

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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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 1115
 LOCATION Hoxie, KS
 FOREMAN Jack T

FIELD TICKET & TREATMENT REPORT CEMENT

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
11-7-23		Daniel-1-35	35	20	23	Woods
CUSTOMER Triple Crown Operating LLC			TRUCK #			
MAILING ADDRESS			DRIVER			
CITY			TRUCK #			
STATE			DRIVER			
ZIP CODE						

JOB TYPE Long string HOLE SIZE 7 7/8" HOLE DEPTH 4570' CASING SIZE & WEIGHT 5 1/2" 17"
 CASING DEPTH 4562' DRILL PIPE _____ TUBING _____ OTHER _____
 SLURRY WEIGHT _____ SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT in CASING _____
 DISPLACEMENT _____ DISPLACEMENT PSI _____ MIX PSI _____ RATE _____

REMARKS: Safety meeting. Rig up on Martin #20 Run casing. Rig crew dropped # of casing on crew. Hook up. Break pipe. This mud, pump 500 gal. mud flush 20 shots KCL. Plug with hole w/ 30 scales. mix 75 scales 60/40 size 1/4" floccul. Tail in w/ 150 scales and wash up lines. Displace w/ H2O. head plug w/ 2000' - release to truck-hold. Rig down.

Thankful Jack & crew

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
PC005		PUMP CHARGE	\$1850.00	\$1850.00
MO001	70	MILEAGE	\$6.50	\$455.00
MO002	14.75 tons	ton mileage delivery	\$1548.75	\$1548.75
CD030	150 scales	Class A 1/2" open top / 10" o.d. / 17" g. / 5" h. steel	\$29.55	\$4432.50
CD030	105 scales	60/40 siegel 1/4" floccul.	\$17.95	\$1884.75
FE031	1	5 1/2" AFU guide shoe	\$600.00	\$600.00
FE051	1	5 1/2" latch down plug ass.	\$695.00	\$695.00
FE014	8	5 1/2" turbolizers	\$118.00	\$944.00
FE022	2	5 1/2" bracket	\$385.00	\$770.00
FE102	2	5 1/2" stop ring	\$35.00	\$70.00
CD013	500 gal.	mud flush	\$1.00	\$500.00
CD014	2 gal.	KCL	\$50.00	\$100.00
			sub total	\$13,780.00
			less 5% disc	\$659.00
			sub total	\$13,121.00
			SALES TAX	609.86
			ESTIMATED TOTAL	13653.36

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.



TRILOBITE TESTING, INC

DRILL STEM TEST REPORT

Triple Crown Operating LLC

35-20S.-23W. Ness, KS

2201 S Utica
 PL STE 100
 Tulsa, OK 74114
 ATTN: Sean Deenihan

David # 1-35

Job Ticket: 70033

DST#: 2

Test Start: 2023.11.05 @ 18:30:00

GENERAL INFORMATION:

Formation: **Miss**
 Deviated: No Whipstock: ft (KB)
 Time Tool Opened: 20:59:20
 Time Test Ended: 01:28:00
 Interval: **4360.00 ft (KB) To 4430.00 ft (KB) (TVD)**
 Total Depth: 4430.00 ft (KB) (TVD)
 Hole Diameter: 7.88 inches Hole Condition: Good
 Test Type: Conventional Bottom Hole (Reset)
 Tester: Martine Salinas
 Unit No: 82
 Reference Elevations: 2259.00 ft (KB)
 2246.00 ft (CF)
 KB to GR/CF: 13.00 ft

