

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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TRILOBITE TESTING, INC

DRILL STEM TEST REPORT

Triple Crown Operating LLC

28-20s-22w Ness Ks

2201 S Utica PL STE 100
Tulsa, Ok. 74114

McJunkin 2-28

Job Ticket: 68696

DST#: 1

ATTN: Sean Deenihan

Test Start: 2022.11.02 @ 12:38:09

GENERAL INFORMATION:

Formation: **Mississippi**

Deviated: No Whipstock: ft (KB)

Time Tool Opened: 15:29:09

Time Test Ended: 21:26:09

Test Type: Conventional Bottom Hole (Initial)

Tester: Matt Smith

Unit No: 68

Interval: 4275.00 ft (KB) To 4340.00 ft (KB) (TVD)

Reference Elevations: 2180.00 ft (KB)

Total Depth: 4340.00 ft (KB) (TVD)

2173.00 ft (CF)

Hole Diameter: 7.88 inches Hole Condition: Fair

KB to GR/CF: 7.00 ft

Serial #: 8788 Inside

Press@RunDepth: 106.43 psig @ 4276.00 ft (KB)

Capacity: 8000.00 psig

Start Date: 2022.11.02 End Date: 2022.11.02

Last Calib.: 2022.11.02

Start Time: 12:38:14 End Time: 21:26:09

Time On Btm: 2022.11.02 @ 15:28:09

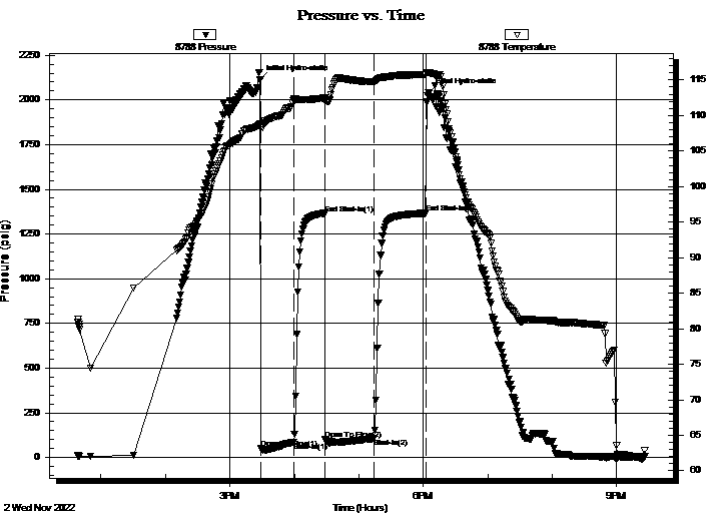
Time Off Btm: 2022.11.02 @ 18:05:09

TEST COMMENT: IF: Weak Blow . Built to 4.68". (30)

IS: No Blow . (30)

FF: Fair Blow . Built to 8.10". (45)

FS: No Blow . (45)



PRESSURE SUMMARY

Time (Min.)	Pressure (psig)	Temp (deg F)	Annotation
0	2113.87	108.81	Initial Hydro-static
1	48.79	108.25	Open To Flow (1)
32	85.44	112.22	Shut-In(1)
61	1365.40	112.46	End Shut-In(1)
61	101.52	112.04	Open To Flow (2)
107	106.43	114.77	Shut-In(2)
155	1366.02	115.77	End Shut-In(2)
157	2038.79	116.01	Final Hydro-static

Recovery

Length (ft)	Description	Volume (bbl)
61.00	GHOCM 15%g 10%o 75%m	0.46
94.00	GHOCM 5%g 15%o 80%m	0.92
50.00	CO 100% o	0.70
0.00	166' GIP 100%g	0.00

Gas Rates

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



**TRILOBITE
TESTING, INC**

DRILL STEM TEST REPORT

FLUID SUMMARY

Triple Crown Operating LLC

28-20s-22w Ness Ks

2201 S Utica PL STE 100
Tulsa, Ok. 74114

McJunkin 2-28

Job Ticket: 68696

DST#: 1

ATTN: Sean Deenihan

Test Start: 2022.11.02 @ 12:38:09

Mud and Cushion Information

Mud Type: Gel Chem

Cushion Type:

Oil API:

deg API

Mud Weight: 9.00 lb/gal

Cushion Length:

ft

Water Salinity:

4000 ppm

Viscosity: 53.00 sec/qt

Cushion Volume:

bbbl

Water Loss: 9.18 in³

Gas Cushion Type:

