

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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Sean Deenihan

Petroleum Geologist

GEOLOGIST'S REPORT

DRILLING TIME AND SAMPLE LOG

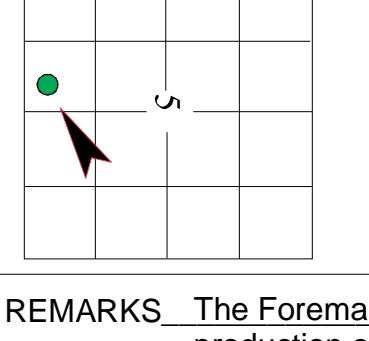
COMPANY **Triple Crown Operating LLC**
 LEASE **Foreman Farms #1-5**
 FIELD **Wildcat**
 LOCATION **347' HSL & 2129' FWL**
 SEC **5** TWP **21S** RGE **21W**
 COUNTY **Hodgeman STATE Kansas**
 CONTRACTOR **W/W Drilling Rig #2**
 SPUD **4/01/21** COMP **4/09/21**
 RTD **4317'** LTD **4317'**
 MUD UP **3400'** 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 **3600'**
 REFERENCE WELL **CND/DIL. MIC**

ELEVATIONS
 KB **2189'**
 DF _____
 GL **2184'**
 Measurements Are All From Kelly Bushing

CASING
 CONDUCTOR _____
 SURFACE **8-5/8"** at **1362'**
 PRODUCTION **5.5"** at **4308'**

ELECTRICAL SURVEYS
 Gemini
 CND/DIL. MIC

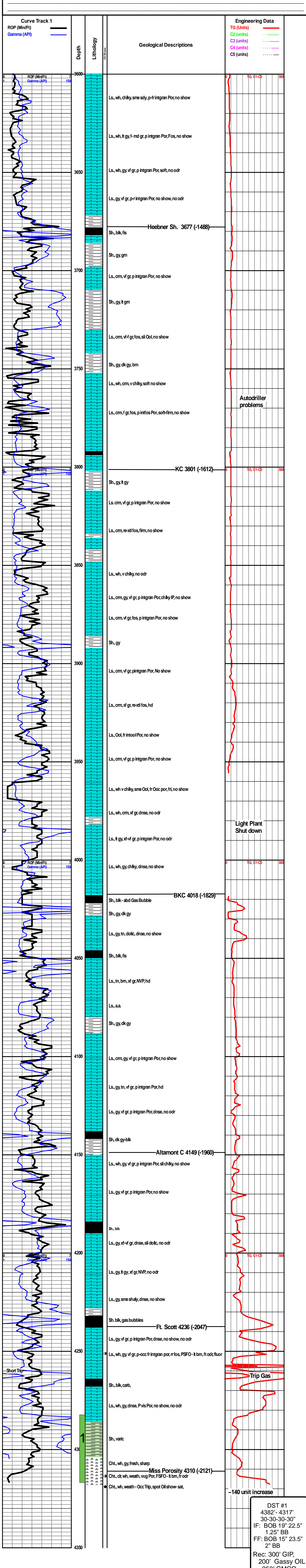
Formation	Sample Tops	E-log Tops	Struct. Pos.
Anhydrite		1335 (+854)	
Heebner Sh.		3677 (-1488)	
Kansas City		3801 (-1612)	
Altamont C		4149 (-1960)	
Ft. Scott		4236 (-2047)	
Cherokee Sh.		4261 (-2072)	
Mississippi Porosity		4310 (-2121)	



REMARKS **The Foreman Farms #1-5 ran structurally high and will be further evaluated through 5.5" production casing.**

