

Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1270917
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: _____

1270917

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 _____
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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-6
 Lease Owner: Triple T

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

Commenced Spudding:
 10/23/2015

WELL LOG

Thickness of Strata	Formation	Total Depth
0-7	Soil-Clay	7
28	Lime	35
8	Shale	43
21	Lime	64
4	Shale	68
2	Lime	70
5	Shale	75
6	Lime	81
23	Shale	104
11	Sand	115
35	Sandy Shale	150
99	Shale	249
5	Limey Sand	254
35	Shale	289
5	Lime	294
19	Shale	313
7	Lime	320
15	Shale	335
4	Lime	339
6	Shale	345
7	Sand	352
29	Lime	381
5	Shale	386
2	Lime	388
52	Shale	440
2	Lime	442
5	Shale	447
2	Sandy Shale	449
6	Sand & Sandy Shale	455
4	Sand	459
14	Sandy Shale	473
3	Sand	476
11	Shale	487
1	Coal	488
2	Lime	490
90	Shale	580-TD

Log Book

Well No. T-6

Farm Griken

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

Green Farm: Miami County
KS State; Well No. T-6

Elevation 926

Commenced Spuding 10-23, 20 15

Finished Drilling 10-29, 20 15

Driller's Name Wesley Dillard

Driller's Name _____

Driller's Name _____

Tool Dresser's Name Ryan Weed

Tool Dresser's Name _____

Tool Dresser's Name _____

Contractor's Name TOS

29 18 24

(Section) (Township) (Range)
Distance from S line, 4280 ft.

Distance from E line, 1590 ft.

3 sacks
7 hrs
5 7/8 borehole
2 7/8 casing

CASING AND TUBING RECORD

10" Set _____ 10" Pulled _____
8" Set _____ 8" Pulled _____
7 1/2" Set 20 6 1/4" Pulled _____
4" Set _____ 4" Pulled _____
2" Set _____ 2" Pulled _____

CASING AND TUBING MEASUREMENTS

Feet	In.	Feet	In.	Feet	In.
515.	80	B.P.P.	e		
546.	45	Float			
580	T.D.			2	7/8

Thickness of Strata	Formation	Total Depth	Remarks
0-7	soil-clay	7	
28	Lime	35	
8	Shale	43	
21	Lime	64	
4	Shale	68	
2	Lime	70	
5	Shale	75	
6	Lime	81	Hertha
23	Shale	104	
11	sand	115	slight show
35	sandy shale	150	
99	shale	249	
5	limy sand	254	
35	shale	289	
5	Lime	294	
19	shale	313	
7	Lime	320	
15	shale	335	
4	Lime	339	
6	shale	345	
7	sand	352	no oil
29	Lime	381	
5	shale	386	
2	Lime	388	
52	shale	440	
2	Lime	442	
5	shale	447	

447

Thickness of Strata	Formation	Total Depth	Remarks
2	sandy shale	449	
6	sand & sandy shale	455	broken - very little oil mostly solid - good saturation
4	sand	459	
14	sandy shale	473	
3	sand	476	solid - great saturation
11	shale	487	
1	coal	488	
2	lime	490	
90	shale	580	TD



4641
4549

TICKET NUMBER 49869
LOCATION Ottawa KS
FOREMAN Fred Maden

PO Box 884, Chanute, KS 68720
620-431-8210 or 800-467-8678

FIELD TICKET & TREATMENT REPORT
CEMENT

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
10-27-15	7966	Gardner # T-6	NE 29	18	24	MI
CUSTOMER			TRUCK # DRIVER TRUCK # DRIVER			
Triole T Oil			712 Fred Mad			
MAILING ADDRESS			495 Hor Bec			
P.O. Box 339			675 Mei Det			
CITY STATE ZIP CODE			548 Tra Har			
Louisburg KS 66083						

JOB TYPE Longstray HOLE SIZE 5 7/8 HOLE DEPTH 580 CASING SIZE & WEIGHT 2 7/8 " EUE
 CASING DEPTH 546 DRILL PIPE Baffle TUBING 5 1/2 OTHER _____
 SLURRY WEIGHT _____ BLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT IN CASING _____
 DISPLACEMENT 3.00 DISPLACEMENT PSI _____ MIX PSI _____ RATE _____

REMARKS: Hold safety meeting. Establish pump rate. Mix Pump 100# Gel Flush. Mix + Pump 74 SKS Per Blend I.A Cement 270 Gal 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.

TAS Drilling (was)

Fred Maden

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
CE 0450	1	PUMP CHARGE	495	1500.00
CE 0402	30 mi	MILEAGE	495	2145.00
CE 0718	1/2 Minimum	Ten Miles Delivery	548	320.00
WE 0853	1 hr	80 BBL Vac Truck	675	100.00
		Sub Total		2144.50
		Less 4670		- 986.42
				1158.08
CE 5840	74 SKS	Per Blend I.A Cement	999.00	
CE 5765	224	Bentonite Gel	67.00	
CP 5176	1	2 1/2" Rubber Plug	45.00	
		Sub Total		1111.00
		Less 4670		- 511.15
				600.00
			SALES TAX	42.11
			ESTIMATED TOTAL	1806.15
				(3344.60)

Rev'n 3737

AUTHORIZATION _____ TITLE _____ DATE _____

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.