Confidentiality Requested:

KANSAS CORPORATION COMMISSION OIL & GAS CONSERVATION DIVISION 1271902

Form ACO-1 November 2016 Form must be Typed Form must be Signed All blanks must be Filled

WELL COMPLETION FORM

WELL	HISTORY	- DESCRIP	WEII &	IFASE
	INSIONI			LLASL

OPERATOR: License #			API No.:
Name:			Spot Description:
Address 1:			
Address 2:			Feet from Dorth / South Line of Section
City: Stat	te: Zi	p:+	Feet from East / West Line of Section
Contact Person:			Footages Calculated from Nearest Outside Section Corner:
Phone: ()			
CONTRACTOR: License #			GPS Location: Lat:, Long:
Name:			(e.g. xx.xxxx) (e.gxxx.xxxx)
Wellsite Geologist:			Datum: NAD27 NAD83 WGS84
Purchaser:			County:
Designate Type of Completion:			Lease Name: Well #:
New Well Re-E	Intry	Workover	Field Name:
			Producing Formation:
			Elevation: Ground: Kelly Bushing:
	GSW		Total Vertical Depth: Plug Back Total Depth:
CM (Coal Bed Methane)			Amount of Surface Pipe Set and Cemented at: Feet
Cathodic Other (Core,	Expl., etc.):		Multiple Stage Cementing Collar Used? Yes No
If Workover/Re-entry: Old Well Info	as follows:		If yes, show depth set: Feet
Operator:			If Alternate II completion, cement circulated from:
Well Name:			feet depth to:w/sx cmt
Original Comp. Date:	Original To	otal Depth:	
Deepening Re-perf.	Conv. to E	OR Conv. to SWD	Drilling Fluid Management Plan
Plug Back Liner	Conv. to G	SW Conv. to Producer	(Data must be collected from the Reserve Pit)
	Damait #		Chloride content: ppm Fluid volume: bbls
			Dewatering method used:
			Location of fluid disposal if hauled offsite:
GSW	Permit #:		Operator Name:
			Lease Name: License #:
Spud Date or Date Reac	hed TD	Completion Date or	QuarterSecTwpS. R East West
Recompletion Date		Recompletion Date	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:				

	Page Two	1271902
Operator Name:	Lease Name:	Well #:
Sec TwpS. R East _ West	County:	
INCTRUCTIONS. Show important tang of formations papetrated	atail all aaraa Bapart all final	conico of drill stome toste siving interval tosted, time tool

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 (Attach Additional Sho	eets)	⊡ Y€	es 🗌 No		L	.og F	ormatior	n (Top), Deptł	and Datum	Sample
Samples Sent to Geolog TCores aken Electric Log Run	gical Survey	☐ Ye ☐ Ye ☐ Ye	es 🗌 No		Nam	e			Тор	Datum
		Ye	es 🗌 No							
List All E. Logs Run:										
		Repo	CASING rt all strings set-c		Ne face, inte		sed productio	n, etc.		
Purpose of String	Size Hole Drilled		e Casing (In O.D.)	Weigh Lbs. / F		Set De		Type of Cement	# Sacks Used	Type and Percent Additives
			ADDITIONAL	CEMENTIN	G / SQL	JEEZE RI	ECORD			
Purpose: Perforate	Depth Top Bottom	Туре	of Cement	# Sacks l	Jsed			Type ar	nd Percent Additives	
Protect Casing Plug Back TD										
Plug Off Zone										
 Did you perform a hydra Does the volume of the time Was the hydraulic fracture 	total base fluid of the h	ydraulic fra	cturing treatment		-	ons?] Yes] Yes] Yes	No (If No	, skip questions 2 an , skip question 3) , fill out Page Three o	
Date of first Production/Inje Injection:	ection or Resumed Pro	oduction/	Producing Meth	od:		Gas Lift	Ot	her <i>(Explain)</i>		
Estimated Production Per 24 Hours	Oil I	3bls.	Gas	Mcf	Wate	ər	Bbl	S.	Gas-Oil Ratio	Gravity
			_	ETHOD OF COMPLETION: PRODUCTION INT Perf. Dually Comp. Commingled		ON INTERVAL: Bottom				
Vented Sold	Used on Lease		Dpen Hole	Perf.		ACO-5)		mingled hit ACO-4)		
	oration Perfora Top Botto		Bridge Plug Type	Bridge Plug Set At			Acid, F		Cementing Squeeze Kind of Material Used)	
TUBING RECORD:	Size:	Set At:		Packer At:						