Respectfully Submitted,

Sean P. Deenihan



DST #1
 4382'- 4317'
 30-30-30-30"
 IF: BOB 19" 22.5"
 1.25" BB
 FF: BOB 15" 23.5"
 2" BB

Rec: 300' GIP,
 200' Gassy OIL
 250' GMCO

IF: 31-128#
 FF: 161-187#
 SIP: 1303-1265#



TRILOBITE TESTING, INC

DRILL STEM TEST REPORT

Triple Crown Operating LLC

5-21s-21w Hodgeman KS

2201 S Utica PL STE 100
Tulsa OK 74114+7099

Foreman Farm #1-5

ATTN: Sean Deenihan

Job Ticket: 66925

DST#: 1

Test Start: 2021.04.08 @ 17:13:00

GENERAL INFORMATION:

Formation: **Mississippi**

Deviated: No Whipstock: ft (KB)

Time Tool Opened: 20:08:37

Time Test Ended: 01:40:42

Test Type: Conventional Bottom Hole (Initial)

Tester: Spencer J Staab

Unit No: 84

Interval: 4281.00 ft (KB) To 4317.00 ft (KB) (TVD)

Reference Elevations: 2189.00 ft (KB)

Total Depth: 4317.00 ft (KB) (TVD)

2184.00 ft (CF)

Hole Diameter: 7.88 inches Hole Condition: Fair

KB to GR/CF: 5.00 ft

Serial #: 8875 Outside

Press@RunDepth: 187.34 psig @ 4282.00 ft (KB)

Capacity: psig

Start Date: 2021.04.08

End Date:

2021.04.09

Last Calib.:

2021.04.09

Start Time: 17:13:01

End Time:

01:40:42

Time On Btm:

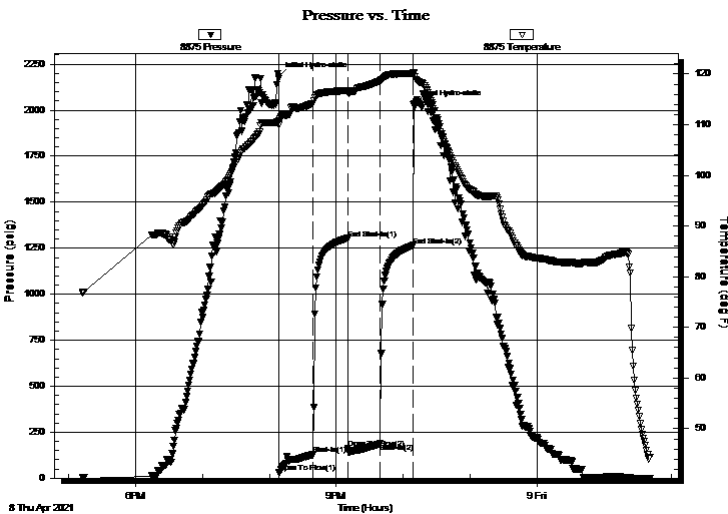
2021.04.08 @ 20:08:32

Time Off Btm:

2021.04.08 @ 22:09:02

TEST COMMENT: 30-IF-BOB 19 mins Built to 22 1/2"
30-ISI-Surface to 1 1/4"
30-FF-BOB 15 mins Built to 23 1/2"
30-FSI-Surface to 2" Died back to 1 1/2"

PRESSURE SUMMARY



Time (Min.)	Pressure (psig)	Temp (deg F)	Annotation
0	2183.51	110.76	Initial Hydro-static
1	30.89	109.90	Open To Flow (1)
31	128.01	114.19	Shut-In(1)
62	1302.94	116.71	End Shut-In(1)
62	161.49	116.33	Open To Flow (2)
91	187.34	118.64	Shut-In(2)
121	1265.46	120.14	End Shut-In(2)
121	2028.05	120.31	Final Hydro-static

Recovery

Length (ft)	Description	Volume (bbl)
200.00	GMCO 50%G 15%M 35%O	1.17
250.00	GO 60%G 40%O	3.54
0.00	300 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

