

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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Form	ACO1 - Well Completion
Operator	Triple Crown Operating LLC
Well Name	EPSILON 1-24
Doc ID	1434670

All Electric Logs Run

Sonic
Compensated Density
Dual Induction
Micro

Sean Deenihan

Petroleum Geologist

GEOLOGIST'S REPORT

DRILLING TIME AND SAMPLE LOG

COMPANY **Triple Crown Operating, LLC**
 LEASE **Epsilon #1-24**
 FIELD **Wildcat**
 LOCATION **2227' FSL & 630' FEL**
 SEC **24** TWPSP **14 S** RGE **28 W**
 COUNTY **Gove** STATE **Kansas**
 CONTRACTOR **W.W. Drilling Rig #8**
 SPUD **10/19/18** COMP **10/27/18**
 RTD **4410'** LTD **4402'**
 MUD UP _____ TYPE MUD **Chemical**
 SAMPLES SAVED FROM **3600'** TO RTD
 DRILLING TIME KEPT FROM **3600'** TO RTD
 SAMPLES EXAMINED FROM **3600'** TO RTD
 GEOLOGICAL SUPERVISION FROM _____ TO _____
 REFERENCE WELL _____

ELEVATIONS

KB 2526'
 DF _____
 GL 2521'

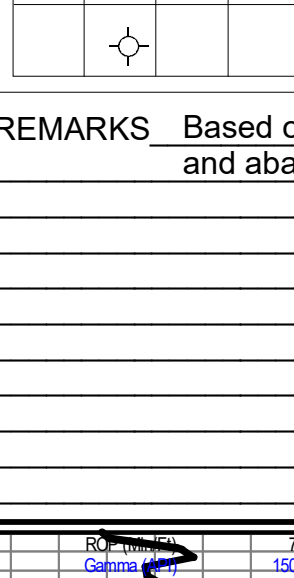
Measurements Are All From Kelly Busting
CASING
 CONDUCTOR _____
 SURFACE **8'-5/8"** at 225'
 PRODUCTION _____

ELECTRICAL SURVEYS

Pioneer Wireline
 CN/D/D/L, MIC/SON

Formation

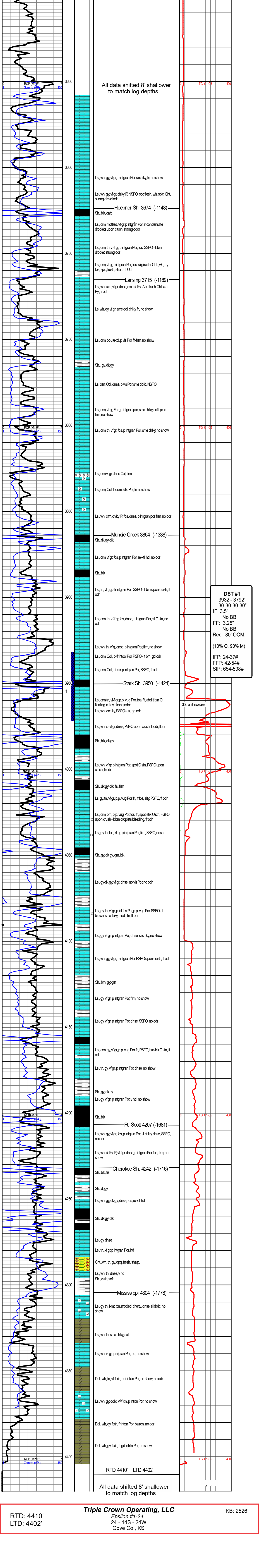
Formation	Sample Tops	E-log Tops	Struct Pos.
B/Ambidrive		2007 (+519)	
Heebner Sh.		3674 (-1148)	
Lansing		3715 (-1147)	
Stark		3950 (-1424)	
BKC		4008 (-1482)	
Ft. Scott		4207 (-1681)	
Mississippi		4304 (-1778)	



REMARKS Based on sample, log, and DST analysis, the Epsilon #1-24 was plugged and abandoned.

Respectfully Submitted,

Sean P. Deenihan



QUALITY OILWELL CEMENTING, INC.

