Confidentiality Requested:

KANSAS CORPORATION COMMISSION OIL & GAS CONSERVATION DIVISION 1271906

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 #	API No.:
Name:	Spot Description:
Address 1:	
Address 2:	Feet from Dorth / South Line of Section
City: State: Zip:+	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.xxxxx) (e.gxxx.xxxxx)
Wellsite Geologist:	Datum: NAD27 NAD83 WGS84
Purchaser:	County:
Designate Type of Completion:	Lease Name: Well #:
New Well Re-Entry Workover	Field Name:
	Producing Formation:
	Elevation: Ground: Kelly Bushing:
	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?
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 Total Depth:	
Deepening Re-perf. Conv. to EOR Conv. to SWD	Drilling Fluid Management Plan
Plug Back Liner Conv. to GSW Conv. to Producer	(Data must be collected from the Reserve Pit)
	Chloride content: ppm Fluid volume: bbls
Commingled Permit #:	Dewatering method used:
Dual Completion Permit #: SWD Permit #:	
EOR Permit #:	Location of fluid disposal if hauled offsite:
GSW Permit #:	Operator Name:
	Lease Name: License #:
Spud Date or Date Reached TD Completion Date or	Quarter Sec TwpS. 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	1271906
Operator Name:	Lease Name:	Well #:
Sec TwpS. R East _ West	County:	
INCTRUCTIONS. Chow important tang of formations panatrated	Dotail all coros Roport all final	conies of drill stoms tasts giving interval tasted 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 Shi	aata)	Y	es 🗌 No		L	log	Formatio	n (Top), Deptł	and Datum	Sample
Samples Sent to Geolog		Y	es 🗌 No		Nam	e			Тор	Datum
TCores aken Electric Log Run Geologist Report List All E. Logs Run:		Y	es No es No es No							
		Repo	CASING ort all strings set-c	RECORD	Ne face, inte		Jsed e, producti	on, etc.		
Purpose of String	Size Hole Drilled		ze Casing t (In O.D.)	Weigh Lbs. / F			tting epth	Type of Cement	# Sacks Used	Type and Percent Additives
			ADDITIONAL		6 / 501		FCORD			
Purpose:	Depth Top Bottom	Туре	e of Cement	# Sacks l				Type ar	nd Percent Additives	
Perforate Protect Casing Plug Back TD										
Plug Off Zone										
 Did you perform a hydra Does the volume of the tild Was the hydraulic fracture 	total base fluid of the	hydraulic fra	acturing treatment		-	ons?] Yes] Yes] Yes	No (If No,	skip questions 2 an skip question 3) fill out Page Three (
Date of first Production/Inje	ection or Resumed Pr	oduction/	Producing Meth	iod:		Gas Lift	0	ther (Explain)		
Estimated Production Per 24 Hours	Oil	Bbls.	Gas	Mcf	Wat	er	Bt	bls.	Gas-Oil Ratio	Gravity
	_		_		_				PRODUCTIC Top	DN INTERVAL: Bottom
Vented Sold	Used on Lease		Open Hole	Perf.		/ Comp. t ACO-5)		nmingled mit ACO-4)		
	oration Perform		Bridge Plug Type	Bridge Plug Set At			Acid,		Cementing Squeeze Kind of Material Used)	
			Туре	Jel Al				(Anount and I	(Ind of Material Osed)	
TUBING RECORD:	Size:	Set At:		Packer At:						

Form	ACO1 - Well Completion
Operator	Triple T Oil, LLC
Well Name	John Flake 6
Doc ID	1271906

Casing

Purpose Of String	Size Hole Drilled	Size Casing Set		Setting Depth	Type Of Cement		Type and Percent Additives
Surface	9	7	10	24	Portland	3	50/50POZ
Production	5.625	2.875	8	561	Portland	78	50/50 POZ

Miami County, KS Well: John Flake # 6 Lease Owner: Triple T Town Oilfield Service, Inc. (913) 837-8400 Commenced Spudding: 11/5/2015

