

Confidentiality Requested:

Yes  No

KANSAS CORPORATION COMMISSION  
OIL & GAS CONSERVATION DIVISION

1271821

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  
Recompletion Date

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: \_\_\_\_\_



1271821

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](mailto: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 (Attach Additional Sheets)	<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
TCores 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:				

<b>CASING RECORD</b> <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:  <input type="checkbox"/> Perforate <input type="checkbox"/> Protect Casing <input type="checkbox"/> Plug Back TD <input type="checkbox"/> Plug Off Zone	Depth Top Bottom	Type of Cement	# Sacks Used	Type and Percent Additives

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 (Explain) _____				
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 (If vented, Submit ACO-18.)		METHOD OF COMPLETION:  <input type="checkbox"/> Open Hole <input type="checkbox"/> Perf. <input type="checkbox"/> Dually Comp. <input type="checkbox"/> Commingled (Submit ACO-5) <input type="checkbox"/> Commingled (Submit ACO-4)			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 (Amount and Kind of Material Used)	
TUBING RECORD: Size: Set At: Packer At:						

Form	ACO1 - Well Completion						
Operator	Triple T Oil, LLC						
Well Name	Ed Flake I-1						
Doc ID	1271821						

Casing

Purpose Of String	Size Hole Drilled	Size Casing Set	Weight	Setting Depth	Type Of Cement	Number of Sacks Used	Type and Percent Additives
Surface	9	7	10	20	Portland	3	50/50 POZ
Production	5.625	2.875	8	570	Portland	78	50/50 POZ

Mimai County, KS  
Well: Ed Flake I-1  
Lease Owner: Triple T

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

Commenced Spudding:  
11/2/2015

### WELL LOG

Thickness of Strata	Formation	Total Depth
0-18	Soil-Clay	18
17	Shale	35
8	Lime	43
12	Shale	55
31	Lime	86
8	Shale	94
20	Lime	114
4	Shale	118
3	Lime	121
5	Shale	126
5	Lime	131
21	Shale	152
24	Sand	176
32	Sandy Shale	208
83	Shale	291
10	Sand	301
40	Shale	341
5	Lime	346
7	Shale	353
3	Lime	356
9	Shale	365
7	Lime	372
5	Shale	377
11	Shale	388
5	Lime	393
11	Shale	404
20	Lime	424
10	Shale	434
3	Lime	437
9	Shale	446
4	Lime	450
47	Shale	497
3	Sandy Shale	500
8	Sand	508
8	Sandy Shale	516
36	Shale	552
1	Lime	553
27	Shale	580-TD

API - 15-121-31164

# Short Cuts

## TANK CAPACITY

BBLS. (42 gal.) equals  $D^2 \times 14 \times h$

D equals diameter in feet.

h equals height in feet.

## BARRELS PER DAY

Multiply gals. per minute  $\times 34.2$

HP equals BPH  $\times$  PSI  $\times .0004$

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 - RPM $\times$ d over SPM $\times$ R

d - SPM $\times$ RxD over RPM

SPM - RPM $\times$ D over RxD

R - RPM $\times$ D over SPM $\times$ R

BELT LENGTH -  $2C + 1.57(D + d) + \frac{(D-d)^2}{4C}$

\* Need these to figure belt length

TO FIGURE AMPS:  $\frac{\text{WATTS}}{\text{VOLTS}} = \text{AMPS}$

746 WATTS equal 1 HP

# Log Book

Well No. I-1

Farm Ed Flake

KS

(State)

Miami

(County)

9

(Section)

18

(Township)

24

(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
0-16	Soil-clay	16	
17	Shale	35	
8	Lime	43	
12	Shale	55	
31	Lime	86	
8	Shale	94	
20	Lime	114	
4	Shale	118	
3	Lime	121	
5	Shale	126	
5	Lime	131	Hestha
21	Shale	152	
24	Sand	176	odor
32	sandy shale	208	
83	Shale	291	
10	Sand	301	shale scans - no oil
40	Shale	341	
5	Lime	346	
7	Shale	353	
3	Lime	356	
9	Shale	365	
7	Lime	372	
5	Shale	377	
11	Shale	388	Sandy
5	Lime	393	
11	Shale	404	
20	Lime	424	

424