Resistivity: 4000.00 ohm.m

Gas Cushion Pressure:

psig

Salinity: ppm

Filter Cake: 0.20 inches

Recovery Information

Recovery Table

Length ft	Description	Volume bbbl
61.00	GHOCM 15%g 10%o 75%m	0.465
94.00	GHOCM 5%g 15%o 80%m	0.921
50.00	CO 100% o	0.701
0.00	166' GIP 100%g	0.000

Total Length: 205.00 ft Total Volume: 2.087 bbl

Num Fluid Samples: 0

Num Gas Bombs: 0

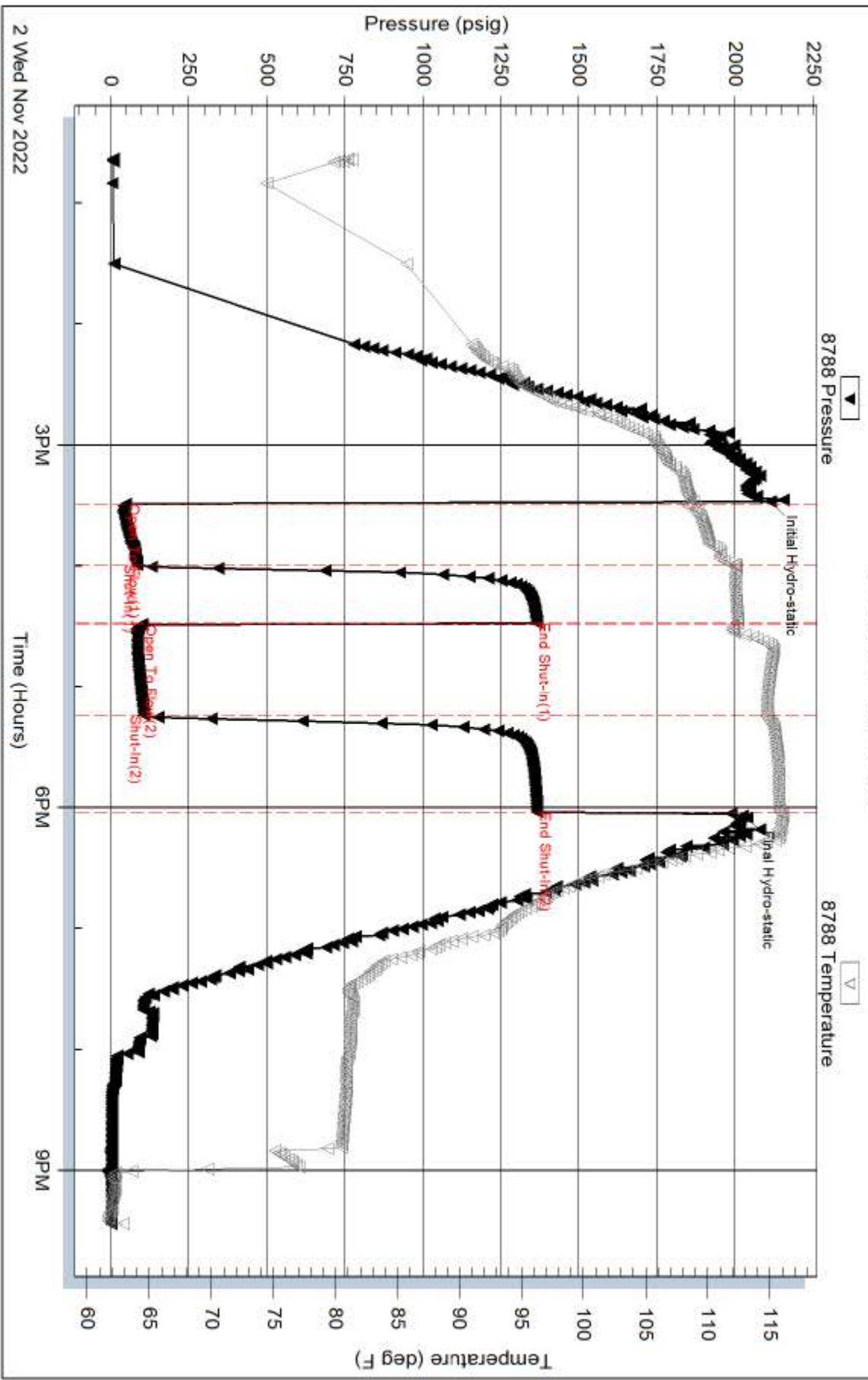
Serial #: None

Laboratory Name:

Laboratory Location:

Recovery Comments: Gravity w as 40 @ 70, is 39 @ 60 Degrees.
166 Feet of Gas in Pipe.