Federal Tax I.D.# 20-2886107

Phone 785-483-2025
Cell 785-324-1041

Home Office P.O. Box 32 Russell, KS 67665

No. 1123

Date	10-20-18	Sec.	24	Twp.	14	Range	28	County	Gove	State	Ks	On Location		Finish	2:45 PM
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Lease Epsilon Well No. 1-24 Owner 12 1/2 N
Location Pendennis, Ks - 2 1/2 W to Cathouse Rd,

Contractor	<u>WW #8</u>	To Quality Oilwell Cementing, Inc.
Type Job	<u>Surface</u>	You are hereby requested to rent cementing equipment and furnish cementer and helper to assist owner or contractor to do work as listed.

Hole Size	<u>12 1/4"</u>	T.D.	<u>225'</u>	Charge To	<u>Triple Crown</u>
Csg.	<u>8 5/8"</u>	Depth	<u>225'</u>	Street	

Tbg. Size		Depth		City		State	
Tool		Depth		The above was done to satisfaction and supervision of owner agent or contractor.			

Cement Left in Csg.	<u>15'</u>	Shoe Joint	<u>15'</u>	Cement Amount Ordered	<u>170 80/20 3% Cu 2% Gd</u>
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Meas Line Displace 13 BLS

EQUIPMENT			
Pumptrk	<u>20</u> No.	Cementer	<u>David</u>
		Helper	
Bulktrk	<u>14</u> No.	Driver	<u>Tony</u>
		Driver	
Bulktrk	<u>P.M.</u> No.	Driver	<u>Rick</u>
		Driver	
		Common	<u>136</u>
		Poz. Mix	<u>34</u>
		Gel.	<u>3</u>
		Calcium	<u>7</u>

JOB SERVICES & REMARKS
Remarks: Cement did Circulate

Rat Hole	Flowseal
Mouse Hole	Kol-Seal
Centralizers	Mud CLR 48
Baskets	CFL-117 or CD110 CAF 38
D/V or Port Collar	Sand
	Handling <u>180</u>
	Mileage

FLOAT EQUIPMENT	
	Guide Shoe
	Centralizer
	Baskets
	AFU Inserts
	Float Shoe
	Latch Down

Pumptrk Charge	<u>Surface</u>
Mileage	<u>50</u>

X Signature <u>Scott Plank</u>	Tax
	Discount
	Total Charge



TRILOBITE TESTING, INC.

DRILL STEM TEST REPORT

Triple Crown Operating
 2201 S Utica PL Ste 100
 Tulsa, Ok 74114
 ATTN: Sean Deenihan

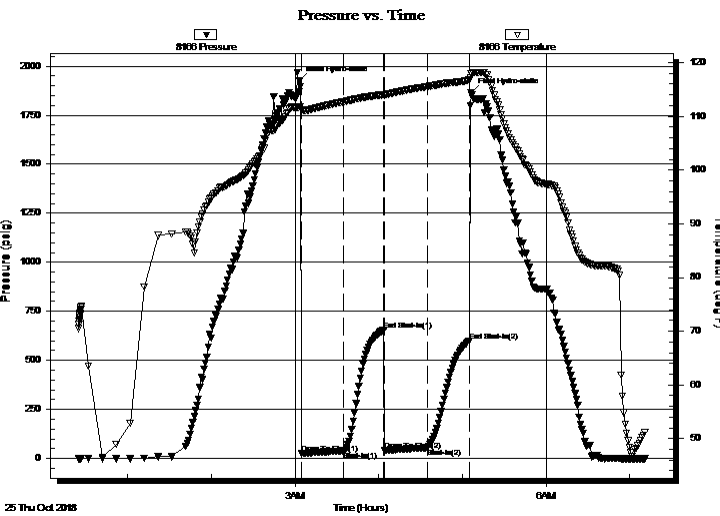
24-14-28 Gove, Ks
Epsilon 1-24
 Job Ticket: 64263 **DST#: 1**
 Test Start: 2018.10.25 @ 00:24:48

GENERAL INFORMATION:

Formation: **Lansing K**
 Deviated: No Whipstock: ft (KB)
 Time Tool Opened: 03:04:48
 Time Test Ended: 07:11:18
 Interval: **3940.00 ft (KB) To 3980.00 ft (KB) (TVD)**
 Total Depth: 3980.00 ft (KB) (TVD)
 Hole Diameter: 7.88 inches Hole Condition: Good
 Test Type: Conventional Bottom Hole (Initial)
 Tester: Brandon Turley
 Unit No: 79
 Reference Elevations: 2526.00 ft (KB)
 2521.00 ft (CF)
 KB to GR/CF: 5.00 ft

