

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](mailto: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 19  
 Lease Owner: Triple T Oil

Town Oilfield Service, Inc.

Commenced Spudding:  
 10/22/2018

WELL LOG

Thickness of Strata	Formation	Total Depth
0-9	Soil-Clay	9
22	Lime	31
18	Shale	49
20	Lime	69
70	Shale	139
18	Lime	157
10	Shale	167
10	Lime	177
34	Shale	211
4	Lime	215
39	Shale	254
11	Lime	265
14	Shale	279
27	Lime	306
6	Shale	312
20	Lime	332
4	Shale	336
2	Lime	338
3	Shale	341
12	Lime	353 Hertha
12	Shale	365
5	Sand	370 broken-good oil show
110	Shale	480
9	Sand	489 grey-no oil
56	Shale	545
13	Lime	558
5	Shale	563
8	Lime	571
17	Shale	588
5	Lime	593
8	Shale	601
8	Lime	609
2	Shale	611
10	Lime	621
7	Shale	628
1	Lime	629
52	Shale	681
2	Lime	683
7	Shale	690
10	Sand	700 mostly solid-good oil show



# 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. 19

Farm Weaver

KS  
(State)

Miami  
(County)

18  
(Section)

16  
(Township)

24  
(Range)

For Triple T Oil  
(Well Owner)

15-121-31489

**Town Oilfield  
Services, Inc.**

1207 N. 1st East

Louisburg, KS 66053

913-710-5400

Weaver Farm: Miami County  
KS State; Well No. 19  
 Elevation 1072  
 Commenced Spuding 10-22 .20 18  
 Finished Drilling 10-23 .20 18  
 Driller's Name Wesley Dollard  
 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, 2010 ft.  
 Distance from E line, 2805 ft.

4 sacks

9 hrs

5 5/8 borehole

2 7/8 casing

### CASING AND TUBING RECORD

10" Set \_\_\_\_\_ 10" Pulled \_\_\_\_\_  
 8" Set \_\_\_\_\_ 8" Pulled \_\_\_\_\_  
~~7~~ 7" Set 20 6 3/4" Pulled \_\_\_\_\_  
 4" Set \_\_\_\_\_ 4" Pulled \_\_\_\_\_  
 2" Set \_\_\_\_\_ 2" Pulled \_\_\_\_\_

### CASING AND TUBING MEASUREMENTS

Feet	In.	Feet	In.	Feet	In.
<u>723.6</u>		<u>Bell</u>	<u>1/8</u>		
<u>754.6</u>		<u>Float</u>	<u>2 7/8</u>		
<u>780 TD</u>					

Thickness of Strata	Formation	Total Depth	Remarks
0-9	soil - clay	9	
22	Lime	31	
18	Shale	49	
20	Lime	69	
70	Shale	139	
18	Lime	157	
10	Shale	167	
10	Lime	177	
34	Shale	211	
4	Lime	215	
39	Shale	254	
11	Lime	265	
14	Shale	279	
27	Lime	306	
6	Shale	312	
20	Lime	332	
4	Shale	336	
2	Lime	338	
3	Shale	341	
12	Lime	353	Heitha
12	Shale	365	
5	Sand	370	broken - good oil show
110	Shale	480	
9	Sand	489	grey - no oil
56	Shale	545	
13	Lime	558	
5	Shale	563	



563

Thickness of Strata	Formation	Total Depth	Remarks
48	Lime	571	
17	Shale	588	
5	Lime	593	
8	Shale	601	
8	Lime	609	
2	Shale	611	
10	Lime	621	
7	Shale	628	
1	Lime	629	
52	Shale	681	
2	Lime	683	
7	Shale	690	
10	Sand	700	
80	sandy shale	780	mostly solid - good oil show JD



PRESSURE PUMPING LLC  
PO Box 884, Chanute, KS 66720  
820-431-9210 or 800-487-8676

11879  
11758

TICKET NUMBER 55493

LOCATION Chanute, KS

FOREMAN Casey Kennedy

FIELD TICKET & TREATMENT REPORT  
CEMENT

Invoice #814416

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY	
10/23/18	7966	Wenover #19	SW 18	16	24	M1	
CUSTOMER Triple T							
MAILING ADDRESS PO Box 339							
CITY Louisburg		STATE KS	ZIP CODE 66053				
TRUCK #		DRIVER		TRUCK #		DRIVER	
729		Car Ken		✓ Safety		Meeting	
467		Kei Car		✓			
548		Har Ber		✓			
675		Kei Det		✓			

JOB TYPE Long string HOLE SIZE 5 5/8" HOLE DEPTH 780' CASING SIZE & WEIGHT 2 7/8" EUE  
 CASING DEPTH 760' DRILL PIPE \_\_\_\_\_ TUBING baffle - 730' OTHER \_\_\_\_\_  
 SLURRY WEIGHT \_\_\_\_\_ SLURRY VOL \_\_\_\_\_ WATER gal/sk \_\_\_\_\_ CEMENT LEFT in CASING 30'  
 DISPLACEMENT 4.23 bbls DISPLACEMENT PSI \_\_\_\_\_ MIX PSI \_\_\_\_\_ RATE 4 bpm

REMARKS: held safety meeting, established circulation, mixed & pumped 200#  
Qel followed by 5 bbls fresh water, mixed & pumped 102 sks Pozblend  
1A cement w/ 2% gel per sk, cement to surface, flushed pump  
clean, pumped 2 1/2" rubber plug to baffle w/ 4.23 bbls fresh water,  
pressured to 800 PSI, released pressure to set float valve.

*Handwritten signature*

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
CE0450	1	PUMP CHARGE	1500.00	
CE0002	— mi	MILEAGE		
CE0711	1/2 min	for mileage	330.00	
WE0853	1.5 hrs	50 vac	150.00	
		trucks	1980.00	
		- 40%	792.00	
		subtotal		1188.00
CS5810	102 sks	Pozblend 1A cement	1377.00	
CS965	371 #	Qel	111.30	
CP8176	1	2 1/2" rubber plug	45.00	
		materials	1533.30	
		- 40%	613.32	
		subtotal		919.98
<b>SCANNED</b>				
		SALES TAX		73.60
		ESTIMATED TOTAL		2181.58
				(3635.96)

AUTHORIZATION Wesley Dollard 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.

