

Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1270918
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 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: _____

1270918

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 Geologist Report / Mud Logs <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				

1. Did you perform a hydraulic fracturing treatment on this well? Yes No *(If No, skip questions 2 and 3)*
2. Does the volume of the total base fluid of the hydraulic fracturing treatment exceed 350,000 gallons? Yes No *(If No, skip question 3)*
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> <i>(Submit ACO-4)</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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Gerken Farm: Miami County
KS State; Well No. T-7
 Elevation 921
 Commenced Spuding 10-26 2015
 Finished Drilling 10-28 2015
 Driller's Name Wesley Ballard
 Driller's Name _____
 Driller's Name _____
 Tool Dresser's Name Ryan Ward
 Tool Dresser's Name _____
 Tool Dresser's Name _____
 Contractor's Name TOS
29 18 24

(Section) (Township) (Range)
 Distance from S line, 3950 ft.
 Distance from E line, 1590 ft.

3 sacks
8 hrs
5 7/8 borehole
2 7/8 casing
CASING AND TUBING

RECORD

10" Set _____ 10" Pulled _____
 8" Set _____ 8" Pulled _____
~~70~~" Set 20 6 1/4" Pulled _____
 4" Set _____ 4" Pulled _____
 2" Set _____ 2" Pulled _____

CASING AND TUBING MEASUREMENTS

Feet	In.	Feet	In.	Feet	In.
516.	80	Baffle			
549.	05	Float			
560	TOS		2 7/8		

Thickness of Strata	Formation	Total Depth	Remarks
0-6	soil - clay	6	
26	Lime	32	
9	Shale	41	
20	Lime	61	
4	Shale	65	
2	Lime	67	
4	Shale	71	
6	Lime	77	Hertha
24	Shale	101	
19	sand	120	slight show
20	sandy shale	140	
143	Shale	283	
5	Lime	288	
9	Shale	297	
2	Lime	299	
9	Shale	308	
7	Lime	315	
16	Shale	331	
3	Lime	334	
7	Shale	341	
7	sand	348	no Oil
29	Lime	377	
5	Shale	382	
2	Lime	384	
57	Shale	441	
3	sandy shale	444	
2	sand	446	no Oil

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Thickness of Strata	Formation	Total Depth	Remarks
7	sand	453	broken - good show - perf
14	sandy shale	467	no Oil
1	sand	468	broken Oil
11	shale	479	
1	coal	480	
2	lime	482	
78	shale	560	TD



CONSOLIDATED
Oil Well Services, LLC

4642
4550

TICKET NUMBER 49870
LOCATION Ottawa KS
FOREMAN Fred Maden

PO Box 884, Chanute, KS 66720
620-431-9210 or 800-467-9676

FIELD TICKET & TREATMENT REPORT
CEMENT

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
10-27-15	7966	Gerkun # T-7	NE 29	15	24	Mi
CUSTOMER			TRUCK #			
Triple T Oil			DRIVER			
MAILING ADDRESS			TRUCK #			
P.O. Box 339			DRIVER			
CITY			TRUCK #			
Louisburg			DRIVER			
STATE			TRUCK #			
KS			DRIVER			
ZIP CODE			TRUCK #			
66053			DRIVER			

JOB TYPE Long string HOLE SIZE 5 7/8 HOLE DEPTH 560 CASING SIZE & WEIGHT 2 7/8 EUE
CASING DEPTH 543 DRILL PIPE Bottle in TUBING Q 515 OTHER _____
SLURRY WEIGHT _____ SLURRY VOL _____ WATER gal/ok _____ CEMENT LEFT in CASING 28' R-Play
DISPLACEMENT 3.0 BBL DISPLACEMENT PSI _____ MIX PSI _____ RATE 4 BPM

REMARKS: Hold safety meeting. Establish pump rate. Mix Pump 100% Gel
Flush Mix & Pump 79 sks Por Blend IA Cement 270 Cbl.
Flush pump & lines clean. Displace 2 1/2" Rubber plug to Bottle
in casing. Pressure to 600 PSI. Release pressure to set
float valve. Shut in casing.

TOS Drilling, (Wes)

Fred Maden

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
CE0450	1	PUMP CHARGE	495	1500 ⁰⁰
CE0002	---	MILEAGE	NK	
CE0710	1/2 Mile	Ten Miles Delivery	576	320 ⁰⁰
WE0893	1 hr	80 BBL Noc Truck	675	1000 ⁰⁰
		Sub Total		1920 ⁰⁰
		less 46%		- 887 ⁰⁰
				1042 ⁰⁰
CC5040	7436	Por Blend IA Cement	999 ⁰⁰	
CC5965	274*	Bentonite Co	67 ⁰⁰	
CP8176	1	2 1/2" Rubber Plug	45 ⁰⁰	
		Sub Total		111 ⁰⁰
		less 46%		- 511 ⁰⁰
				600 ⁰⁰
			6%	SALES TAX
				48 ⁰⁰
			ESTIMATED	
			TOTAL	1690 ⁰⁰

Rev 5/97

AUTHORIZATION _____ TITLE _____ DATE 3.130.10

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.