WELL LOG

Thickness of Strata	Formation	Total Depth
0-15	Soil-Clay	15
34	Shale	49
8	Lime	57
12	Shale	69
32	Lime	101
8	Shale	109
21	Lime	130
4	Shale	134
2	Lime	136
4	Shale	140
7	Lime	147
153	Shale	300
8	Sand	308
45	Shale	353
5	Lime	358
4	Shale	362
7	Lime	369
6	Shale	375
10	Lime	385
15	Shale	400
4	Lime	404
5	Shale	409
4	Lime	413
4	Shale	417
19	Lime	436
24	Shale	460
4	Lime	464
40	Shale	504
3	Sandy Shale	507
6	Sand	513
12	Sandy Shale	525
75	Shale	600-TD

Short Cuts TANK CAPACITY

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 + $1.57(D + d) + (D-d)^2$

* Need these to figure belt length WATTS = AMPS TO FIGURE AMPS: VOLTS 746 WATTS equal 4 HP

Log Book
Well No
Farm_John Flake
KS Miami (State) (County)
S 16 24 (Section) (Township) (Range)
For Triple T Oil LLC (Well Owner)

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

John Flak Mian County K-S State; Well No. 911 Elevation_ Commenced Spuding 20 Finished Drilling Wesle Driller's Name **Driller's Name Driller's Name** Tool Dresser's Name -Van **Tool Dresser's Name Tool Dresser's Name** ٥S Contractor's Name 4 145 \mathcal{A} (Section) (Township) (Range) 495 Distance from . line, ft. Distance from line, ft. 3 Sacks 8 hrs 578 borehole a 7/4 Casing and TUBING RECORD 10" Set _ 10" Pulled _____ 8" Set 8" Pulled ____ 769." Set . 6¼" Pulled _

4''

2″

Pulled

Pulled

4''

Set 2" Set _

CASING AND TUBING MEASUREMENTS

Feet	In.	Feet	In.	Feet	ln.
540	- 40	R.44	76	e 	
		1	 1		
510	. 30	FLoc	1		
569.		FLoc	~	<u> </u>	710
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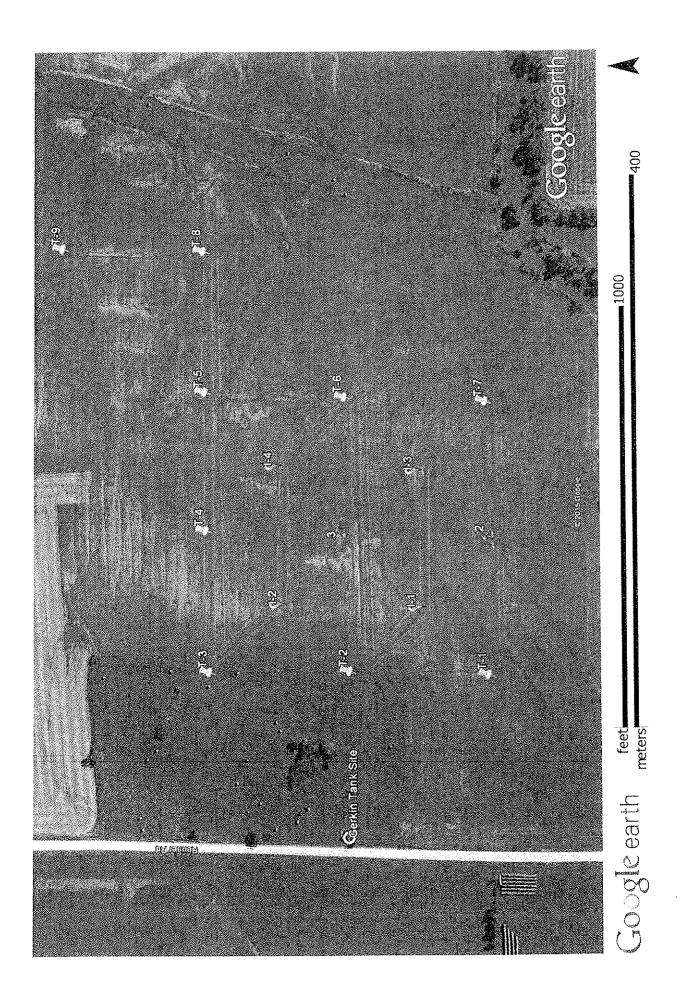
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Thickness of	Formation	Total	
O-15	Soil - clay	Depth 15	Remarks
34	Shale	49	
	Lime	57	
12	Shale	69	
32	Lime	10	
8	Shall	109	
21	Lime	130	
4	Shale	134	
2	Lime	136	
4	Shale	140	
7	Lime	147	Herke
153	Shalp	300	
S	sand	308	no Oit
45	Shaly	353	
5	Lime	358	
<u> </u>	shere	362	
7	Lime	369	
6	Shale	375	
10	Lime	385	
15	shie	400	
<u> </u>	Lime	404	· · · · · · · · · · · · · · · · · · ·
	Shalk	409	
<u> </u>	Line	413	
<u> </u>	<u>shele</u>	417	
	Lime	436	
24	<u>Shale</u>	460	
<u> </u>	-2-		-3-