5-21s-21w Hodgeman KS

2201 S Utica PL STE 100
Tulsa OK 74114+7099

Foreman Farm #1-5

Job Ticket: 66925

DST#: 1

ATTN: Sean Deenihan

Test Start: 2021.04.08 @ 17:13:00

Mud and Cushion Information

Mud Type: Gel Chem

Cushion Type:

Oil API:

38 deg API

Mud Weight: 9.00 lb/gal

Cushion Length:

ft

Water Salinity:

ppm

Viscosity: 52.00 sec/qt

Cushion Volume:

bbbl

Water Loss: 8.39 in³

Gas Cushion Type:

Resistivity: ohm.m

Gas Cushion Pressure:

psig

Salinity: 8000.00 ppm

Filter Cake: inches

Recovery Information

Recovery Table

Length ft	Description	Volume bbl
200.00	GMCO 50%G 15%M 35%O	1.169
250.00	GO 60%G 40%O	3.544
0.00	300 GIP 100%G	0.000

Total Length: 450.00 ft Total Volume: 4.713 bbl

Num Fluid Samples: 0

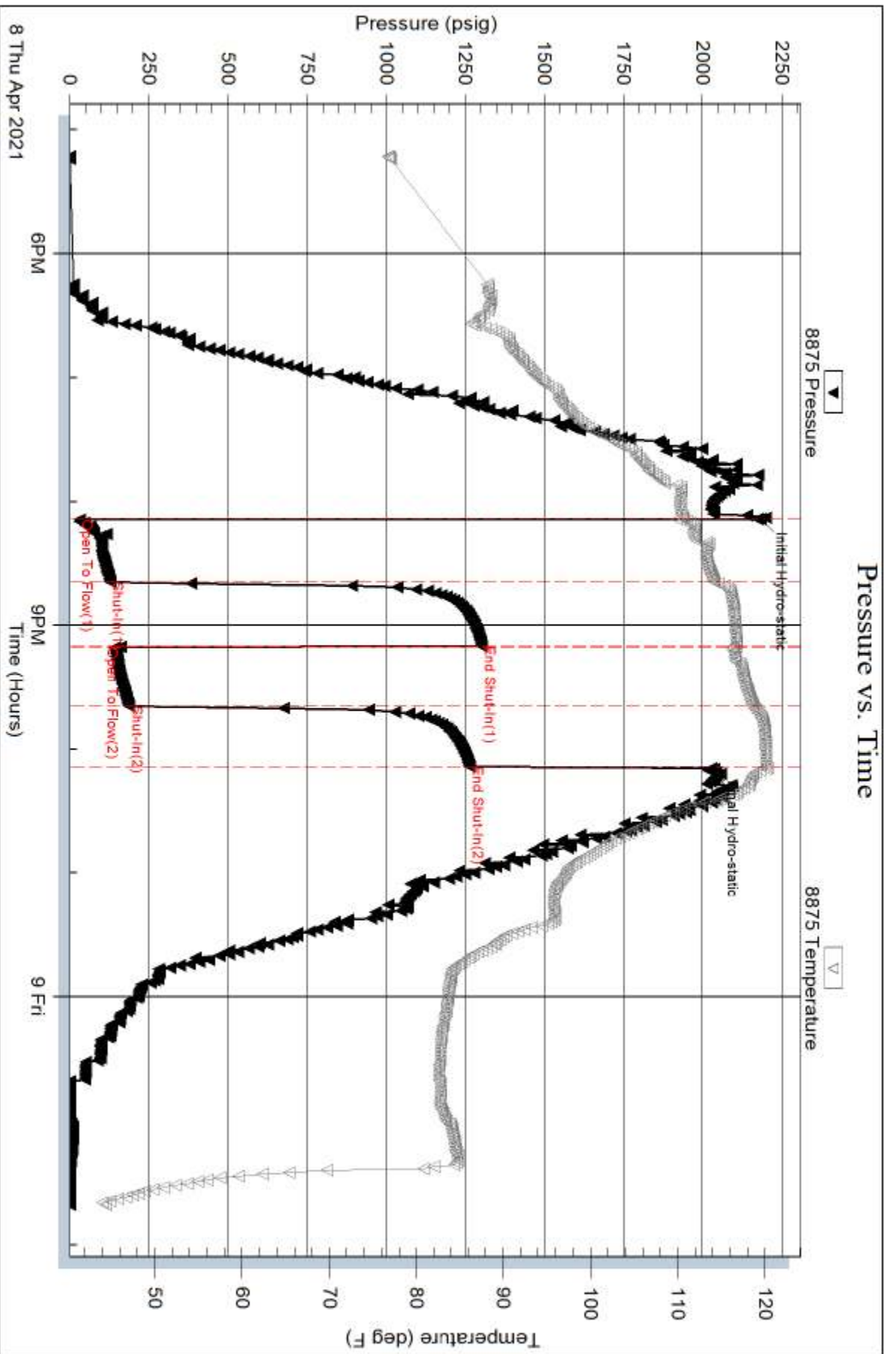
Num Gas Bombs: 0

Serial #:

Laboratory Name:

Laboratory Location:

Recovery Comments: 1 1/2#LCM



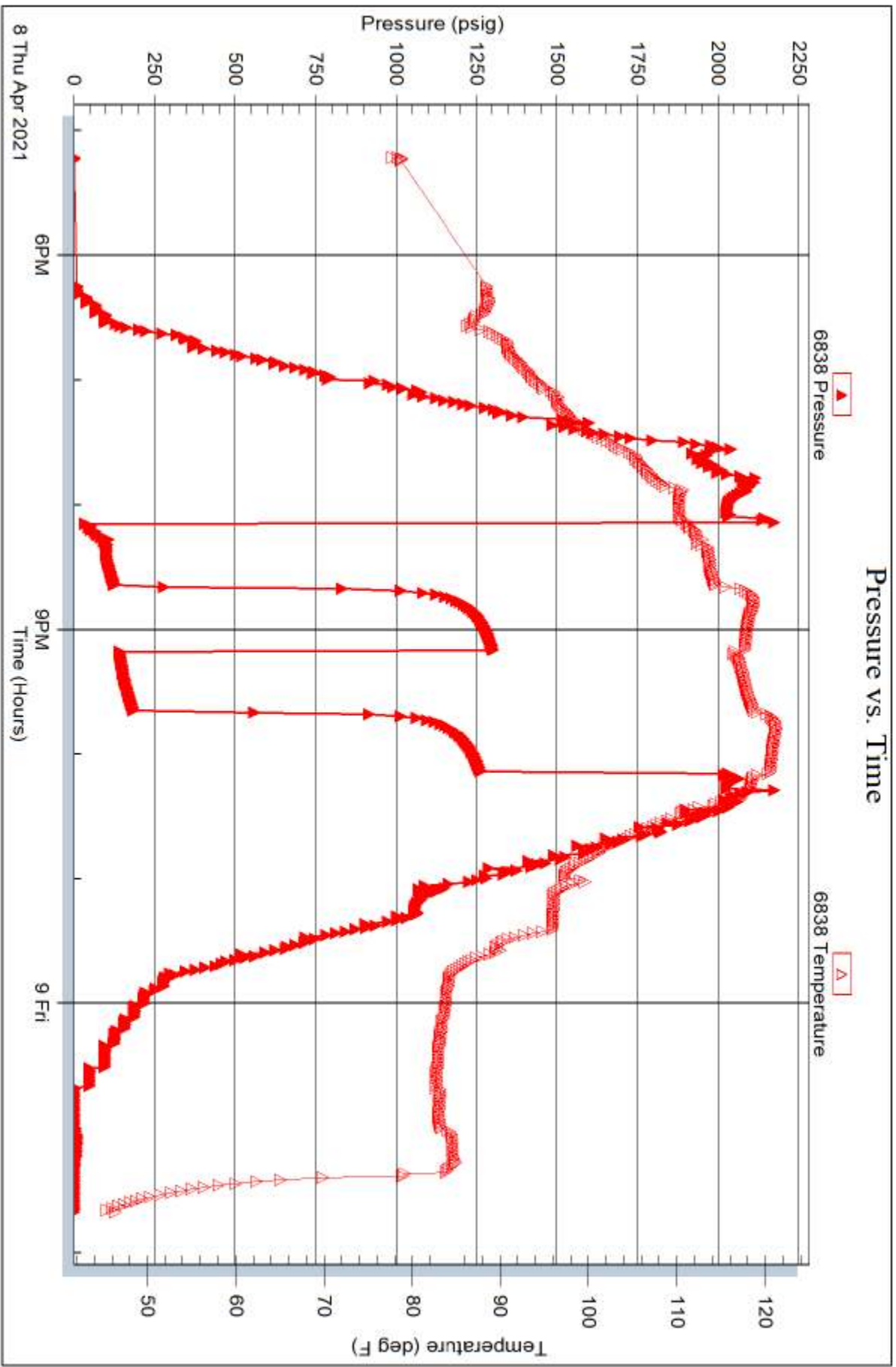
Serial #: 6838

Inside

Triple Crown Operating LLC

Foreman Farm #1-5

DST Test Number: 1



Triobite Testing, Inc

Ref. No: 66925

Printed: 2021.04.09 @ 07:44:19

FRANKS Oilfield Service

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

TIC # NUMBER 0296
 LOCATION Victoria KS
 FOREMAN Mike Shaw

FIELD TICKET & TREATMENT REPORT CEMENT

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
4/19/21		Foreman Wells #1-5				Hodgeman ^{KS}
CUSTOMER Triple Crown ope			TRUCK #		DRIVER	
MAILING ADDRESS			101		Mike S	
CITY					Frank D	
STATE						
ZIP CODE						

JOB TYPE long string HOLE SIZE 7 7/8" HOLE DEPTH 4317 CASING SIZE & WEIGHT 5.5" 17"
 CASING DEPTH 4387' DRILL PIPE _____ TUBING _____ OTHER _____
 SLURRY WEIGHT 14.7 SLURRY VOL 1.5 WATER gal/sk _____ CEMENT LEFT in CASING 441
 DISPLACEMENT 98.5 DISPLACEMENT PSI 950 MIX PSI _____ RATE _____

