[redacted] 1271860

Confidentiality Requested:
☑ Yes ☐ No

KANSAS CORPORATION COMMISSION
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 # 34028
Name: Triple T Oil, LLC
Address 1: PO BOX 716
Address 2:
City: LOUISBURG State: KS Zip: 66053 + ____
Contact Person: Lance Town
Phone: (913) 710-5400
CONTRACTOR: License # 33715
Name: Town Oilfield Service
Wellsite Geologist: NA
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 #:

11/9/2015 Spud Date or Recompletion Date
11/10/2015 Date Reached TD
11/20/2015 Completion Date or Recompletion Date

API No.: 15-121-31166-00-00
Spot Description:
SW- SE - SW - SW Sec. 9 Twp. 18 S. R. 24 ☑ East ☐ West
165 Feet from ☐ North / ☑ South Line of Section
4485 Feet from ☑ East / ☐ West Line of Section
Footages Calculated from Nearest Outside Section Corner:
☐ NE ☐ NW ☑ SE ☐ SW
GPS Location: Lat: *(e.g. xx.xxxxx)* , Long: *(e.g. -xxx.xxxxx)*
Datum: ☐ NAD27 ☐ NAD83 ☐ WGS84
County: Miami
Lease Name: Ed Flake Well #: 5
Field Name:
Producing Formation: Second Squirrel
Elevation: Ground: 903 Kelly Bushing: 0
Total Vertical Depth: 580 Plug Back Total Depth:
Amount of Surface Pipe Set and Cemented at: 20 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: 1500 ppm Fluid volume: 20 bbls
Dewatering method used: Evaporated
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: 12/08/2015
☑ **Confidential Release Date:** 12/07/2017
☑ **Wireline Log Received** ☐ **Drill Stem Tests Received**
☐ **Geologist Report / Mud Logs Received**
☐ **UIC Distribution**
ALT ☐ I ☑ II ☐ III **Approved by:** NAOMI JAMES **Date:** 12/08/2015

[redacted] 1271860

Operator Name: Triple T Oil, LLC Lease Name: Ed Flake Well #: 5

Sec. 9 Twp. 18 S. R. 24 ☑ East ☐ West County: Miami

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 ☐ Yes ☑ No
(Attach Additional Sheets)

Samples Sent to Geological Survey ☐ Yes ☑ No

TCores aken ☐ Yes ☑ No

Electric Log Run ☑ Yes ☐ No

Geologist Report / Mud Logs ☐ Yes ☐ No

List All E. Logs Run:

GammaRayNeutronCCL

☐ Log Formation (Top), Depth and Datum ☐ Sample

Name	Top	Datum
GammaRay	20	GL

CASING RECORD ☑ New ☐ 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
Surface	9	7	10	20	Portland	3	50/50 POZ
Production	5.625	2.875	8	570	Portland	75	50/50 POZ

ADDITIONAL CEMENTING / SQUEEZE RECORD

Purpose:	Depth Top Bottom	Type of Cement	# Sacks Used	Type and Percent Additives
☐ Perforate ☐ Protect Casing ☐ Plug Back TD ☐ 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: 11/20/2015

Producing Method: ☐ Flowing ☑ Pumping ☐ Gas Lift ☐ Other *(Explain)*

Estimated Production Per 24 Hours	Oil Bbls.	Gas Mcf	Water Bbls.	Gas-Oil Ratio	Gravity

DISPOSITION OF GAS: ☐ Vented ☐ Sold ☐ Used on Lease
(If vented, Submit ACO-18.)

METHOD OF COMPLETION: ☐ Open Hole ☐ Perf. ☐ Dually Comp. *(Submit ACO-5)* ☐ Commingled *(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:

Mail to: KCC - Conservation Division, 266 N. Main, Suite 220, Wichita, Kansas 67202

Form	ACO1 - Well Completion
Operator	Triple T Oil, LLC
Well Name	Ed Flake 5
Doc ID	1271860

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	75	50/50 POZ

Miami County, KS
Well: Ed Flake # 5
Lease Owner: Triple T

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

Commenced Spudding:
11/9/2015

WELL LOG

Thickness of Strata	Formation	Total Depth
0-27	Soil-Clay	27
6	Shale	33
8	Lime	41
12	Shale	53
32	Lime	85
6	Shale	91
21	Lime	112
4	Shale	116
2	Lime	118
4	Shale	122
6	Lime	128
23	Shale	151
35	Sand	186
103	Sandy Shale	289
10	Sand	299
40	Shale	339
6	Lime	345
18	Shale	363
8	Lime	371
16	Shale	387
4	Lime	391
10	Shale	401
21	Lime	422
23	Shale	445
3	Lime	448
52	Shale	500
7	Sand	507
10	Sandy Shale	517
63	Shale	580-TD

Short Cuts

TANK CAPACITY

BBLS. (42 gal.) equals D^2x.14xh

D equals diameter in feet.

h equals height in feet.