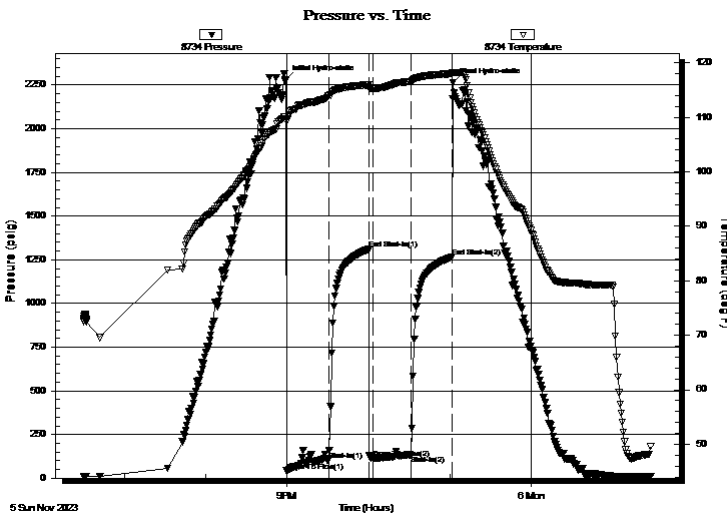
Serial #: 8734

Outside

Press@RunDepth: 131.96 psig @ 4361.00 ft (KB) Capacity: 8000.00 psig
 Start Date: 2023.11.05 End Date: 2023.11.06 Last Calib.: 2023.11.06
 Start Time: 18:30:01 End Time: 01:28:00 Time On Btm: 2023.11.05 @ 20:58:40
 Time Off Btm: 2023.11.05 @ 23:02:00

TEST COMMENT: 30-Blow built to 7 1/4"
 30-ISI-Surface return @ 2 mins dead @ 12 mins
 30-FF-Blow built to 6 1/2"
 30-FSI-No return

PRESSURE SUMMARY



Time (Min.)	Pressure (psig)	Temp (deg F)	Annotation
0	2278.52	110.19	Initial Hydro-static
1	41.43	109.26	Open To Flow (1)
32	105.18	113.96	Shut-In(1)
62	1309.45	115.97	End Shut-In(1)
65	114.92	115.31	Open To Flow (2)
93	131.96	116.62	Shut-In(2)
123	1265.02	118.00	End Shut-In(2)
124	2265.79	118.25	Final Hydro-static

Recovery

Length (ft)	Description	Volume (bbl)
120.00	GHOCM 2%G, 26%O, 72%M	0.59
115.00	CGO 13%G, 87%O	1.11
30.00	CGO 20%G, 80%O	0.42
0.00	90' GIP	0.00

* Recovery from multiple tests

Gas Rates

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



**TRILOBITE
TESTING, INC**

DRILL STEM TEST REPORT

FLUID SUMMARY

Triple Crown Operating LLC

35-20S.-23W. Ness, KS

2201 S Utica
PL STE 100
Tulsa, OK 74114
ATTN: Sean Deenihan

David # 1-35

Job Ticket: 70033

DST#: 2

Test Start: 2023.11.05 @ 18:30:00

Mud and Cushion Information

Mud Type: Gel Chem
Mud Weight: 9.00 lb/gal
Viscosity: 58.00 sec/qt
Water Loss: 9.99 in³
Resistivity: ohm.m
Salinity: 6800.00 ppm
Filter Cake: 1.00 inches

Cushion Type:
Cushion Length: ft
Cushion Volume: bbl
Gas Cushion Type:
Gas Cushion Pressure: psig

Oil API: 36.4 deg API
Water Salinity: ppm

Recovery Information

Recovery Table

Length ft	Description	Volume bbl
120.00	GHOCM 2%G, 26%O, 72%M	0.590
115.00	CGO 13%G, 87%O	1.112
30.00	CGO 20%G, 80%O	0.421
0.00	90' GIP	0.000

