

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 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
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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				

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) (Submit ACO-4)</i>	PRODUCTION INTERVAL: Top Bottom
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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:	
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Miami County, KS  
 Well: Weaver # 11  
 Lease Owner: Triple T Oil, LLC

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

Commenced Spudding:  
 6/22/2018

WELL LOG

Thickness of Strata	Formation	Total Depth
0-7	Soil-Clay	7
5	Lime	12
8	Shale	20
16	Lime	36
18	Shale	54
21	Lime	75
70	Shale	145
20	Lime	165
10	Shale	175
11	Lime	186
33	Shale	219
6	Lime	225
36	Shale	261
11	Lime	272
15	Shale	287
24	Lime	311
8	Shale	319
20	Lime	339
4	Shale	343
3	Lime	346
2	Shale	348
11	Lime	359
127	Shale	486
9	Sand	495
55	Shale	550
6	Lime	556
2	Shale	558
2	Lime	560
12	Shale	572
7	Lime	579
18	Shale	597
5	Lime	602
8	Shale	610
4	Lime	614
11	Shale	625
5	Lime	630
62	Shale	692
1	Lime	693
7	Shale	700
8	Sand	708



# 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. 11

Farm Weaver

KS Miami  
 (State) (County)

18 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

Weaver Farm: Miami County

KS State; Well No. 11

Elevation 1083

Commenced Spuding 6-22 20 18

Finished Drilling 6-25 20 18

Driller's Name Wesley Bellard

Driller's Name Ryan Ward

Driller's Name

Tool Dresser's Name

Tool Dresser's Name

Tool Dresser's Name

Contractor's Name TOS

18 16 24

(Section) (Township) (Range)

Distance from S line, 825 ft.

Distance from E line, 3495 ft.

3 sacks  
8 hrs  
5 5/8 borehole  
2 7/8 casing

### CASING AND TUBING RECORD

10" Set \_\_\_\_\_ 10" Pulled \_\_\_\_\_  
8" Set \_\_\_\_\_ 8" Pulled \_\_\_\_\_  
7 1/2" Set 20 \_\_\_\_\_ 6 1/2" Pulled \_\_\_\_\_  
4" Set \_\_\_\_\_ 4" Pulled \_\_\_\_\_  
2" Set \_\_\_\_\_ 2" Pulled \_\_\_\_\_

### CASING AND TUBING MEASUREMENTS

Feet	In.	Feet	In.	Feet	In.
730		Ball			
758		Float	2 7/8		
780		TD			

Thickness of Strata	Formation	Total Depth	Remarks
0-7	Soil - Clay	7	
5	Lime	12	
8	Shale	20	
16	Lime	36	
18	Shale	54	
21	Lime	75	
70	Shale	145	
20	Lime	165	
10	Shale	175	
11	Lime	186	
33	Shale	219	
6	Lime	225	
36	Shale	261	
11	Lime	272	
15	Shale	287	
24	Lime	311	
8	Shale	319	
20	Lime	339	
4	Shale	343	
3	Lime	346	
2	Shale	348	
11	Lime	359	Herthas
127	Shale	486	
9	Sand	495	grey - no oil
55	Shale	550	
6	Lime	556	
2	Shale	558	



558

Thickness of Strata	Formation	Total Depth	Remarks
2	Lime	560	
12	Shale	572	
7	Lime	579	
18	Shale	597	
5	Lime	602	
8	Shale	610	
4	Lime	614	
11	Shale	625	
5	Lime	630	
62	Shale	692	
1	Lime	693	
7	Shale	700	
8	sand	708	mostly solid - good saturation
32	sandy shale	740	
23	Shale	763	
10	sand	773	grey - no oil
7	Shale	780	FD



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

JM-10956  
 PO-17104  
 FT-10846

TICKET NUMBER 54044  
 LOCATION Ottawa, KS  
 FOREMAN Casey Kennedy

FIELD TICKET & TREATMENT REPORT  
 CEMENT

Invoice # 813474

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
6-22-18	7966	Weaver # 11	SW18	16	23	M
CUSTOMER <u>Triple T</u>						
MAILING ADDRESS <u>PO Box 339</u>						
CITY <u>Louisburg</u>	STATE <u>KS</u>	ZIP CODE <u>666053</u>				
TRUCK #	DRIVER	TRUCK #	DRIVER			
729	Casey	✓	Safety Meeting			
467	KeiCar	✓				
503	Ala Mad	✓				
675	KeiDet	✓				

JOB TYPE Long String HOLE SIZE 5 5/8" HOLE DEPTH 780' CASING SIZE & WEIGHT 2 7/8" EUE  
 CASING DEPTH 758' DRILL PIPE \_\_\_\_\_ TUBING battle - 730' OTHER \_\_\_\_\_  
 SLURRY WEIGHT \_\_\_\_\_ SLURRY VOL \_\_\_\_\_ WATER gal/sk \_\_\_\_\_ CEMENT LEFT in CASING 28'  
 DISPLACEMENT 4.23 bbls DISPLACEMENT PSI \_\_\_\_\_ MIX PSI \_\_\_\_\_ RATE 4 bpm

REMARKS: held safety meeting, established circulation, mixed & pumped 200 # Gel followed by 5 bbls fresh water, mixed & pumped 100 sks Pozblend 1A cement w/ 2% gel per sk, cement to surface, flushed pump clean, pumped 2 1/2" rubber plug to battle w/ 4.23 bbls fresh water, pressured to 800 PSI, released pressure to set float valve.

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
CE0450	1	PUMP CHARGE	1500.00	
CE0002	10 mi	MILEAGE	71.50	
CE0711	1/2 min	ten mi leage	330.00	
WE0853	1.5 hrs	80 Vac	150.00	
		trucks	2051.50	
		- 35%	718.03	
		Subtotal		1333.47
CC5840	100 sks	Pozblend 1A cement	1350.00	
CC5965	368 #	Gel	110.40	
CP8176	1	2 1/2" rubber plug	45.00	
		materials	1505.40	
		- 35%	526.89	
		Subtotal		978.51
		8%		
		SALES TAX		78.28
		ESTIMATED TOTAL		2390.28

Ravin 3737

AUTHORIZATION No Co Rep TITLE \_\_\_\_\_ DATE \_\_\_\_\_  
 ESTIMATED TOTAL 2390.28  
 TOTAL (3677.33)

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.