BARRELS PER DAY

Multiply gals. per minute x 34.2

HP equals BPH x PSI x .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 - RPMxd over SPMxR

d - SPMxRxD over RPM

SPM - RPMXD over RxD

R - RPMXD over SPMxD

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

* Need these to figure belt length

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

746 WATTS equal 1 HP

Log Book

Well No. 5

Farm Ed Flake

KS (State) Miami (County)

9 (Section) 16 (Township) 24 (Range)

For Triple T Oil LLC (Well Owner)

Town Oilfield Services, Inc.

1207 N. 1st East

Louisburg, KS 66053

913-710-5400

Ed Flake Farm: Miami County,
KS State; Well No. 5
Elevation 903
Commenced Spuding 11-9 20 15
Finished Drilling 11-10 20 15
Driller's Name Wesley Dollard
Driller's Name
Driller's Name
Tool Dresser's Name Ryan Ward
Tool Dresser's Name
Tool Dresser's Name
Contractor's Name TOS
9 (Section) 15 (Township) 24 (Range)
Distance from S line, 165 ft.
Distance from E line, 4485 ft.
3 sacks 2 7/8 casing
8 hrs
5 5/8 borehole

CASING AND TUBING RECORD

10" Set		10" Pulled	
8" Set		8" Pulled	
7 6¾" Set	20	6¼" Pulled	
4" Set		4" Pulled	
2" Set		2" Pulled	

CASING AND TUBING MEASUREMENTS

Feet	In.	Feet	In.	Feet	In.
539.	15	Bottle			
570.	55	Float			
580	TD		2	7/8	

Thickness of Strata	Formation	Total Depth	Remarks
0-27	soil - clay	27	
6	shale	33	
8	Lime	41	
12	Shale	53	
32	Lime	85	
6	Shale	91	
21	Lime	112	
4	Shale	116	
2	Lime	118	
4	Shale	122	
6	Lime	128	Hertha
23	shale	151	
35	Sand	186	no Oil
103	Sandy shale	289	
10	Sand	299	
40	shale	339	
6	Lime	345	
18	Shale	363	
8	Lime	371	
16	Shale	387	
4	Lime	391	
10	shale	401	
21	Lime	422	
23	Shale	445	
3	Lime	448	
52	Shale	500	
7	Sand	507	mostly solid good saturation

507

Thickness of Strata	Formation	Total Depth	Remarks
10	sandy shale	517	
63	shale	580	TD

4743
4650

CONSOLIDATED
Oil Well Services, LLC

TICKET NUMBER 49898
LOCATION Ottawa KS
FOREMAN Fred Mader

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

FIELD TICKET & TREATMENT REPORT
CEMENT

Invoice #806337

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
11-10-15	7966	EJ Flake #5	SW 9	18	24	MI

CUSTOMER: Triple T Oil LLC
MAILING ADDRESS: P.O. Box 339
CITY: Louisburg | STATE: KS | ZIP CODE: 66053

TRUCK #	DRIVER	TRUCK #	DRIVER
712	Fred Mad		
495	Har Bec		
675	Ki Dav		
548	Al McD		

JOB TYPE Long String | HOLE SIZE 5 7/8 | HOLE DEPTH 560' | CASING SIZE & WEIGHT 2 7/8 EUE
CASING DEPTH 570 | DRILL PIPE Baffle in | TUBING @ 539 | OTHER
SLURRY WEIGHT | SLURRY VOL | WATER gal/sk | CEMENT LEFT in CASING 31' + Plug
DISPLACEMENT 3.14 BBL | DISPLACEMENT PSI | MIX PSI | RATE 4 BPM

REMARKS: Hold Safety mtg. Establish pump rate. Mix & Pump 100# Gel Flush. Mix & Pump SKS Pre Blend I A Cement 2% Cal Cement to Surface. Flush pump & lines clean. Displace 2½" rubber plug to baffle in Casing. Pressure to 800# PSI. Release pressure to set Float Valve. Shut in Casing.

TOS Drilling - (Wes)

Fred Mader

ACCOUNT CODE	QUANITY or UNITS	DESCRIPTION of SERVICES or PRODUCT		UNIT PRICE	TOTAL
CE 0450	# 1	PUMP CHARGE	495	1500.00	
CE 0002	—	MILEAGE		N/C	
CE 0711	43 Minimum	Ton Miles Delivery	548	220.00	
WE 0853	1 hr	80 BBL Vac Trk	675	100.00	
		Sub Total		1820.00	
		Less 46%		-837.20	982.80
CC 5840	75 SKS	Pre Blend I A Cement		1012.50	
CC 5965	226#	Bentonite Gel		67.80	
CP 8176	1	2½" Rubber Plug		45.00	
		Sub Total		1125.30	
		Less 46%		-517.64	607.66
			8%	SALES TAX	48.61
Ravin 3737				ESTIMATED TOTAL	1639.07

AUTHORIZTION _____ TITLE _____ DATE _____ (3035.32)

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.