Pressure vs. Time

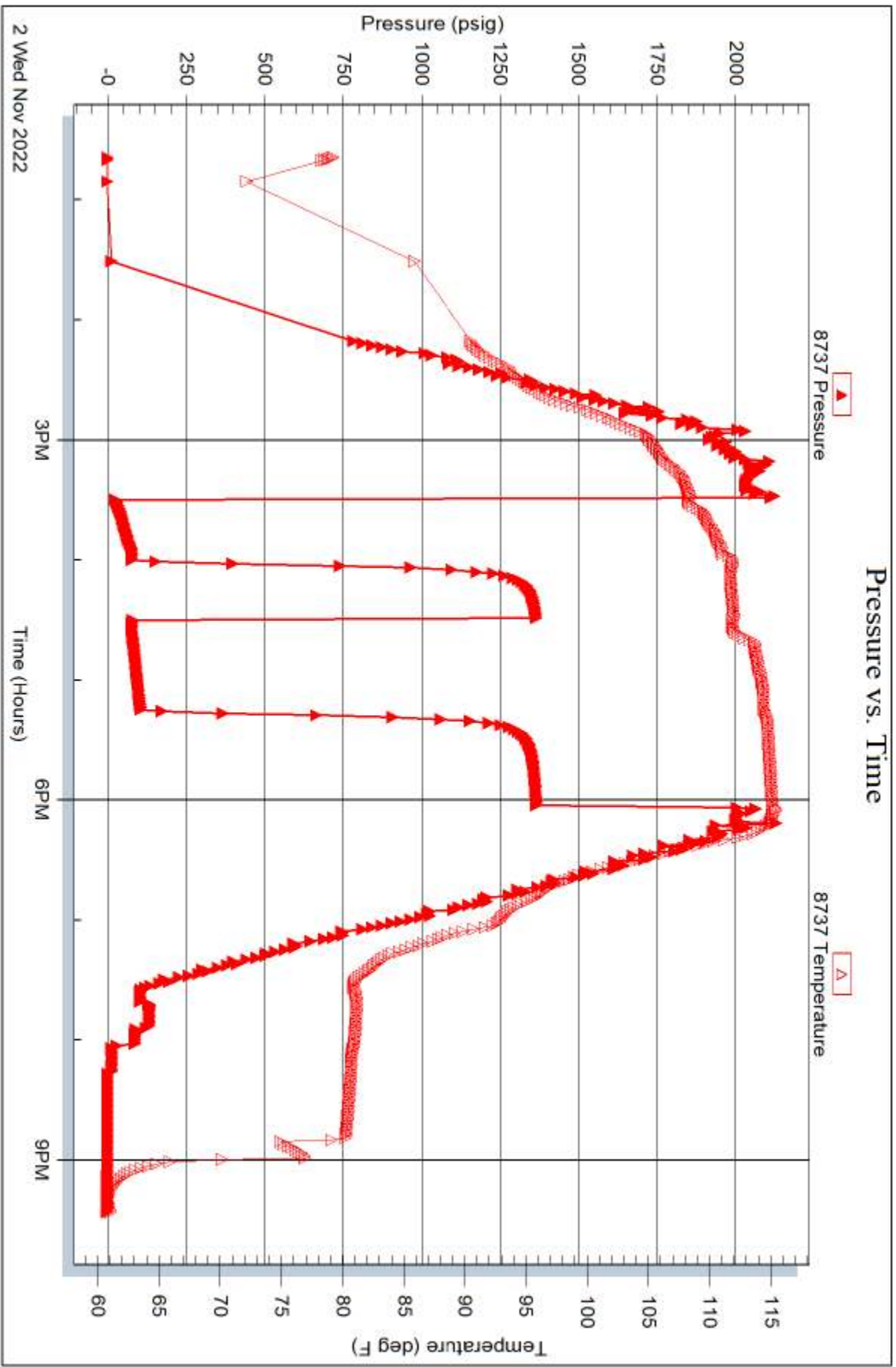


Serial #: 8737

Outside Triple Crown Operating LLC

McJunkin 2-28

DST Test Number: 1



Trilobite Testing, Inc

Ref. No: 68696

Printed: 2022.11.03 @ 06:40:43

Sean Deenihan Petroleum Geologist

GEOLOGIST'S REPORT DRILLING TIME AND SAMPLE LOG

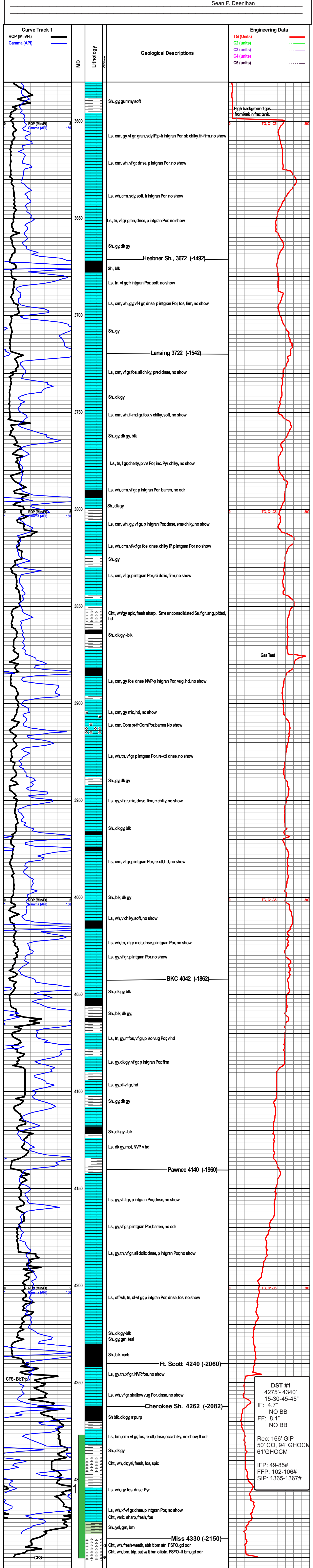
COMPANY	Triple Crown Operating, LLC	ELEVATIONS	KB 2180'
LEASE	McJunkin #2-28	FIELD	Wildcat
LOCATION	2605' ENL & 330' FEL	SEC	28 TWP 20 S RGE 22 W
COUNTY	Ness STATE Kansas	CONTRACTOR	Pickrell Drilling Rig
SPUD	10/25/22 COMP 11/2/22	RTD	4340' LTD 4338'
MUD UP	TYPE MUD Chemical	CASING	CONDUCTOR SURFACE 8-5/8" at 1400' PRODUCTION 5.5" @ TD
SAMPLES SAVED FROM	3500' TO RTD	DRILLING TIME KEPT FROM	3500' TO RTD
SAMPLES EXAMINED FROM	3500' TO RTD	GEOLOGICAL SUPERVISION FROM	3550'
REFERENCE WELL			CND/DIL, MIC Gemini

Formation	Sample Tops	E-log Tops	Struct Pos.
B/Anhydrite		1424 (+756)	
Heebner Sh.		3672 (-1492)	
Lansing		3722 (-1542)	
Ft. Scott		4240 (-2060)	
Cherokee Sh.		4262 (-2082)	
Mississippi		4330 (-2150)	

REMARKS Based on sample, log, and DST analysis, the McJunkin#2-28 will be further evaluated through production casing.

