



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1302884
OIL & GAS CONSERVATION DIVISION

Form ACO-1

August 2013

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 SIOW
- Gas D&A ENHR SIGW
- OG GSW Temp. Abd.
- 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 ENHR Conv. to SWD
- Plug Back Conv. to GSW Conv. to Producer
- Commingled Permit #: _____
- Dual Completion Permit #: _____
- SWD Permit #: _____
- ENHR Permit #: _____
- GSW Permit #: _____

Spud Date or Recompletion Date	Date Reached TD	Completion Date or Recompletion Date
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API No. 15 - _____

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
- Geologist Report Received
- UIC Distribution
- ALT I II III Approved by: _____ Date: _____

1302884

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).

Drill Stem Tests Taken <input type="checkbox"/> Yes <input type="checkbox"/> No <i>(Attach Additional Sheets)</i> Samples Sent to Geological Survey <input type="checkbox"/> Yes <input type="checkbox"/> No Cores Taken <input type="checkbox"/> Yes <input type="checkbox"/> No Electric Log Run <input type="checkbox"/> Yes <input type="checkbox"/> No List All E. Logs Run: _____	<input type="checkbox"/> Log Formation (Top), Depth and Datum <input type="checkbox"/> Sample Name Top Datum
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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)*

Shots Per Foot	PERFORATION RECORD - Bridge Plugs Set/Type Specify Footage of Each Interval Perforated	Acid, Fracture, Shot, Cement Squeeze Record <i>(Amount and Kind of Material Used)</i>	Depth

TUBING RECORD:	Size:	Set At:	Packer At:	Liner Run: <input type="checkbox"/> Yes <input type="checkbox"/> No
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Date of First, Resumed Production, SWD or ENHR.	Producing Method: <input type="checkbox"/> Flowing <input type="checkbox"/> Pumping <input type="checkbox"/> Gas Lift <input type="checkbox"/> Other <i>(Explain)</i> _____
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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 <i>(If vented, Submit ACO-18.)</i>	METHOD OF COMPLETION: <input type="checkbox"/> Open Hole <input type="checkbox"/> Perf. <input type="checkbox"/> Dually Comp. <input type="checkbox"/> Commingled <i>(Submit ACO-5)</i> <input type="checkbox"/> Other <i>(Specify)</i> _____	PRODUCTION INTERVAL: _____ _____
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ALLIED OIL & GAS SERVICES, LLC

Federal Tax I.D. #20-5975804

158 12971

92 0828

791

087709

REMIT TO P.O. BOX 93999
SOUTHLAKE, TEXAS 76092

SERVICE POINT

Merit Bend

DATE <i>10/21/15</i>	SEC. <i>22</i>	TWP. <i>12</i>	RANGE <i>76</i>	CALLED OUT	ON LOCATION	JOB START <i>2:30</i>	JOB FINISH <i>4:30</i>
LEASE <i>Staples</i>	WELL # <i>1A</i>	LOCATION <i>Block 570 Old C E W</i>			COUNTY <i>Wos</i>	STATE <i>TX</i>	
OLD OR NEW (Circle one)							

CONTRACTOR *Richard Piddrell 10* OWNER *Same*

TYPE OF JOB *PT*

HOLE SIZE *7 7/8* T.D. _____

CASING SIZE *8 1/2* DEPTH _____

TUBING SIZE _____ DEPTH _____

DRILL PIPE *4 1/4* DEPTH *1800'*

TOOL _____ DEPTH _____

PRES. MAX _____ MINIMUM _____

MEAS. LINE _____ SHOE JOINT _____

CEMENT LEFT IN CSG. _____

PERFS. _____

DISPLACEMENT _____

EQUIPMENT

PUMP TRUCK CEMENTER *Alan Ryan*

364 HELPER *Wingard CB*

BULK TRUCK _____

_____ DRIVER *MacLyn CB*

BULK TRUCK _____

_____ DRIVER _____

REMARKS:

500' C-1800'
800' C-950'
500' C-250'
200' C-60'
300' C-Butt 1/2"

CHARGE TO: *Triple Crown Oper.*

STREET _____

CITY _____ STATE _____ ZIP _____

To: Allied Oil & Gas Services, LLC.
You are hereby requested to rent cementing equipment and furnish cementer and helper(s) to assist owner or contractor to do work as is listed. The above work was done to satisfaction and supervision of owner agent or contractor. I have read and understand the "GENERAL TERMS AND CONDITIONS" listed on the reverse side.

PRINTED NAME *Scott Wiland*

SIGNATURE _____

CEMENT AMOUNT ORDERED *230 60/40 40% 2 1/4 P6*

COMMON <i>40% 230</i>	@ <i>18.75</i>	<i>4351.60</i>
POZMIX _____	@ _____	_____
GEL <i>1500</i>	@ <i>.50</i>	<i>750.00</i>
CHLORIDE _____	@ _____	_____
ASC <i>58</i>	@ <i>2.97</i>	<i>172.26</i>
_____	@ _____	_____
_____	@ _____	_____
_____	@ _____	_____
_____	@ _____	_____
_____	@ _____	_____
_____	@ _____	_____
_____	@ _____	_____