Serial #: 8166 Outside
 Press@RunDepth: 54.24 psig @ 3941.00 ft (KB) Capacity: 8000.00 psig
 Start Date: 2018.10.25 End Date: 2018.10.25 Last Calib.: 2018.10.25
 Start Time: 00:24:53 End Time: 07:11:17 Time On Btm: 2018.10.25 @ 03:03:18
 Time Off Btm: 2018.10.25 @ 05:06:18

TEST COMMENT: IF: 1" blow built to 3 1/2.
 IS: No return.
 FF: 1/2 blow built to 3 1/4.
 FS: No return.



PRESSURE SUMMARY

Time (Min.)	Pressure (psig)	Temp (deg F)	Annotation
0	1923.91	111.78	Initial Hydro-static
2	23.81	111.20	Open To Flow (1)
32	37.44	112.70	Shut-In(1)
61	653.94	114.05	End Shut-In(1)
61	42.23	113.94	Open To Flow (2)
92	54.24	115.53	Shut-In(2)
122	598.34	116.71	End Shut-In(2)
123	1864.16	117.88	Final Hydro-static

Recovery

Length (ft)	Description	Volume (bbl)
80.00	ocm 10%o 90%m	0.39

Gas Rates

	Choke (inches)	Pressure (psig)	Gas Rate (Mcf/d)



TRILOBITE
TESTING, INC.

DRILL STEM TEST REPORT

FLUID SUMMARY

Triple Crown Operating
2201 S Utica PL Ste 100
Tulsa, Ok 74114
ATTN: Sean Deenihan

24-14-28 Gove, Ks
Epsilon 1-24
Job Ticket: 64263 **DST#: 1**
Test Start: 2018.10.25 @ 00:24:48

Mud and Cushion Information

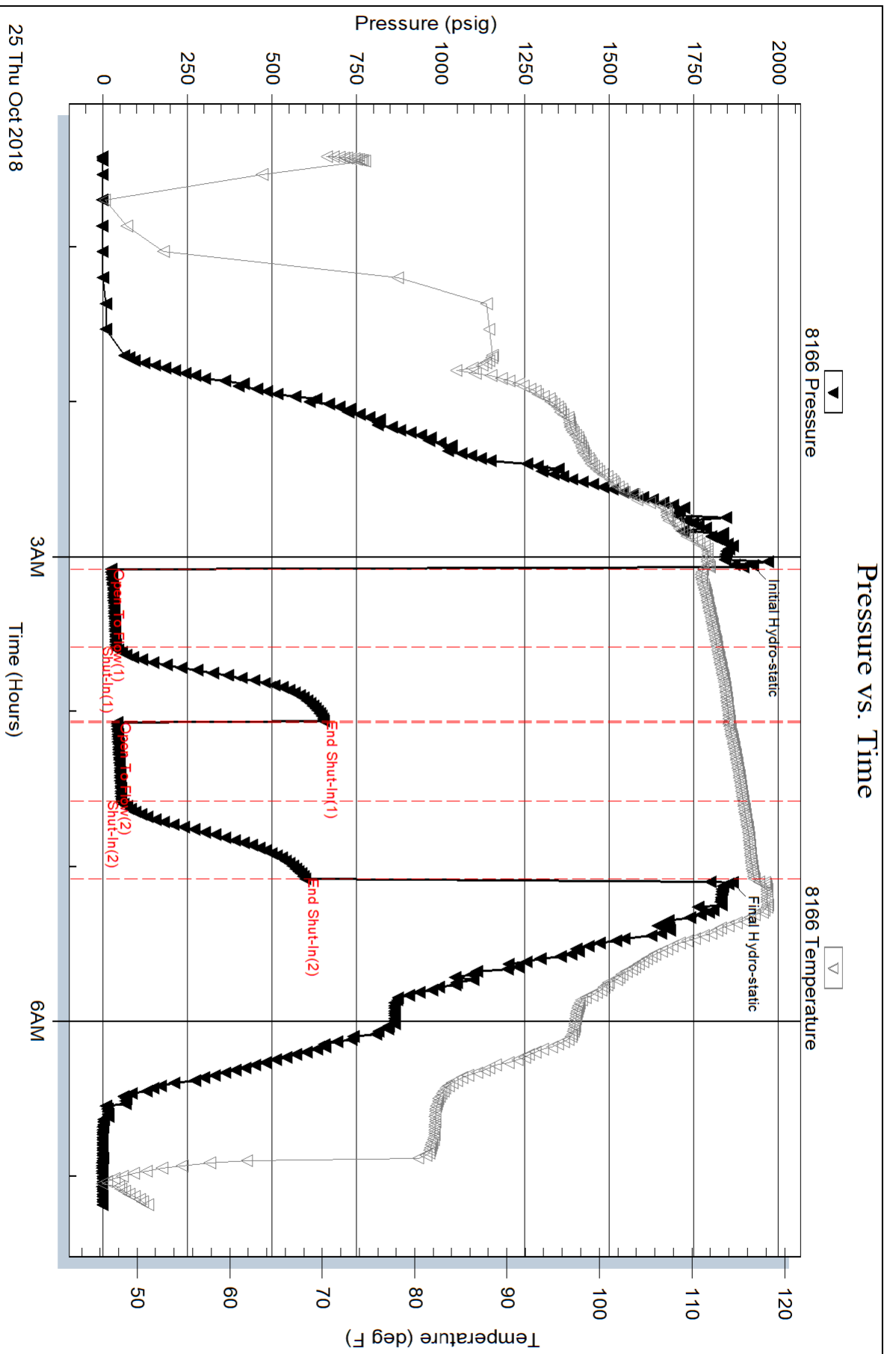
Mud Type: Gel Chem	Cushion Type:	Oil API: 0 deg API
Mud Weight: 9.00 lb/gal	Cushion Length: ft	Water Salinity: 0 ppm
Viscosity: 54.00 sec/qt	Cushion Volume: bbl	
Water Loss: 7.99 in ³	Gas Cushion Type:	
Resistivity: 0.00 ohm.m	Gas Cushion Pressure: psig	
Salinity: 1000.00 ppm		
Filter Cake: 1.00 inches		

