



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1322462
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
-----------------------------------	-----------------	---

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: _____

1322462

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
--	---

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: Yes No

Date of First, Resumed Production, SWD or ENHR: _____ 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: <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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License # 99977

QUALITY OILWELL CEMENTING, INC.

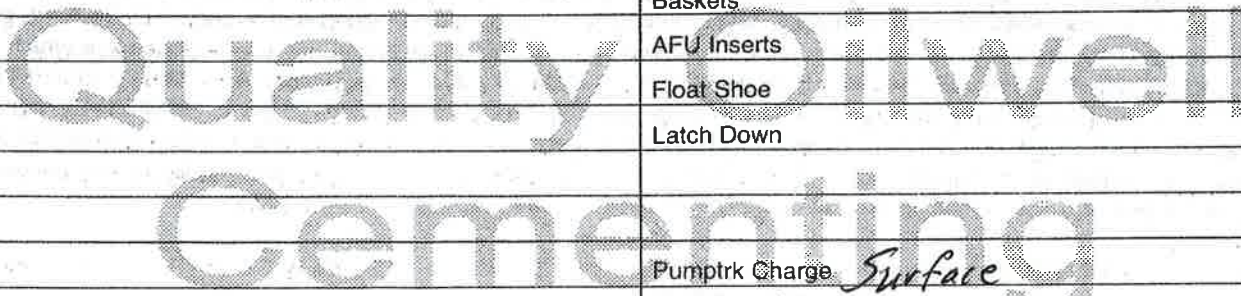
Federal Tax I.D.# 20-2886107

Phone 785-483-2025
Cell 785-324-1041

Home Office P.O. Box 32 Russell, KS 67665

No. 1720

Date	6-22-16	Sec.	10	Twp.	14	Range	28	County	Gove	State	Ks	On Location		Finish	4:00 PM
Lease								Location							
Zie								Gove S to R Rd, E to 52 Rd							
Well No.				1-10				Owner				25 E/S			
Contractor								To Quality Oilwell Cementing, Inc.							
W W 10								You are hereby requested to rent cementing equipment and furnish cementer and helper to assist owner or contractor to do work as listed.							
Type Job								Charge To							
Surface								Triple Crown operation LLC							
Hole Size				T.D.				Street				City			
12 1/4"				217'								State			
Csg.				Depth				The above was done to satisfaction and supervision of owner agent or contractor.							
8 5/8"				217'											
Tbg. Size				Depth				Cement Amount Ordered							
								150 70/30 3+2							
Tool				Shoe Joint				Cement Left in Csg.							
				15'				15'							
Meas Line				Displace				Meas Line							
				12 3/4 BLS											
EQUIPMENT															
Pumptrk 18				Cementer				Common				105			
				Helper				Poz. Mix				45			
Bulktrk 21				Driver				Gel.				3			
				Billy				Calcium				7			
Bulktrk pu				Driver				Hulls							
				Rick				Salt							
JOB SERVICES & REMARKS															
Remarks:								Cement did Circulate							
Rat Hole								Flowseal							
Mouse Hole								Kol-Seal							
Centralizers								Mud CLR 48							
Baskets								CFL-117 or CD110 CAF 38							
D/V or Port Collar								Sand							
								Handling 160							
								Mileage							
FLOAT EQUIPMENT															
								Guide Shoe							
								Centralizer							
								Baskets							
								AFU Inserts							
								Float Shoe							
								Latch Down							
								Pumptrk Charge							
								Surface							
								Mileage							
								40							
												Tax			
												Discount			
												Total Charge			
X Signature <i>Rick</i>															



QUALITY OILWELL CEMENTING, INC.

