

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 21
 Lease Owner: Triple T Oil

Town Oilfield Service, Inc.

Commenced Spudding:
 10/24/2018

WELL LOG

Thickness of Strata	Formation	Total Depth
0-19	Soil-clay	19
18	Lime	37
17	Shale	54
20	Lime	74
70	Shale	144
20	Lime	164
10	Shale	174
11	Lime	185
33	Shale	218
5	Lime	223
37	Shale	260
11	Lime	271
15	Shale	286
25	Lime	311
7	Shale	318
20	Lime	338
4	Shale	342
3	Lime	345
2	Shale	347
11	Lime	358 Hertha
126	Shale	484
8	Sand	492 grey-no oil
60	Shale	552
10	Lime	562
2	Shale	564
15	Lime	579
20	Shale	599
5	Lime	604
7	Shale	611
10	Lime	621
1	Shale	622
2	Lime	624
2	Shale	626
6	Lime	632
7	Shale	639
1	Lime	640
7	Shale	647
4	Lime	651
13	Shale	664
1	Lime	665

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. 21

Farm Weaver

KS

(State)

Miami

(County)

18

(Section)

16

(Township)

24

(Range)

For Triple T Oil
(Well Owner)

15-121-31535

Town Oilfield Services, Inc.

1207 N. 1st East

Louisburg, KS 66053

913-710-5400

Weaver Farm: Miami County
KS State; Well No. 21
Elevation 1087
Commenced Spuding 10-24 20 18
Finished Drilling 10-25 20 18
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
18 16 24

(Section) (Township) (Range)
Distance from S line, 1155 ft.
Distance from E line, 3465 ft.

4 sacks
9 hrs
5 7/8 barehole
2 7/8 casing

CASING AND TUBING
RECORD

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

CASING AND TUBING MEASUREMENTS

Feet	In.	Feet	In.	Feet	In.
747		Borehole			
779		Float		2 7/8	
600		TD			

Thickness of Strata	Formation	Total Depth	Remarks
0-19	soil - clay	19	
16	Lime	37	
17	shale	54	
20	Lime	74	
70	shale	144	
20	Lime	164	
10	shale	174	
11	Lime	185	
33	shale	218	
5	Lime	223	
37	shale	260	
11	Lime	271	
15	shale	286	
25	Lime	311	
7	shale	318	
20	Lime	338	
4	shale	342	
3	Lime	345	
2	shale	347	
11	Lime	358	Heatha
126	shale	484	
8	sand	492	grey - no oil
60	shale	552	
10	Lime	562	
2	shale	564	
15	Lime	579	
20	shale	599	

599

Thickness of Strata	Formation	Total Depth	Remarks
5	Lime	604	
7	Shale	611	
10	Lime	621	
1	Shale	622	
2	Lime	624	
2	Shale	626	
6	Lime	632	
7	Shale	639	
1	Lime	640	
7	Shale	647	
4	Lime	651	
13	Shale	664	
1	Lime	665	
28	Shale	693	
1	Lime	694	
7	Shale	701	
7	sand	708	Solid-good saturation
3	sand	711	broken-good saturation
89	sandy shale	800	TD



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

11886
11765

TICKET NUMBER 55495
LOCATION Ottawa, KS
FOREMAN Casey Kennedy

FIELD TICKET & TREATMENT REPORT
CEMENT

Invoice #84419

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY			
10/25/18	7966	Weaver # 21	5w18	16	24	Mi			
CUSTOMER Triple T									
MAILING ADDRESS PO Box 339									
CITY Louisburg		STATE KS	ZIP CODE 66053						
		TRUCK #		DRIVER		TRUCK #		DRIVER	
		729		Carken		729		Safety Meeting	
		467		Kei Car					
		558		Alamad					
		369		Har Bec					

JOB TYPE long string HOLE SIZE 5 5/8" HOLE DEPTH 800' CASING SIZE & WEIGHT 2 7/8" CUE
CASING DEPTH 779' DRILL PIPE _____ TUBING baffle - 747' OTHER _____
SLURRY WEIGHT _____ SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT in CASING 32'
DISPLACEMENT 4.32 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 10.3 sks Portland A cement w/ 2% gel per sk, cement to surface, flushed pump down, pumped 2 1/2" rubber plug to baffle w/ 4.32 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	—	MILEAGE		
CE0711	1/2 min	ton mileage	330.00	
WECE53	1 hr	80 vac	100.00	
		trucks	1930.00	
		- 40%	772.00	
		Subtotal		1158.00
18482 CC5840	103 sks	Portland A cement	1390.50	
CC5965	373 #	Gel	111.90	
CP8176	1	2 1/2" rubber plug	45.00	
		materials	1547.40	
		- 40%	618.96	
		Subtotal		928.44
SCANNED				
		8%	SALES TAX	74.28
			ESTIMATED TOTAL	2160.72

AUTHORIZATION No Co Rep TITLE _____ DATE (3601.19)

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.