Recovery Information

Recovery Table

Length ft	Description	Volume bbl
80.00	ocm 10%o 90%m	0.393

Total Length: 80.00 ft Total Volume: 0.393 bbl
Num Fluid Samples: 0 Num Gas Bombs: 0 Serial #:
Laboratory Name: Laboratory Location:
Recovery Comments:



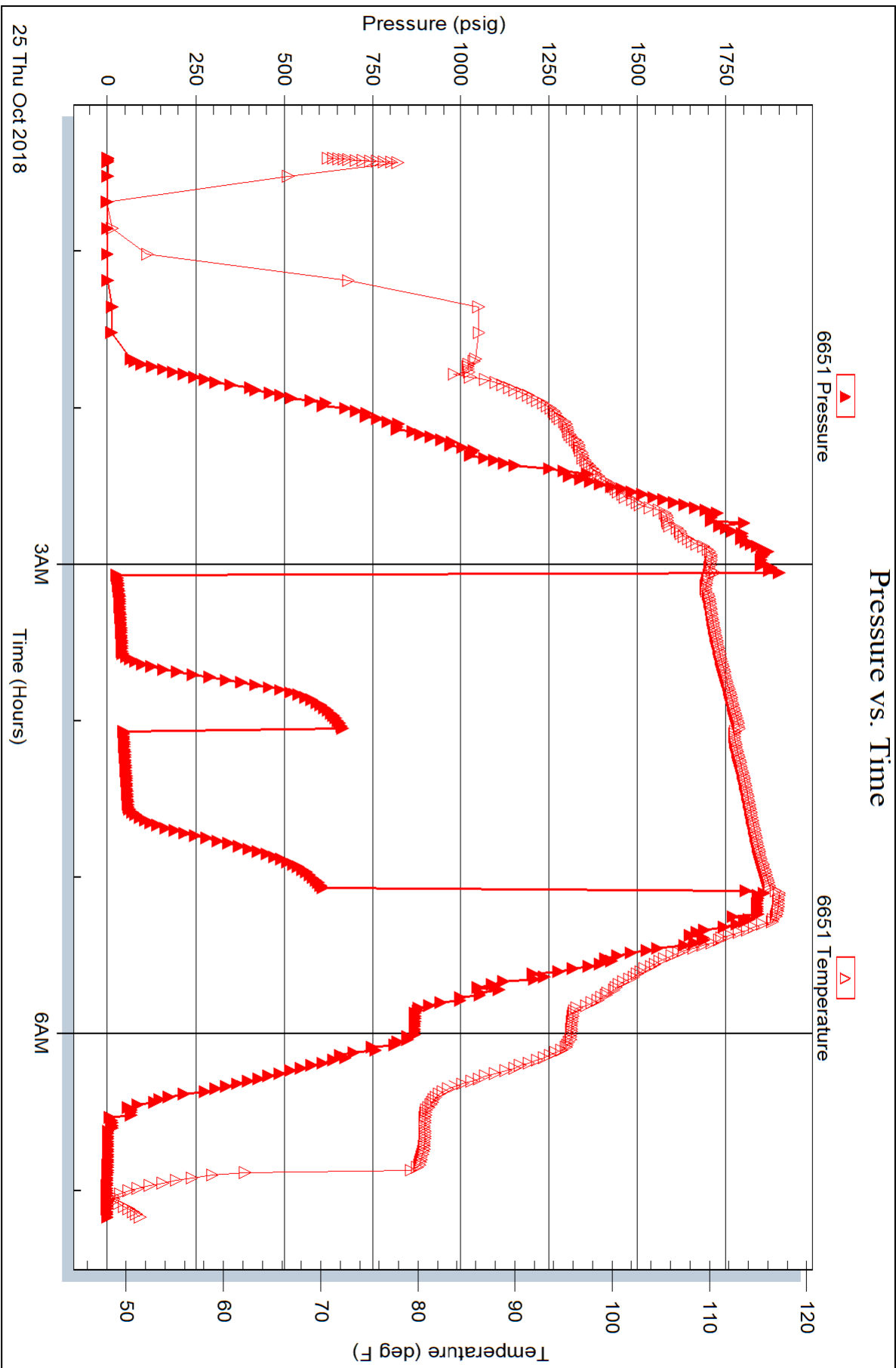
Serial #: 6651

Inside

Triple Crown Operating

Epsilon 1-24

DST Test Number: 1



QUALITY OILWELL CEMENTING, INC.

Federal Tax I.D.# 20-2886107

Phone 785-483-2025
Cell 785-324-1041

Home Office P.O. Box 32 Russell, KS 67665

No. 1129

Date	10-27-18	Sec.	24	Twp.	14	Range	28	County	Goose	State	Ks	On Location		Finish	9:30 AM
Lease								Well No.		Owner					
Epsilon								1-24		To Quality Oilwell Cementing, Inc. You are hereby requested to rent cementing equipment and furnish cementer and helper to assist owner or contractor to do work as listed.					
Contractor										Charge To					
W W #8										Triple Crown					
Type Job								T.D.		Street					
plug								4410'		City					
Hole Size								Depth		State					
7 7/8"								1995'		The above was done to satisfaction and supervision of owner agent or contractor.					
Csg.								Depth		Cement Amount Ordered					