Federal Tax I.D.# 20-2886107

Phone 785-483-2025
Cell 785-324-1041

Home Office P.O. Box 32 Russell, KS 67665

No. 1722

Date	6-28-16	Sec.	10	Twp.	14	Range	28	County	Grove	State	Ks	On Location		Finish	8:00 PM		
Lease								Zie		Well No.		1-10					
Contractor								WW #10		Owner						25, ELS	
Type Job								Plug		To Quality Oilwell Cementing, Inc.						You are hereby requested to rent cementing equipment and furnish cementer and helper to assist owner or contractor to do work as listed.	
Hole Size				7 7/8"		T.D.		4480'		Charge To		Triple Crown					
Csg.				Depth		Street											
Tbg. Size				4 1/2" D.P.		Depth		2060'		City		State					
Tool				Depth		The above was done to satisfaction and supervision of owner agent or contractor.											
Cement Left in Csg.				Shoe Joint		Cement Amount Ordered		240 60/40 4% Gel 1/4#									
Meas Line				Displace		H2O/mud		Flo seal									
EQUIPMENT																	
Pumptrk		20		No.		Cement Helper		Craig		Common		144					
Bulktrk		21		No.		Driver		Doug		Poz. Mix		96					
Bulktrk		p.u.		No.		Driver		Rick		Gel.		9					
Bulktrk				No.		Driver				Calcium							
JOB SERVICES & REMARKS																	
Remarks:				2060 - 50 SX				Salt									
Rat Hole								Flowseal				60#					
Mouse Hole				1050' - 100 SX				Kol-Seal									
Centralizers								Mud CLR 48									
Baskets				270' - 50 SX				CFL-117 or CD110 CAF 38									
D/V or Port Collar				40' - 10 SX w/plug				Sand									
Rathole				- 30 SX				Handling				249					
								FLOAT EQUIPMENT									
Cement Dil				Circulate				Guide Shoe									
								Centralizer									
								Baskets									
								AFU Inserts									
								Float Shoe									
								Latch Down									
								Pumptrk Charge				plug					
								Mileage				40 ✓					
								Tax									
								Discount									
								Total Charge									
Signature								A. O. [Signature]									



TRILOBITE TESTING, INC

DRILL STEM TEST REPORT

Triple Crown Operating LLC

10-14-28 Gove, Ks

2201 S Utica Pl Ste100
Tulsa, Ok
74114-7099
ATTN: Rod Anderson

Zie #1-10

Job Ticket: 61859

DST#: 1

Test Start: 2016.06.25 @ 21:45:25

GENERAL INFORMATION:

Formation: **KC**
 Deviated: No Whipstock: 0.00 ft (KB)
 Time Tool Opened: 23:53:55
 Time Test Ended: 04:56:10
 Interval: **3825.00 ft (KB) To 3845.00 ft (KB) (TVD)**
 Total Depth: 3845.00 ft (KB) (TVD)
 Hole Diameter: 7.88 inches Hole Condition: Fair
 Test Type: Conventional Bottom Hole (Initial)
 Tester: Shane McBride
 Unit No: 84
 Reference Elevations: 2583.00 ft (KB)
 2578.00 ft (CF)
 KB to GR/CF: 5.00 ft