Respectfully Submitted,

Sean P. Deenihan



FRANKS Oilfield Service

◆ 815 Main Street Victoria, KS 67671 ◆ 24 Hour Phone (785) 639-7269
 ◆ Office Phone (785) 639-3949 ◆ Email: franksoilfield@yahoo.com

TICKET NUMBER 0770

LOCATION Victoria

FOREMAN Tom Williams

FIELD TICKET & TREATMENT REPORT CEMENT

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
10-29-22	34876	McJenkin #2-28	28	20	22W	Ness
CUSTOMER <u>Triple Crown Operating LLC</u>			TRUCK #			
MAILING ADDRESS <u>2201 S. Utica PL Ste 100</u>			DRIVER			
CITY <u>Tulsa</u>			TRUCK #			
STATE <u>OK</u>			DRIVER			
ZIP CODE <u>74114</u>			TRUCK #			
			DRIVER			

JOB TYPE Longstring Surface HOLE SIZE _____ HOLE DEPTH 1402' CASING SIZE & WEIGHT 8 5/8"
 CASING DEPTH 1402' DRILL PIPE _____ TUBING _____ OTHER _____
 SLURRY WEIGHT _____ SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT in CASING _____
 DISPLACEMENT _____ DISPLACEMENT PSI _____ MIX PSI _____ RATE _____

REMARKS: Safety meeting & set up on Pickrel Drilling. Ran float equipment
Hooked up 8 5/8" manifold. Circulate mod. Mix 350sf light followed by
150 sf 30% Displace 86.5 Bbl & shut in.