Form	ACO1 - Well Completion		
Operator	Triple T Oil, LLC		
Well Name	John Flake I-1		
Doc ID	1271902		

Casing

Purpose Of String	Size Hole Drilled	Size Casing Set	Weight	Setting Depth	Type Of Cement		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

Lease Owner: Triple T

Miami County, KS Well: John Flake I-1 Town Oilfield Service, Inc. (913) 837-8400 Commenced Spudding: 10/30/2015

WELL LOG

Thickness of Strata	Formation	Total Depth
0-14	Soil-Clay	14
28	Shale	42
8	Lime	50
12	Shale	62
31	Lime	93
9	Shale	102
20	Lime	122
3	Shale	125
3	Lime	128
4	Shale	132
6	Lime	138
22	Shale	160
5	Sandy Shale	165
10	Sand	175
45	Sandy Shale	220
80	Shale	300
9	Sand	309
41	Shale	350
5	Lime	355
5	Shale	360
3	Lime	363
12	Shale	375
6	Lime	381
6	Sandy Shale	387
10	Shale	397
4	Lime	401
13	Shale	414
20	Lime	434
10	Shale	444
3	Lime	447
13	Shale	460
3	Lime	463
15	Shale	478
8	Sandy Shale	486
16	Shale	502
1	Lime	503
6	Shale	509
1	Sandy Shale	510
7	Sand	517
11	Sandy Shale	528

Miami County, KS Well: John Flake I-1 Lease Owner: Triple T

Town Oilfield Service, Inc. Commenced Spudding: (913) 837-8400 10/30/2015

36	Shale	564
1	Lime	565
15	Shale	580-TD
	·	
		· · · · · · · · · · · · · · · · · · ·
·····	· · · · · · · · · · · · · · · · · · ·	······································
·····		· · · · · · · · · · · · · · · · · · ·
· · · · · · · · · · · · · · · · · · ·		· · · · · · · · · · · · · · · · · · ·
		-
	· · · ·	
		·····

Short Cuts

BBLS. (42 gal.) equals D²x.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: WATTS VOLTS = AMPS

746 WATTS equal 1 HP

Log	Book
Well No	ar Jacob
Farm John	FLake
KŠ (State)	Miami (County)
(Section)	18 24 (Township) (Range)
For Triple	T 0:1

Town Oilfield Services, Inc. 1207 N. 1st East Louisburg, KS 66053 913-710-5400

John Flake County State; Well No. 913 Elevation 30 10 -**Commenced Spuding** 20 **Finished Driffing** Driller's Name **Driller's Name** Driller's Name Was **Tool Dresser's Name** 1Gn **Tool Dresser's Name Tool Dresser's Name** 05 Contractor's Name G 18 24 (Section) (Township) (Range) 3<u>30</u> Distance from line, .ft. 330 Ē **Distance from** line, .ft. 3 sacks 8his 578 borchole 27/8 Casing AND TUBING RECORD 10" Set 10" Pulled _____ 8" Set 8" Pulled

CASING AND TUBING MEASUREMENTS

		·					
		Feet	ln.	Feet	in. F	Feet	In.
					PE	1	ļ
Nillian .	13	539	.\$	<u>B</u>	13-5	He	
					1		<u> </u>
Carrys -						ļ	
		570-		Floar	prasse		
						71	
						2'6	V
		580	27	•		x 15	
						<u> </u>	<u> </u>
		·····				L	
		•••••					
			l.				
		·					
					1		
			ł				
	"		──-{}				·
	,		[-				
						[
	······	L	i	l			<u> </u>