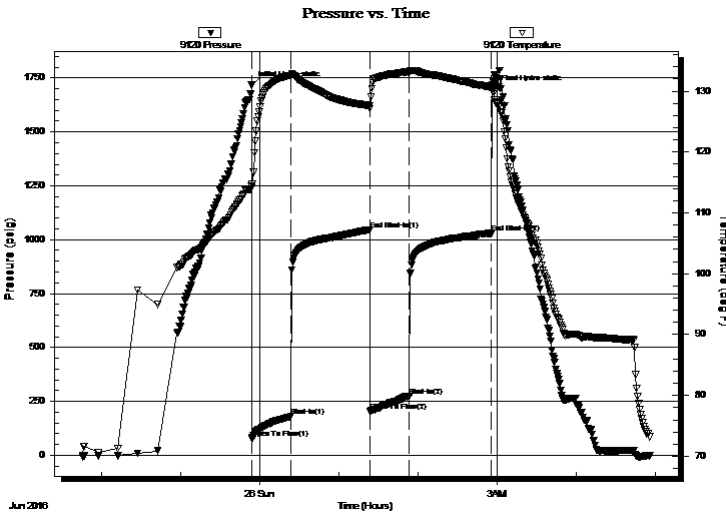
Serial #: 9120

Outside

Press@RunDepth: 273.51 psig @ 3826.00 ft (KB) Capacity: 8000.00 psig
 Start Date: 2016.06.25 End Date: 2016.06.26 Last Calib.: 2016.06.26
 Start Time: 21:45:25 End Time: 04:56:10 Time On Btm: 2016.06.25 @ 23:53:25
 Time Off Btm: 2016.06.26 @ 02:57:25

TEST COMMENT: B.O.B. in 13 min
 No return
 B.O.B. in 16 min.
 No return

PRESSURE SUMMARY



Time (Min.)	Pressure (psig)	Temp (deg F)	Annotation
0	1716.64	114.48	Initial Hydro-static
1	77.53	114.20	Open To Flow (1)
30	179.87	132.60	Shut-In(1)
90	1045.24	127.64	End Shut-In(1)
90	203.28	127.07	Open To Flow (2)
120	273.51	133.09	Shut-In(2)
183	1029.78	130.60	End Shut-In(2)
184	1696.23	129.85	Final Hydro-static

Recovery

Length (ft)	Description	Volume (bbl)
433.00	water 100%w	4.98
124.00	s m c w 5% m 95% w	1.74
93.00	m c w 30% m 70% w	1.30

Gas Rates

	Choke (inches)	Pressure (psig)	Gas Rate (Mcf/d)



**TRILOBITE
TESTING, INC**

DRILL STEM TEST REPORT

FLUID SUMMARY

Triple Crown Operating LLC

10-14-28 Gove, Ks

2201 S Utica Pl Ste100
Tulsa, Ok
74114-7099
ATTN: Rod Anderson

Zie #1-10

Job Ticket: 61859

DST#: 1

Test Start: 2016.06.25 @ 21:45:25

Mud and Cushion Information

Mud Type: Gel Chem

Cushion Type:

Oil API:

0 deg API

Mud Weight: 9.00 lb/gal

Cushion Length:

ft

Water Salinity:

32000 ppm

Viscosity: 58.00 sec/qt

Cushion Volume:

bbbl

Water Loss: 7.20 in³

Gas Cushion Type:

Resistivity: 0.00 ohm.m

Gas Cushion Pressure:

psig

Salinity: 2500.00 ppm

Filter Cake: 1.00 inches

Recovery Information

Recovery Table

Length ft	Description	Volume bbl
433.00	water 100%w	4.981
124.00	s m c w 5%m 95%w	1.739
93.00	m c w 30%m 70%w	1.305

