| | CEMENT LEFT In | | Plus |
| DISPLACEMENT | 2.97 BAL | DISPLACEME | YT PSI MIX PSI_ | | RATE Y BP M | | |
| remarks: ${\cal U}$ | old Sof | esty rou | the Establi | sh pump to | De. Miny | PUMP 100 | * |
| Call | | | Pulmo 70 | SKS POUB | LAN IA | | |
| | | | Flush pu | mp + liver | clean. | Distas | |
| 0.14." | Robber | plas b | o Baffle m | Carry . | Pressure | YO KOD" | F PS1_ |
| | | | for Bo Min | | Release | pressur | <u> </u> |
| y to c | et floor | value. | Shuffer Co | sing. | | • | |
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| | | n in de la companya da la companya Na companya da la co | | | 7.25 | | |
| <u> 705</u> | Drillay | - We | | | trul_2 | Redu- | |
| ACCOUNT | | | | | | | T ATA! |
| CODE | QUANTY | or UNITS | DESCRIPTIO | N of BERVICES or PR | | UNIT PRICE | TOTAL |
| CEOYED | | | PUMP CHARGE | | 495 | 150019 | |
| Epop | • | · · · · · · · · · · · · · · · · · · · | MILEAGE | | | N/C | |
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| | | | | | | | |
| 164 | | | | | | SALES TAX ERTIMATED | 4529 |
| Rever 3757 | | | | | | TOTAL | 2959.8 |
| | | 4 | the contract of the contract o | and the second of the second o | Annual Control of the Art Control of the Control of | 1 1 - 1. (2) A 18 A 1 | T |

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.