Cement did circulate

Thanks Tom & crew

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
PL003	1	PUMP CHARGE <u>Longstring Surface</u>	\$1850 ⁰⁰	\$1850 ⁰⁰
MO01	75	MILEAGE	\$6 ⁵⁰	\$487 ⁵⁰
MO02	25.75 tons	Tan Mileage Delivery	\$2,896 ⁸⁷	\$2,896 ⁸⁷
CB004	150sf	Class A 3% cl 2% gel	\$24 ⁵⁰	\$3675 ⁰⁰
CB021	350sf	CO/40 8% gel 1/4" Flangel 3% C.C.	\$17 ⁷⁵	\$6,212 ⁵⁰
FE036	1	8 5/8" guide shoe	\$475 ⁰⁰	\$475 ⁰⁰
FE063	1	8 5/8" AFU insert	\$485 ⁰⁰	\$485 ⁰⁰
FE017	3	8 5/8" Centralizer	\$140 ⁰⁰	\$420 ⁰⁰
FE056	1	8 5/8" Rubber plug	\$265 ⁰⁰	\$265 ⁰⁰
CE003	1	8 5/8" head & manifold	\$200 ⁰⁰	\$200 ⁰⁰
			sub total	\$16,916 ⁸⁷
			less 5% disc.	\$848 ³⁴
			sub total	\$16,118 ⁵³
			SALES TAX	724.48
			ESTIMATED TOTAL	16,843.02

AUTHORIZATION [Signature] 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.

FRANKS Oilfield Service

◆ 815 Main Street Victoria, KS 67671 ◆ 24 Hour Phone (785) 639-7269
 ◆ Office Phone (785) 639-3949 ◆ Email: franksoilfield@yahoo.com

TICKET NUMBER 0775
 LOCATION Hoxie
 FOREMAN PD

FIELD TICKET & TREATMENT REPORT CEMENT

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
11/3/22	34876	Mc Junkin 2-28	28	20	22	Ness
CUSTOMER Triple Crown			TRUCK #			
MAILING ADDRESS 2201 S. Utica PL STE 100			DRIVER			
CITY Tulsa			TRUCK #			
STATE OK			DRIVER			
ZIP CODE 74119 + 7099			TRUCK #			
			DRIVER			

JOB TYPE Bottom Stage HOLE SIZE _____ HOLE DEPTH _____ CASING SIZE & WEIGHT 5 1/2"
 CASING DEPTH _____ DRILL PIPE _____ TUBING _____ OTHER _____
 SLURRY WEIGHT _____ SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT in CASING _____
 DISPLACEMENT _____ DISPLACEMENT PSI _____ MIX PSI _____ RATE _____

REMARKS: Per job meeting. Circulated w/ mud. Plug retable w/ 30 seals. Pump 1500 seals on 20. wash up hrs. Displace w/ H2O. Land plug - held. Release to truck - held.

Prologis
Seals & Crew

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
PL003	1	PUMP CHARGE	\$1850 ⁰⁰	\$1850 ⁰⁰
M001	100	MILEAGE	\$6 ⁵⁰	\$650 ⁰⁰
M002	9.96	Ton mileage Delivery	\$1494 ⁰⁰	\$1494 ⁰⁰
CB030	150 SX	DWC	\$28 ⁵⁵	\$4282 ⁵⁰
CB009	30 SX	60/40 4lb	\$15 ⁵⁰	\$465 ⁰⁰
FE040	1	5 1/2" x 7 7/8" packer shoe	\$1800 ⁰⁰	\$1800 ⁰⁰
FE051	1	5 1/2" latch down plug assembly	\$195 ⁰⁰	\$195 ⁰⁰
F6022	2	5 1/2" basket	\$385 ⁰⁰	\$770 ⁰⁰
FE014	8	5 1/2" turboizer	\$108 ⁰⁰	\$864 ⁰⁰
			sub total	\$12,870 ⁵⁰
			less 5% disc.	\$643 ⁵²
			sub total	\$12,226 ⁹⁸
			SALES TAX	548.12
			ESTIMATED TOTAL	12,775.10

AUTHORIZATION [Signature] 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.