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-3-

			464			
	Thickness of Strata	Formation	Total Depth		Remarks	
	40	Shale	504	-		
	3	sandy shale	507			
	Ĝ	Send.	513	broken -	e acci	oil show
	12	sandy shale	525	UIGER -	gad	UT JAQU
	75	Shale	600	TD		
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-	CONSOLIDATED
A	Oil Walt Services, LLC

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MIJ 3	4

TICKET NUMBER 49896 LOCATION Ox Vawa KS

Oil Wall Services, LLC					FOREMAN Fred Mader				
PO Box 884, Ch 620-431-9210 o	anute, KS 6672 r 800-467-8676		D TICKE1	CEMEN	TMENT REPO	ORT INVO	ice#8	0632-2	
DATE	CUSTOMER #	WELL NAME & NUMBER			SECTION	TOWNSHIP	RANGE	COUNTY	
11-6-15	7966	John Fl	04.#	1	SE 8	18	24	mi	
CUSTOMER	7766	Jomi F	une	<u>(</u>	and the second				
	ole T	Oil LLC			TRUCK #	DRIVER	TRUCK #	DRIVER	
MAILING ADDRE]	712	Fre Made			
P.D.	Box 3	39			495	Har Bec			
CITY			ZIP CODE	1	3691	Mik Hac			
Louis	burg	KS	66053		548	Tro Hor			
JOB TYPE	Isstrik		57/8			CASING SIZE & W	EIGHT 27	EUE	
CASING DEPTH	56150		Saff 6.m		540.4		OTHER		
SLURRY WEIGH		SLURRY VOL			sk	CEMENT LEFT in	CASING		
DISPLACEMENT	3.14 881	DISPLACEMENT	PSI	MIX PSI		RATE 4BP	m		
REMARKS: 14	1d Safet	a meet in	. Esta	blish	ovma rate	Mix Pu	mp 100#	Gal	
Flush	30.4.1	& Punp	78 5	SKS Por	Bland I	4 Comment	290 Gel		
Contact	79 40	SuyFace	Flus	h din	ox lines o	lean. Di	splace 2	k	
h. hko	+ Alue	to Bufpl	in c	ne Nor .	Pressure	to 800*	PSI.		
	se phes		set Fl	and Va	line Shur	I'm Lasan			
	se pres		-						
	and a loss of a			And an American Street Street of the					
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Tos	3 Drilly	(mas)			1 cu	Made			
	- United	- (wes)							
ACCOUNT	QUANITY	or UNITS	DE		SERVICES or PR	ODUCT	UNIT PRICE	TOTAL	

	ACCOUNT	QUANITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
	CEOUSO	P 1	PUMP CHARGE 495	150000	
	CE0002	Bomi	MILEAGE ' 495	21450	
	OFOTH .	minimum	Ton Miles Dalivery 548	66000	
	WE0853	l hr	80 BBL Vac Trock 369	10090	
			SubTotal	247450	
			Less 46%	-113827	133623
. ach	CC5840	785Ks	Por Bland IA Comment	105300	e
6903	00 5965	231#*	Barty to 60	6930	
	CPSITE		2'2" Rubber Plug	4500	
	CF OF IE	/	F SubTotal	116730	
			- Less 467	- 53624	63034
			62	SALES TAX	50.43
	Ravin 3737	. 1		ESTIMATED	2017=
	7	Nove woon		DATE	37.35.18)
	AUTHORIZTION	M / Martin	TITLE		- Harris

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.