4 1/2" D.P.										240 67/40 4% Gel 1/4# F/bsal					
Tbg. Size								Shoe Joint		Meas Line					
4 1/2" D.P.										Displace H2O/mud					
Tool										EQUIPMENT					
Cement Left in Csg.										Common					
										144					
Pumptrk								No.		Cementer					
28										Helper David					
Bulktrk								No.		Driver					
9										Tony					
Bulktrk								No.		Driver					
P.U.										Rick					
JOB SERVICES & REMARKS										Hulls					
Remarks:										Salt					
1995' - 50 SX										Flowseal					
Rat Hole										60ft					
1000' - 100 SX										Kol-Seal					
Mouse Hole										Mud CLR 48					
275' - 50 SX										CFL-117 or CD110 CAF 38					
Centralizers										Sand					
40' - 10 SX w/plug										Handling					
Baskets										249					
Rathole - 30 SX										Mileage					
D/V or Port Collar										FLOAT EQUIPMENT					
Cement did Circulate										Guide Shoe - Dry hole plug					
										Centralizer					
										Baskets					
										AFU Inserts					
										Float Shoe					
										Latch Down					
										Pumptrk Charge					
										plug					
										Mileage					
										50					
Signature										Tax					
Scott Pelong										Discount					
										Total Charge					