KOLAR Document ID: 1571109

CORRECTION #1

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 # 34028
Name: Triple T Oil, LLC
Address 1: PO BOX 716
Address 2:
City: LOUISBURG State: KS Zip: 66053 + 0716
Contact Person: Lester Town
Phone: (913) 837-4100
CONTRACTOR: License # 32218
Name: TDR Construction, Inc.
Wellsite Geologist: N/A
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 #:

8/3/2020 Spud Date or Recompletion Date
8/4/2020 Date Reached TD
8/5/2020 Completion Date or Recompletion Date

API No.: 15-107-25326-00-00
Spot Description:
SW- SW- NW- NW Sec. 11 Twp. 20 S. R. 22 ☑ East ☐ West
4150 Feet from ☐ North / ☑ South Line of Section
5115 Feet from ☑ East / ☐ West Line of Section

Footages Calculated from Nearest Outside Section Corner:
☐ NE ☐ NW ☑ SE ☐ SW

GPS Location: Lat: *(e.g. xx.xxxxx)* , Long: *(e.g. -xxx.xxxxx)*
Datum: ☐ NAD27 ☐ NAD83 ☐ WGS84
County: Linn
Lease Name: LEMON Well #: 7
Field Name: Goodrich-Parker
Producing Formation: Squirrel
Elevation: Ground: 1021 Kelly Bushing: 0
Total Vertical Depth: 700 Plug Back Total Depth:
Amount of Surface Pipe Set and Cemented at: 20 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: 150 ppm Fluid volume: 20 bbls
Dewatering method used: Evaporated

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:** Karen Ritter **Date:** 05/04/2021

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CORRECTION #1

Page Two

Operator Name: Triple T Oil, LLC Lease Name: LEMON Well #: 7

Sec. 11 Twp. 20 S. R. 22 ☑ East ☐ West County: Linn

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 *(Attach Additional Sheets)*	☐ Yes	☑ No
Samples Sent to Geological Survey	☐ Yes	☑ No
Cores Taken	☐ Yes	☑ No
Electric Log Run	☑ Yes	☐ No
Geologist Report / Mud Logs	☐ Yes	☑ No

List All E. Logs Run:

GammaRayNeutronCCL

☐ Log Formation (Top), Depth and Datum ☐ Sample

Name	Top	Datum
Squirrel	609	GL

CASING RECORD ☑ New ☐ 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
Surface	9	6.25	6	20	Portland	3	50/50 POZ
Production	5.625	2.875	14	687	Portland	87	50/50 POZ

ADDITIONAL CEMENTING / SQUEEZE RECORD

Purpose:	Depth Top Bottom	Type of Cement	# Sacks Used	Type and Percent Additives
☐ Perforate ☐ Protect Casing ☐ Plug Back TD ☐ 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: 4/29/2021

Producing Method: ☐ Flowing ☑ Pumping ☐ Gas Lift ☐ Other *(Explain)* _____

Estimated Production Per 24 Hours	Oil	Bbls.	Gas	Mcf	Water	Bbls.	Gas-Oil Ratio	Gravity

DISPOSITION OF GAS: ☐ Vented ☐ Sold ☐ Used on Lease *(If vented, Submit ACO-18.)*

METHOD OF COMPLETION: ☐ Open Hole ☑ Perf. ☐ Dually Comp. *(Submit ACO-5)* ☐ Commingled *(Submit ACO-4)*

PRODUCTION INTERVAL:

Top	Bottom
609	618

Shots Per Foot	Perforation Top	Perforation Bottom	Bridge Plug Type	Bridge Plug Set At	Acid, Fracture, Shot, Cementing Squeeze Record *(Amount and Kind of Material Used)*
	609	618			

TUBING RECORD: Size: Set At: Packer At:

Mail to: KCC - Conservation Division, 266 N. Main, Suite 220, Wichita, Kansas 67202

Form	ACO1 - Well Completion
Operator	Triple T Oil, LLC
Well Name	LEMON 7
Doc ID	1571109

Casing

Purpose Of String	Size Hole Drilled	Size Casing Set	Weight	Setting Depth	Type Of Cement	Number of Sacks Used	Type and Percent Additives
Surface	9	6.25	6	20	Portland	3	50/50 POZ
Production	5.625	2.875	14	687	Portland	87	50/50 POZ

Summary of Changes

Lease Name and Number: LEMON 7

API/Permit #: 15-107-25326-00-00

Doc ID: 1571109

Correction Number: 1

Approved By: Karen Ritter

Field Name	Previous Value	New Value
Electric Log Run?	No	Yes
Elogs_PDF		GammaRayNeutronCCL
Approved Date	11/30/2020	05/04/2021
Method Of Completion - Perf	No	Yes
Producing Method Pumping	No	Yes
TopsDatum1	N/A	GL
TopsDepth1	N/A	609
TopsName1	N/A	Squirrel