Total Length: 650.00 ft Total Volume: 8.025 bbl

Num Fluid Samples: 0

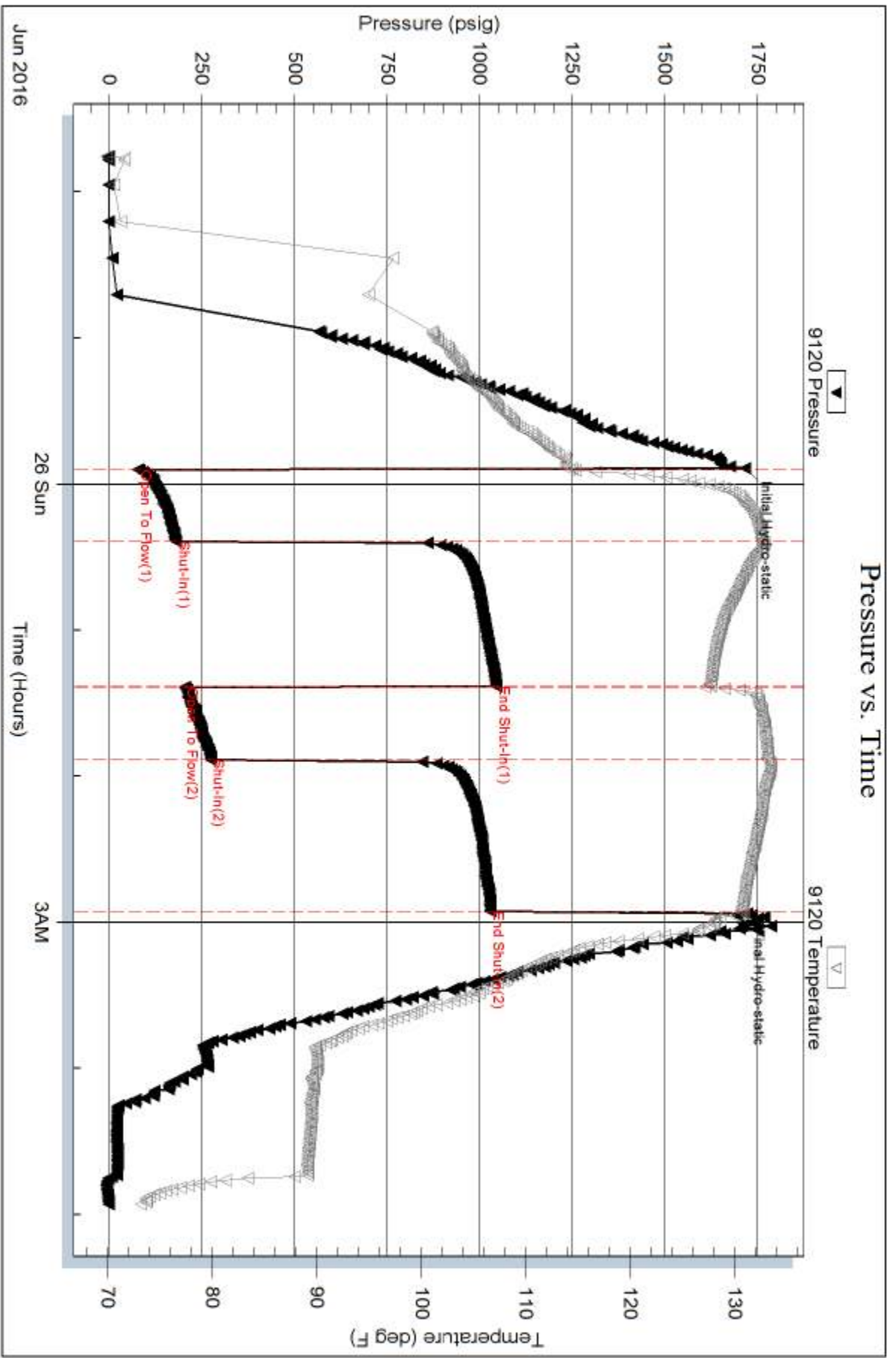
Num Gas Bombs: 0

Serial #:

Laboratory Name:

Laboratory Location:

Recovery Comments: rw .250 @ 66*f = 32,000 chlor





KANSAS CORPORATION COMMISSION 1311203
OIL & GAS CONSERVATION DIVISION

Form CP-1
March 2010

This Form must be Typed
Form must be Signed
All blanks must be Filled

WELL PLUGGING APPLICATION

Form KSONA-1, Certification of Compliance with the Kansas Surface Owner Notification Act,
MUST be submitted with this form.