2" Set _____

78%4" Set _

4" Set

20

4" Pulled

6¼" Pulled __

-1-

Thickness of	Formation	Total	<u>]</u>
$\frac{\text{Strata}}{\mathcal{O} - \mathcal{U}}$	1 - 1	Depth 1U	Remarks
24	Shall	42	
<u>~</u> 5	Lime	50	
12	Shale		
31	Lime	62	
· · · · · · · · · · · · · · · · · · ·	<u> </u>	102	
<u> </u>	Shale	1	
~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	Lime	122	
20 3 3	shale	125	
	Lime	28	
<u> </u>	Shale	132	
6	Lime	138	Heitha
2.2	Style	160	<u>`</u>
5	sandy shell	165	
10	Sane	175	slight show- Graken Oil
45	sandy shelr	220	
50	shale -	300	
9	Sind	309	shale seams - no oil
41	shale	350	
5	Lime	355	
5	Shale	340	
	Lime	363	
12	Shile	375	
6	Lime	381	
6	sively Shell	387	
10	shile Lime	397	Ţ <u>-</u>
4	Lime	401	T
	Shair	414	1
	-2-		-3-

.

•

. 1

.

		414			
Thickness of Strata	Formation	Total Depth		Remarks	
20	Lime	434			
10	Shale	444	<u>Í</u>		
3	Lime	447			
13	shale	460			
3	Lime	463			
15	<u>shele</u>	478			
<u> </u>	Sandy Shell	486			· · · · · · · · · · · · · · · · · · ·
16	shele	502			······································
	Lime	503			
	<u>shale</u>	509			
	Sindy shale	510			B
	Sand	517	mostly	solid - qu	ood shew
	sandy shell	528		<u>v</u>	
36	shale	564			
	Lime	565			
15	Shalt	580	TD		· · · · · · · · · · · · · · · · · · ·
•····					
					······
. <u></u>					
				<del></del>	
. <u>.</u>					
				<u>"                                    </u>	
	-4-		_!		

·······

.

CONSOLIDATED	
Gil Well Services, LLC	haval

49893 TICKET NUMBER LOCATION Ottawa FOREMAN_ Fred Made

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

# и#806318 463 тіскет & тре FIELD TICKET & TREATMENT REPORT CEMENT

DATE	CUSTOMER #	WEL	L NAME & NUM	BER	SECTION	TOWNSHIP	RANGE	COUNTY
11-4-15	7966	John	Elake #	II	35 8	15	24	mi
CUSTOMER .				T		The Contract		STATES AND AND
Tri	de TI	Dil			TRUCK #	DRIVER	TRUCK #	DRIVER
MAILING ADDRE	65			]	712	Fremad		
P. 0	Box 3				495	Har Bec		
CITY		STATE	ZIP CODE		675	Ki Det		
Louis	burg	KS	66053		548			
JOB TYPE LO	ngskrm.	HOLE SIZE	57/8	HOLE DEPTH	580	CASING SIZE & W	EIGHT 278	EUE
CASING DEPTH	5700		affle de		539.50		OTHER	
SLURRY WEIGH	T	SLURRY VOL		WATER gal/s		<b>CEMENT LEFT in</b>		
DISPLACEMENT	3.14BBL			MIX PSI		RATE 4BPA		
REMARKS: Hold Safety meeting. Establish Circulation Mix+ Pump 100#								
Gel Fl	ush. M:	x + Pum	850 9		Blend IA		190 Cul.	
Cemu		face.		und & Li	nes clean	. Displac	~ 21/2 "	
Rubb		to Ba	ffle m	Casing.	Pressure		* PS1.	
moni		essure	For a	30 MAN	note MI	T. Relea	SE press	w/e
+0 50			-	n Cash	6		/	
	•			-	0			

	Tos	Drilling. (wes)	7	ud)	Made	
	ACCOUNT CODE	QUANITY or UNITS	DESCRIPTION of SERVICES or PRODUCT		UNIT PRICE	TOTAL
	CEO450		PUMP CHARGE	495	150000	•
	C.E 0002.		MILEAGE		NIC	-
	CEOTIL	13 Mininum		548	22000	
	WE0853,		80 BBL Noe Truck	675	10000	
			Sub Tokal		182000	
			Less 4670		- 83720	98200
			SCANN			
₀₆ 99	CC 5840	7 FSKs	Pos Bland IA Comment		105300	
	CC 57650	4 11	Bostarite (ul		6930	
	CP 8176	.1	21/2" Rubber Plus.		45-	
			Sub Total		1167 30	
			Less 46%		-53626	63034
ľ						
[						
				820	SALES TAX	5013
	Ravin 3737	A.			ESTIMATED	1663 52 .
	AUTHORIZTION	VED	TITLE			3080.6

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