

Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1271821
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: _____

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. Digital electronic log files must be submitted in LAS version 2.0 or newer AND an image file (TIFF or PDF).

<p>Drill Stem Tests Taken <input type="checkbox"/> Yes <input type="checkbox"/> No (Attach Additional Sheets)</p> <p>Samples Sent to Geological Survey <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>TCores aken <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Electric Log Run <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Geologist Report / Mud Logs <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>List All E. Logs Run:</p>	<p><input type="checkbox"/> Log Formation (Top), Depth and Datum <input type="checkbox"/> Sample</p> <p>Name Top Datum</p>
--	---

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 (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) (Submit ACO-4)	PRODUCTION INTERVAL: Top Bottom

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:

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

API⁷⁷ - 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 x 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 - $SPM \times R \times D$ over RPM

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

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

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

* Need these to figure belt length

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

746 WATTS equal 1 HP

Log Book

Well No. I-1

Farm Ed Flake

KS Miami
(State) (County)

9 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
0-16	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	Hertha
21	Shale	152	
24	sand	176	odor
32	sandy shale	208	
83	shale	291	
10	sand	301	shale seams - no oil
40	Shale	341	
5	Lime	346	
7	shale	353	
3	Lime	356	
9	Shale	365	
7	Lime	372	
5	Shale	377	sandy
11	Shale	388	
5	Lime	393	
11	Shale	404	
20	Lime	424	



CONSOLIDATED
Oil Well Services, LLC

PO Box 884, Chanute, KS 66720
620-431-9210 or 800-467-8676

4718
41033
Invoice # 806317

TICKET NUMBER 49892
LOCATION Ottawa KS
FOREMAN Fred Maden

**FIELD TICKET & TREATMENT REPORT
CEMENT**

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
11-4-15	7966	Ed Flake # I-1	SW 9	18	24	MI
CUSTOMER Triple T Oil			TRUCK # DRIVER TRUCK # DRIVER			
MAILING ADDRESS P.O. Box 339			712	Fred Mad		
CITY STATE ZIP CODE Louisburg KS 66053			495	Har Bee		
			675	Ki Det		
			548			

JOB TYPE Long String HOLE SIZE 5 7/8 HOLE DEPTH 540 CASING SIZE & WEIGHT 2 7/8 EUE
CASING DEPTH 570 DRILL PIPE Baffle in tubing @ 540' OTHER _____
SLURRY WEIGHT _____ SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT in CASING _____
DISPLACEMENT 3.14 DISPLACEMENT PSI _____ MIX PSI _____ RATE 4 BPM

REMARKS: Hold Safety meeting. Establish circulation. Mix Pump 100# Gel
Flush. Mix Pump 5P sls Por Blend IA Cement 2% Gel. Cement
to surface. Flush pump & lines clean. Displace 2 1/2" Rubber
plug to Baffle in casing. Pressure to 80 # KSI. Monitor
pressure for 30 minutes MIT. Release pressure to set float
Value. Shut in casing.

TOS Drilling - (wes) Fred Maden

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
CE045	1	PUMP CHARGE	495	1500.00
CE0002	30	MILEAGE	495	21450.00
CE0711	3 minimum	Ten Miles Delivery	548	2200.00
WE0853	1 hr	80 BBL Vac Truck	675	1000.00
		Sub Total		20345.00
		Less 46%		-9358.70
				10986.30
CC5640	78 SKS	Por Blend IA Cement	1053.00	82134.00
CC5965	231 #	Bentonite Gel	69.30	16098.30
CP8176	1	2 1/2" Rubber Plug	45.00	45.00
		Sub Total		1167.30
		Less 46%		-536.76
				630.54
			8%	50.43
				1779.40
				3295.18

Revin 3737
AUTHORIZATION [Signature] TITLE _____ DATE _____
ESTIMATED TOTAL 1779.40
SALES TAX 50.43
TOTAL 3295.18

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