REMARKS: Safety meeting and discussion w/ drilling Rig #2 Run in 103 5-2
 Centralizers on sets 2, 4, 6, 9, 12, 15, 18 Baskets on sets 3, 19
 Circulate casing thru pump 500gal mud flush 20bbls UCL mix - 5x during
 Casing shut down clear pump lines (please refer displac 98.5 bbls water
 with 850 # lift plus load fluid @ 500 #

RA 3054
 Thanks Mike Shaw

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
MP025	1	PUMP CHARGE	1500. ⁰⁰	1500. ⁰⁰
M001	50	MILEAGE	6.50	500. ⁰⁰
M002	8.33	Ten m. log puller	1.50	999.60
CB03c	180 ^{5x}	OWC 5" holes	28.55	5,139.00
FE013	7	5.5" Centralizer	80. ⁰⁰	560. ⁰⁰
FE027	2	5.5" Baskets	385	770. ⁰⁰
FE046	1	5.5" Packer Shoe	420. ⁰⁰	420. ⁰⁰
FE051	1	5.5" Latchdown	695. ⁰⁰	695. ⁰⁰
CP	500 gal	Mud Flush	500. ⁰⁰	500. ⁰⁰
CP	2 gal	UCL	39. ⁰⁰	39. ⁰⁰
			Subtotal	14,922.60
			Loss 35% disc	5,222.91
			Subtotal	9,699.69
			SALES TAX	591.88
			ESTIMATED TOTAL	10,291.57

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.