TOTAL *4523.86*

DISCOUNT *50%* *2261.93*

SERVICE

HANDLING *230* *52.40* *570.40*

MILEAGE *297* *2.75* *816.75*

DEPTH OF JOB *1800*

PUMP TRUCK CHARGE _____ *2213.75*

EXTRA FOOTAGE @ _____

HV MILEAGE *60* @ *2.20* *132.00*

LV MILEAGE *30* @ *4.40* *132.00*

TOTAL *4194.90*

DISCOUNT *50%* *2097.45*

PLUG & FLOAT EQUIPMENT

_____	@ _____	_____
_____	@ _____	_____
_____	@ _____	_____
_____	@ _____	_____
_____	@ _____	_____
_____	@ _____	_____
TOTAL	_____	_____
DISCOUNT _____%	_____	_____

SALES TAX (If Any) _____

TOTAL CHARGES *8718.76*

DISCOUNT *4359.38* PAID IN 30 DAYS

NET TOTAL *4359.38* IF PAID IN 30 DAYS

Conservation Division
266 N. Main St., Ste. 220
Wichita, KS 67202-1513



Phone: 316-337-6200
Fax: 316-337-6211
<http://kcc.ks.gov/>

Jay Scott Emler, Chairman
Shari Feist Albrecht, Commissioner
Pat Apple, Commissioner

Sam Brownback, Governor

April 12, 2016

Doyle Williams
Triple Crown Operating LLC
2201 S. UTICA PL STE 100
TULSA, OK 74114-7099

Re: ACO-1
API 15-135-25898-00-00
Slagle 1-A
SW/4 Sec.22-20S-26W
Ness County, Kansas

Dear Doyle Williams:

K.A.R. 82-3-107 provides for all completion information to be filed within 120 days of the spud date. Subsection(e)(2) of that regulation states "All rights to confidentiality shall be lost if the filings are not timely."

The above referenced well was spudded on 11/24/2015 and the ACO-1 was received on April 11, 2016 (not within the 120 days timely requirement).

Therefore, your request for confidential treatment of data contained within the ACO-1 filing cannot be granted at this time.

If you should have any questions, please do not hesitate to contact me at (316)337-6200.

Sincerely,

Production Department

ALLIED OIL & GAS SERVICES, LLC

Federal Tax I.D. #20-5975804

065741

REMIT TO P.O. BOX 93999
SOUTHLAKE, TEXAS 76092

SERVICE POINT:
Great Bend

DATE 11-24-15	SEC. 22	TWP. 20	RANGE 28	CALLED OUT	ON LOCATION 9:00 PM	JOB START 10:30 PM	JOB FINISH 11:30 PM
LEASE STATE <u>KS</u>	WELL# A1	LOCATION <u>Beeleu South T20 R10</u>	COUNTY <u>NESS</u>	STATE <u>KS</u>			
OLD OR <u>NEW</u> (Circle one)	<u>1/4 East North into</u>						

CONTRACTOR Pickwell Rig Co OWNER _____
TYPE OF JOB Surface
HOLE SIZE 7 7/8 T.D. 222
CASING SIZE 8 3/4 DEPTH 220
TUBING SIZE _____ DEPTH _____
DRILL PIPE _____ DEPTH _____
TOOL _____ DEPTH _____
PRES. MAX _____ MINIMUM _____
MEAS. LINE _____ SHOE JOINT _____
CEMENT LEFT IN CSG. 15
PERFS. _____
DISPLACEMENT 13 BBhd P-coh
EQUIPMENT _____
PUMP TRUCK CEMENTER Wayne Davis
366 HELPER Brian hand
BULK TRUCK _____
821/112 DRIVER Malin
BULK TRUCK _____
_____ DRIVER _____

CEMENT
AMOUNT ORDERED 165 SK 60/40 + 3% CC + 2% GCI
COMMON _____ @ _____
POZMIX _____ @ _____
GEL _____ @ _____
CHLORIDE 425 @ 110 467.50
ASC _____ @ _____
165 60/40 + 3% @ 15.50 2,557.50
GCI + 3% CC @ _____

TOTAL 3,025.00

REMARKS:

on Job site had safety meeting
Ran cables Brake circulation
with Rig mud Ran 5 BBhd wester-
Ahead Mix 165 SK 60/40 + 3%
CC + 2% GCI Displace 13 BBhd
Shut in cement and
circulate

DISCOUNT 50% 1,512.50

SERVICE

HANDLING 177.25 @ 3.48 439.58
MILEAGE 7.45 X 30 X 2.75 614.63
DEPTH OF JOB _____
PUMP TRUCK CHARGE _____ 1512.35
EXTRA FOOTAGE _____ @ _____
HV MILEAGE 30 @ 7.70 231.00
LV MILEAGE 30 @ 4.40 132.00

TOTAL 2,929.46
DISCOUNT 50% 1,464.74

CHARGE TO: Tipple Crown
STREET _____
CITY _____ STATE _____ ZIP _____

PLUG & FLOAT EQUIPMENT

TOTAL _____
DISCOUNT _____ %

To: Allied Oil & Gas Services, LLC.
You are hereby requested to rent cementing equipment and furnish cementer and helper(s) to assist owner or contractor to do work as is listed. The above work was done to satisfaction and supervision of owner agent or contractor. I have read and understand the "GENERAL TERMS AND CONDITIONS" listed on the reverse side.

PRINTED NAME Miko Korn
SIGNATURE Miko Korn

SALES TAX (If Any) _____
TOTAL CHARGES 5,954.48
DISCOUNT 2,977.24 IF PAID IN 30 DAYS
NET TOTAL 2,977.24 IF PAID IN 30 DAYS