

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 14
 Lease Owner: Triple T Oil

Town Oilfield Service, Inc.

Commenced Spudding:
 10/26/2018

WELL LOG

Thickness of Strata	Formation	Total Depth
6	Soil-Clay	6
5	Shale	11
28	Lime	39
17	Shale	56
20	Lime	76
71	Shale	147
19	Lime	166
9	Shale	175
10	Lime	185
36	Shale	221
3	Lime	224
39	Shale	263
11	Lime	274
15	Shale	289
25	Lime	314
7	Shale	321
21	Lime	342
3	Shale	345
2	Lime	347
2	Shale	347
12	Lime	361 Hertha
193	Shale	554
11	Lime	565
9	Shale	574
12	Lime	586
16	Shale	602
3	Lime	605
9	Shale	614
2	Lime	616
8	Shale	624
9	Lime	633
20	Shale	653
2	Lime	655
40	Shale	695
1	Lime	696
7	Shale	703
1	Sandy Lime	704 no oil
7	Sand	711 broken good oil show
3	Sand	714 no oil
2	Sand	716 broken slight 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 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. 14

Farm Weaver

KS Miami
 (State) (County)

18 16 24
 (Section) (Township) (Range)

For Triple T Oil
 (Well Owner)

Town Oilfield Services, Inc.

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

Thickness of Strata	Formation	Total Depth	Remarks
6	soil-clay	6	
5	Shale	11	
28	Lime	39	
17	Shale	56	
20	Lime	76	
71	Shale	147	
19	Lime	166	
9	Shale	175	
10	Lime	185	
36	Shale	221	
3	Lime	224	
39	Shale	263	
11	Lime	274	
15	Shale	289	
25	Lime	314	
7	Shale	321	
21	Lime	342	
3	Shale	345	
2	Lime	347	
2	Shale	349	
12	Lime	361	
193	Shale	554	
11	Lime	565	
9	Shale	574	
12	Lime	586	
16	Shale	602	
3	Lime	605	

HATHA



PRESSURE PUMPING LLC
PO Box 884, Chanute, KS 66720
620-431-8210 or 800-467-8676

11905
11783

TICKET NUMBER 55497
LOCATION Ottawa, KS
FOREMAN Casey Kennedy

FIELD TICKET & TREATMENT REPORT
CEMENT

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
10/30/18	7966	Warner # 14	SW 1R	16	24	MI
CUSTOMER Triple T						
MAILING ADDRESS PO Box 339						
CITY Louisburg		STATE KS	ZIP CODE 66053			
JOB TYPE long string	HOLE SIZE 5 1/2"	HOLE DEPTH 800'	CASING SIZE & WEIGHT 2 7/8" EUE			
CASING DEPTH 774'	DRILL PIPE	TUBING - baffle - 743'	OTHER			
SLURRY WEIGHT	SLURRY VOL	WATER gal/sk	CEMENT LEFT in CASING 31'			
DISPLACEMENT 4.30 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 97 sks Pozblend IA cement w/ 2 1/2 gal per sk, cement to surface, flushed pump clean, pumped 2 1/2" rubber plug to baffle w/ 4.30 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	
WE0853	1.5 hrs	80 Vac	150.00	
		trucks	1980.00	
		-40%	792.00	
		subtotal		1188.00
18505 CC5840	97 sks	Pozblend IA cement	1309.50	
CC5965	363 #	Gel	108.90	
CP8176	1	2 1/2" rubber plug	45.00	
		materials	1463.40	
		-40%	585.36	
		subtotal		878.04
		8%	SALES TAX	70.24
			ESTIMATED TOTAL	2136.28

AVIN 3757 AUTHORIZATION No Co Rec TITLE _____ DATE 3560.47

acknowledge that the payment terms, unless specifically amended in writing on the front of the form or in the customer's

