

Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION

Form ACO-1

January 2018

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

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 #: _____

Spud Date or Recompletion Date _____ Date Reached TD _____ Completion Date or Recompletion Date _____

API No.: _____

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 Drill Stem Tests Received

Geologist Report / Mud Logs Received

UIC Distribution

ALT I II III Approved by: _____ Date: _____

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 Geologist Report / Mud Logs <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				

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:	Producing Method: <input type="checkbox"/> Flowing <input type="checkbox"/> Pumping <input type="checkbox"/> Gas Lift <input type="checkbox"/> Other <i>(Explain)</i> _____			
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> <i>(Submit ACO-4)</i>	PRODUCTION INTERVAL: Top Bottom
---	---	------------------------------------

Shots Per Foot	Perforation Top	Perforation Bottom	Bridge Plug Type	Bridge Plug Set At	Acid, Fracture, Shot, Cementing Squeeze Record <i>(Amount and Kind of Material Used)</i>

TUBING RECORD:	Size:	Set At:	Packer At:	
----------------	-------	---------	------------	--

Linn County, KS
Well:Woirhaye 100A
Lease Owner:Triple T

Town Oilfield Service, Inc.
(913) 294-2125

Commenced Spudding:
10/27/2017

WELL LOG

Thickness of Strata	Formation	Total Depth
0-4	Soil-Clay	4
21	Sandy Shale	25
10	Shale	35
5	Lime	40
51	Shale	91
8	Lime	99
9	Shale	108
35	Lime	143
11	Shale	154
14	Lime	168
6	Shale	174
2	Lime	176
4	Shale	180
5	Lime	185
3	Shale	188
4	Lime & Sandy Shale	192
4	Sandy Shale	196
27	Shale	223
15	Sand	238
30	Sandy Shale	268
46	Shale	314
3	Sand	317
8	Sandy Shale	325
25	Shale	350
5	Sandy Lime	355
15	Shale	370
9	Lime	379
1	Shale	380
2	Lime	382
25	Sand	407
6	Sandy Shale	413
25	Shale	438
9	Lime	447
12	Shale	459
4	Lime	463
14	Shale	477
5	Lime	482
3	Sand	485
5	Shale	490
9	Lime	499

Short Cuts

TANK CAPACITY

BBLS. (42 gal.) equals $D^2 \times .14 \times h$

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 - $RPM \times d$ over $SPM \times R$

d - $SPM \times R \times D$ over RPM

SPM - $RPM \times D$ over $R \times D$

R - $RPM \times D$ over $SPM \times D$

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

* Need these to figure belt length

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

746 WATTS equal 1 HP

Log Book

Well No. 100A

Farm Woirhaye

KS Linn
(State) (County)

2 20 22
(Section) (Township) (Range)

For Triple T Oil
(Well Owner)

15-107-25250

Town Oilfield Services, Inc.

1207 N. 1st East
Louisburg, KS 66053
913-710-5400

Weirhage Farm, Linn County
KS State: Well No. 100A
 Elevation 977
 Commenced Spuding 10-27 20 17
 Finished Drilling 10-31 20 17
 Driller's Name Wesley Dillard
 Driller's Name Ryan Ward
 Driller's Name _____
 Tool Dresser's Name _____
 Tool Dresser's Name _____
 Tool Dresser's Name _____
 Contractor's Name TOS
2 20 22

(Section) (Township) (Range)
 Distance from S line. 4090 ft.
 Distance from E line. 2315 ft.

3 sacks
 9 hrs
 5 5/8 bore hole
 2 7/8 casing

CASING AND TUBING RECORD

10" Set _____ 10" Pulled _____
 8" Set _____ 8" Pulled _____
 7" Set 21 6 1/4" Pulled _____
 4" Set _____ 4" Pulled _____
 2" Set _____ 2" Pulled _____

CASING AND TUBING MEASUREMENTS

Feet	In.	Feet	In.	Feet	In.
710		Float			
740		TD		2 7/8	

Thickness of Strata	Formation	Total Depth	Remarks
0-4	soil-clay	4	
21	sandy shale	25	
10	shale	35	
5	lime	40	
51	shale	91	
8	lime	99	
9	shale	108	
35	lime	143	
11	shale	154	
14	lime	168	
6	shale	174	
2	lime	176	
4	shale	180	
5	lime	185	Heather
3	shale	188	
4	lime & sandy shale	192	
4	sandy shale	196	
27	shale	223	
15	sand	238	grey - no Oil
30	sandy shale	268	
46	shale	314	
3	sand	317	grey - no Oil
8	sandy shale	325	
25	shale	350	
5	sandy lime	355	
15	shale	370	
9	lime	379	odor - slight show

379

Thickness of Strata	Formation	Total Depth	Remarks
1	Shale	380	
2	Lime	382	
25	sand	407	broken - slight show
6	sandy shale	413	
25	shale	438	
9	Lime	447	
12	Shale	459	
4	Lime	463	
14	Shale	477	
5	Lime	482	sandy
3	sand	485	grey - no oil
5	Shale	490	
9	Lime	499	
15	Shale	514	
1	Lime	515	
3	Shale	518	
3	Lime	521	
30	Shale	551	
7	sand	558	broken - odor - no show
2	sandy shale	560	
18	shale & gas sand	578	laminated - gas odor
20	sand & sandy shale	598	broken - gas odor - very little oil
7	sand	605	broken - odor - very little oil
4	sand	609	broken - OK oil show
4	sand	613	solid - good oil show
1	coal	614	
13	Shale	627	

627

Thickness of Strata	Formation	Total Depth	Remarks
3	Lime	630	
7	Shale	637	
1	Lime	638	
20	Shale	658	
9	Sand	667	broken - Heavy Oil - good bleed
73	Shale	740	TD

Town Oilfield Service

PO Box 339 Louisburg, KS 66053
913-294-2125

Ticket # _____
Location _____
Foreman _____

Field Ticket & Treatment Report Cement

Date	Customer#	Well Name & Number	Section	Township	Range	County
10-31-17		Woirhaye 100A	2	20	22	Linne
Customer		Mailing Address				
			City	State	Zip Code	

Job Type log ~~5 1/2~~ Hole Size 5 5/8 Hole Depth 740 Casing Size & Weight 2 7/8

Casing Depth 710 Drill Pipe _____ Tubing _____ Other _____

Displacement _____ Displacement PSI _____ Mix PSI _____ Rate _____

Remarks _____

Quantity or Units	Description of Service or Product	Unit Price	Total
	Pump Charge		700
	Cement Truck		250
	Water Truck		0
120	Cement	8	960
	Gel		
	Plug		25
	Estimated Total:		1935

Authorization  Title _____ Date 10-31-17