

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)</i> <i>(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 I-4
 Lease Owner: Triple T Oil, LLC

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

Commenced Spudding:
 6/26/2018

WELL LOG

Thickness of Strata	Formation	Total Depth
0-7	Soil-Clay	7
18	Lime	25
17	Shale	42
24	Lime	66
68	Shale	134
19	Lime	153
11	Shale	164
9	Lime	173
36	Shale	209
7	Lime	216
34	Shale	250
12	Lime	262
14	Shale	276
25	Lime	301
7	Shale	308
20	Lime	328
3	Shale	331
3	Lime	334
2	Shale	336
14	Lime	350
130	Shale	480
9	Sand	489
53	Shale	542
5	Lime	547
2	Shale	549
5	Lime	554
8	Shale	562
12	Lime	574
25	Shale	599
7	Lime	606
5	Shale	611
1	Lime	612
3	Shale	615
5	Lime	620
71	Shale	691
10	Sand	701
32	Sandy Shale	733
31	Shale	764
16	Sandy Shale	780-TD

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 $BPH \times PSI \times .0004$

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. I-4

Farm Weaver

KS Miami
 (State) (County)

18 11e 24
 (Section) (Township) (Range)

For Triple T Oil
 (Well Owner)

Town Oilfield Services, Inc.

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

Weaver Farm: Miami County

KS State; Well No. I-4

Elevation 1064

Commenced Spudding 6-26 20' 18

Finished Drilling 6-27 20' 18

Driller's Name Wesley Ballard

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, 660 ft.

Distance from E line, 2970 ft.

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

CASING AND TUBING MEASUREMENTS

Feet	In.	Feet	In.	Feet	In.
732		Ballie			
764		Float		2	7/8
780		TD			

CASING AND TUBING RECORD

10" Set _____ 10" Pulled _____
 8" Set _____ 8" Pulled _____
 7 3/4" Set 20 6 1/4" Pulled _____
 4" Set _____ 4" Pulled _____
 2" Set _____ 2" Pulled _____

Thickness of Strata	Formation	Total Depth	Remarks
0-7	soil-clay	7	
18	Lime	25	
17	Shale	42	
24	Lime	66	
68	Shale	134	
19	Lime	153	
11	Shale	164	
9	Lime	173	
36	Shale	209	
7	Lime	216	
34	Shale	250	
12	Lime	262	
14	Shale	276	
25	Lime	301	
7	Shale	308	
20	Lime	328	
3	Shale	331	
3	Lime	334	
2	Shale	336	
14	Lime	350	Hertha
130	Shale	480	
9	sand	489	gray - no oil
53	Shale	542	
5	Lime	547	
2	Shale	549	
5	Lime	554	
8	Shale	562	

562

Thickness of Strata	Formation	Total Depth	Remarks
12	Lime	574	
25	Shale	599	
7	Lime	606	
5	Shale	611	
1	Lime	612	
3	Shale	615	
5	Lime	620	
71	Shale	691	
10	sand	701	mostly solid - good Oil Show
32	sandy shale	733	
31	Shale	764	
16	sandy shale	780	TD



PRESSURE PUMPING LLC

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

3m-11005
PO-17181
FT-10894

TICKET NUMBER 54025

LOCATION Ottawa

FOREMAN Alan Made

FIELD TICKET & TREATMENT REPORT CEMENT

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
6-27-18	7966	Weaver F-1	SW 18	16	24	Mi
CUSTOMER <u>Triple T</u>			TRUCK #	DRIVER	TRUCK #	DRIVER
MAILING ADDRESS <u>P.O. Box 339</u>			730	Alan Made	Safety Meet	
CITY <u>Louisburg</u>			467	Ken Car		
STATE <u>KS</u>			675	Ken Det		
ZIP CODE <u>66003</u>			503	Ken Ken		

JOB TYPE <u>log cement</u>	HOLE SIZE <u>5 7/8</u>	HOLE DEPTH <u>780</u>	CASING SIZE & WEIGHT <u>2 7/8</u>
CASING DEPTH <u>764</u>	DRILL PIPE	TUBING	OTHER <u>732 bf</u>
SLURRY WEIGHT	SLURRY VOL	WATER gal/sk	CEMENT LEFT in CASING <u>yes</u>
DISPLACEMENT <u>4.25</u>	DISPLACEMENT PSI <u>800</u>	MIX PSI <u>200</u>	RATE <u>46pm</u>

REMARKS: Held meeting. Established rate. Mixed & pumped 200# gel followed by 91 sk Poz Blend I.A plus 2 1/2 gal. Circulated cement. Flushed pump. Pumped plug to baffle. Well held 800 PSI for 30 minute MIT. Set frost.

TQS, Wes

Alan Made

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
CE0450	1	PUMP CHARGE	467	1500 ⁰⁰
CE0002	15	MILEAGE	467	107.25
CE0711	1/2 mi	ton miles	503	330 ⁰⁰
WE0853	1.5	80 gal	675	150 ⁰⁰
		sub less 40%		2087.25
				-834.70
				1252.35
CL5840	91 sk	Poz Blend I.A		1228.50
CL5965	353	gel		105.90
CP8176	1	2 1/2 plug		45.00
		sub less 40%		1379.40
				-551.76
				827.64

SCANNED

SALES TAX	8%	66.21
ESTIMATED TOTAL		2146.20
TOTAL		3577.00

AUTHORIZATION No Rep TITLE _____ DATE _____

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.