OPERATOR: License #: _____
Name: _____
Address 1: _____
Address 2: _____
City: _____ State: _____ Zip: _____ + _____
Contact Person: _____
Phone: (_____) _____

API No. 15 - _____
If pre 1967, supply original completion date: _____
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
County: _____
Lease Name: _____ Well #: _____

Check One: Oil Well Gas Well OG D&A Cathodic Water Supply Well Other: _____
 SWD Permit #: _____ ENHR Permit #: _____ Gas Storage Permit #: _____

Conductor Casing Size: _____ Set at: _____ Cemented with: _____ Sacks
Surface Casing Size: _____ Set at: _____ Cemented with: _____ Sacks
Production Casing Size: _____ Set at: _____ Cemented with: _____ Sacks

List (ALL) Perforations and Bridge Plug Sets:

Elevation: _____ (G.L. / K.B.) T.D.: _____ PBTD: _____ Anhydrite Depth: _____
(Stone Corral Formation)

Condition of Well: Good Poor Junk in Hole Casing Leak at: _____
(Interval)

Proposed Method of Plugging (attach a separate page if additional space is needed):

Is Well Log attached to this application? Yes No Is ACO-1 filed? Yes No

If ACO-1 not filed, explain why:

Plugging of this Well will be done in accordance with K.S.A. 55-101 et. seq. and the Rules and Regulations of the State Corporation Commission

Company Representative authorized to supervise plugging operations: _____
Address: _____ City: _____ State: _____ Zip: _____ + _____
Phone: (_____) _____
Plugging Contractor License #: _____ Name: _____
Address 1: _____ Address 2: _____
City: _____ State: _____ Zip: _____ + _____
Phone: (_____) _____

Proposed Date of Plugging (if known): _____

Payment of the Plugging Fee (K.A.R. 82-3-118) will be guaranteed by Operator or Agent

Submitted Electronically



CERTIFICATION OF COMPLIANCE WITH THE KANSAS SURFACE OWNER NOTIFICATION ACT

This form must be submitted with all Forms C-1 (Notice of Intent to Drill); CB-1 (Cathodic Protection Borehole Intent); T-1 (Request for Change of Operator Transfer of Injection or Surface Pit Permit); and CP-1 (Well Plugging Application). Any such form submitted without an accompanying Form KSONA-1 will be returned.

Select the corresponding form being filed: C-1 (Intent) CB-1 (Cathodic Protection Borehole Intent) T-1 (Transfer) CP-1 (Plugging Application)

OPERATOR: License # _____
Name: _____
Address 1: _____
Address 2: _____
City: _____ State: _____ Zip: _____ + _____
Contact Person: _____
Phone: (_____) _____ Fax: (_____) _____
Email Address: _____

Well Location:
____ - ____ - ____ - ____ Sec. ____ Twp. ____ S. R. ____ East West
County: _____
Lease Name: _____ Well #: _____

If filing a Form T-1 for multiple wells on a lease, enter the legal description of the lease below:

Surface Owner Information:

Name: _____
Address 1: _____
Address 2: _____
City: _____ State: _____ Zip: _____ + _____

When filing a Form T-1 involving multiple surface owners, attach an additional sheet listing all of the information to the left for each surface owner. Surface owner information can be found in the records of the register of deeds for the county, and in the real estate property tax records of the county treasurer.

If this form is being submitted with a Form C-1 (Intent) or CB-1 (Cathodic Protection Borehole Intent), you must supply the surface owners and the KCC with a plat showing the predicted locations of lease roads, tank batteries, pipelines, and electrical lines. The locations shown on the plat are preliminary non-binding estimates. The locations may be entered on the Form C-1 plat, Form CB-1 plat, or a separate plat may be submitted.

Select one of the following:

- I certify that, pursuant to the Kansas Surface Owner Notice Act (House Bill 2032), I have provided the following to the surface owner(s) of the land upon which the subject well is or will be located: 1) a copy of the Form C-1, Form CB-1, Form T-1, or Form CP-1 that I am filing in connection with this form; 2) if the form being filed is a Form C-1 or Form CB-1, the plat(s) required by this form; and 3) my operator name, address, phone number, fax, and email address.
- I have not provided this information to the surface owner(s). I acknowledge that, because I have not provided this information, the KCC will be required to send this information to the surface owner(s). To mitigate the additional cost of the KCC performing this task, I acknowledge that I must provide the name and address of the surface owner by filling out the top section of this form and that I am being charged a \$30.00 handling fee, payable to the KCC, which is enclosed with this form.

If choosing the second option, submit payment of the \$30.00 handling fee with this form. If the fee is not received with this form, the KSONA-1 form and the associated Form C-1, Form CB-1, Form T-1, or Form CP-1 will be returned.

I Submitted Electronically

I

License # 99977

QUALITY OILWELL CEMENTING, INC.

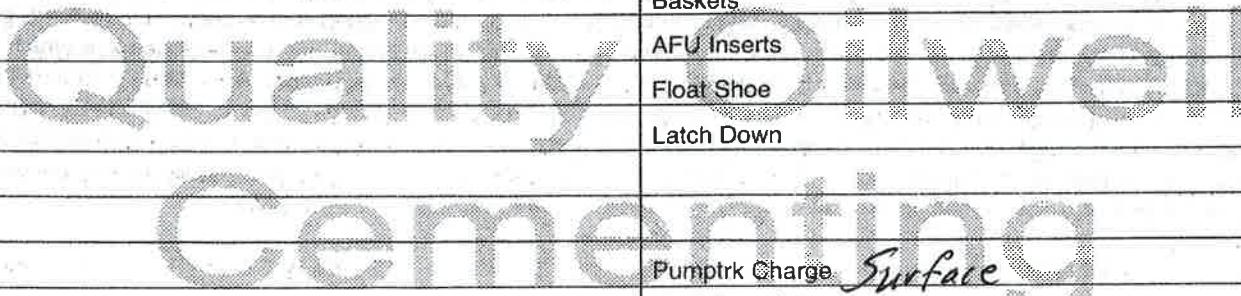
Federal Tax I.D.# 20-2886107

Phone 785-483-2025
Cell 785-324-1041

Home Office P.O. Box 32 Russell, KS 67665

No. 1720

Date	6-22-16	Sec.	10	Twp.	14	Range	28	County	Gove	State	Ks	On Location		Finish	4:00 PM	
Lease	Zie							Well No.	1-10	Owner 25 E/S						
Location								Gove S to R Rd, E to 52 Rd								
Contractor	W W 10							To Quality Oilwell Cementing, Inc. You are hereby requested to rent cementing equipment and furnish cementer and helper to assist owner or contractor to do work as listed.								
Type Job	Surface							Charge To Triple Crown operation LLC								
Hole Size	12 1/4"		T.D.		217'		Street									
Csg.	8 5/8"		Depth		217'		City									
Tbg. Size			Depth				State									
Tool			Depth				The above was done to satisfaction and supervision of owner agent or contractor.									
Cement Left in Csg.	15'		Shoe Joint		15'		Cement Amount Ordered 150 70/30 3+2									
Meas Line			Displace		12 3/4 BLS											
EQUIPMENT																
Pumptrk	18	No.	Cementer	Craig		Common		105								
			Helper			Poz. Mix		45								
Bulktrk	21	No.	Driver	Billy		Gel.		3								
			Driver			Calcium		7								
Bulktrk	pu	No.	Driver	Rick		Hulls										
			Driver			Salt										
JOB SERVICES & REMARKS																
Remarks:	Cement did Circulate															
Rat Hole	Flowseal															
Mouse Hole	Kol-Seal															
Centralizers	Mud CLR 48															
Baskets	CFL-117 or CD110 CAF 38															
D/V or Port Collar	Sand															
	Handling 160															
	Mileage															
FLOAT EQUIPMENT																
	Guide Shoe															
	Centralizer															
	Baskets															
	AFU Inserts															
	Float Shoe															
	Latch Down															
	Pumptrk Charge Surface															
	Mileage 40															
	Tax															
	Discount															
	Total Charge															
X Signature	Rick [Signature]															



QUALITY OILWELL CEMENTING, INC.

Federal Tax I.D.# 20-2886107

Phone 785-483-2025
Cell 785-324-1041

Home Office P.O. Box 32 Russell, KS 67665

No. 1722

Date	6-28-16	Sec.	10	Twp.	14	Range	28	County	Grove	State	Ks	On Location		Finish	8:00 PM		
Lease								Zie		Well No.		1-10					
Contractor								WW #10		Owner						25, ELS	
Type Job								Plug		To Quality Oilwell Cementing, Inc.						You are hereby requested to rent cementing equipment and furnish cementer and helper to assist owner or contractor to do work as listed.	
Hole Size				7 7/8"		T.D.		4480'		Charge To		Triple Crown					
Csg.				Depth		Street											
Tbg. Size				4 1/2" D.P.		Depth		2060'		City		State					
Tool				Depth		The above was done to satisfaction and supervision of owner agent or contractor.											
Cement Left in Csg.				Shoe Joint		Cement Amount Ordered		240 60/40 4% Gel 1/4#									
Meas Line				Displace		H2O/mud		Flo seal									
EQUIPMENT																	
Pumptrk		20		No.		Cement Helper		Craig		Common		144					
Bulktrk		21		No.		Driver		Doug		Poz. Mix		96					
Bulktrk		p.u.		No.		Driver		Rick		Gel.		9					
Bulktrk				No.		Driver				Calcium							
JOB SERVICES & REMARKS																	
Remarks:				2060 - 50 SX				Salt									
Rat Hole								Flowseal				60#					
Mouse Hole				1050' - 100 SX				Kol-Seal									
Centralizers								Mud CLR 48									
Baskets				270' - 50 SX				CFL-117 or CD110 CAF 38									
D/V or Port Collar				40' - 10 SX w/plug				Sand									
Rathole				- 30 SX				Handling				249					
								FLOAT EQUIPMENT									
Cement D ² l				Circulate				Guide Shoe									
								Centralizer									
								Baskets									
								AFU Inserts									
								Float Shoe									
								Latch Down									
								Dry hole plug									
								Pumptrk Charge				plug					
								Mileage				40 ✓					
								Tax									
								Discount									
								Total Charge									
Signature				[Signature]													

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

July 07, 2016

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

Re: Plugging Application
API 15-063-22288-00-00
Zie 1-10
SW/4 Sec.10-14S-28W
Gove County, Kansas

Dear Doyle Williams:

The Conservation Division has received your Well Plugging Application (CP-1).

Under K.A.R. 82-3-113(b)(2), you must notify DISTRICT 4 of your proposed plugging plan at least 5 days before plugging the well. DISTRICT 4's phone number is (785) 625-0550. Failure to notify DISTRICT 4, or failure to file a Well Plugging Record (CP-4) after the well is plugged will result in a penalty recommendation.

Under K.A.R. 82-3-600, you must file an Application for Surface Pit (CDP-1) if you wish to use a workover pit while plugging the well. Failure to timely file a CDP-1, failure to timely remove fluids, or failure to timely file Closure of Surface Pit (CDP-4) or Waste Transfer (CDP-5) forms will result in a penalty recommendation.

This receipt does NOT constitute authorization to plug this well if you do not otherwise have the legal right to do so.

This receipt is VOID after January 07, 2017. If the well is not plugged by then, you will have to submit a new CP-1 if you wish to plug the well.

The January 07, 2017 deadline does NOT override any compliance deadline given to you by Legal, District, or other Commission Staff. Failure to comply with any given deadline will still result in the Commission assessing penalties, or taking other legal action.

Sincerely,
Production Department Supervisor

cc: DISTRICT 4

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

November 16, 2016

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

Re: ACO-1
API 15-063-22288-00-00
ZIE 1-10
SW/4 Sec.10-14S-28W
Gove 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 6/22/2016 and the ACO-1 was received on November 16, 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