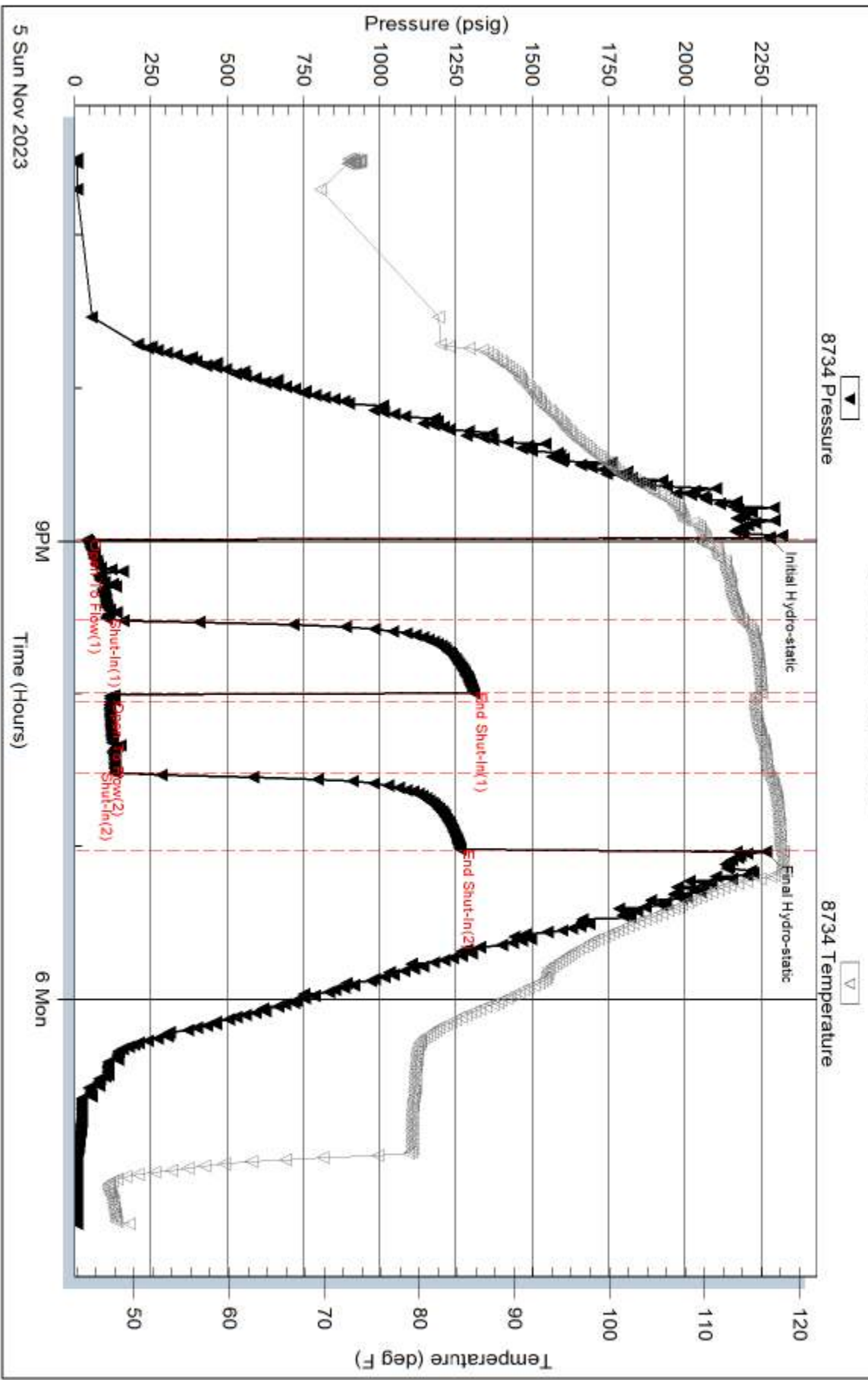
Total Length: 265.00 ft Total Volume: 2.123 bbl

Num Fluid Samples: 0 Num Gas Bombs: 0 Serial #:

Laboratory Name: Laboratory Location:

Recovery Comments: Gravity of oil = 35.4 @ 50 degs corrected to 36.4 @ 60 degs

Pressure vs. Time



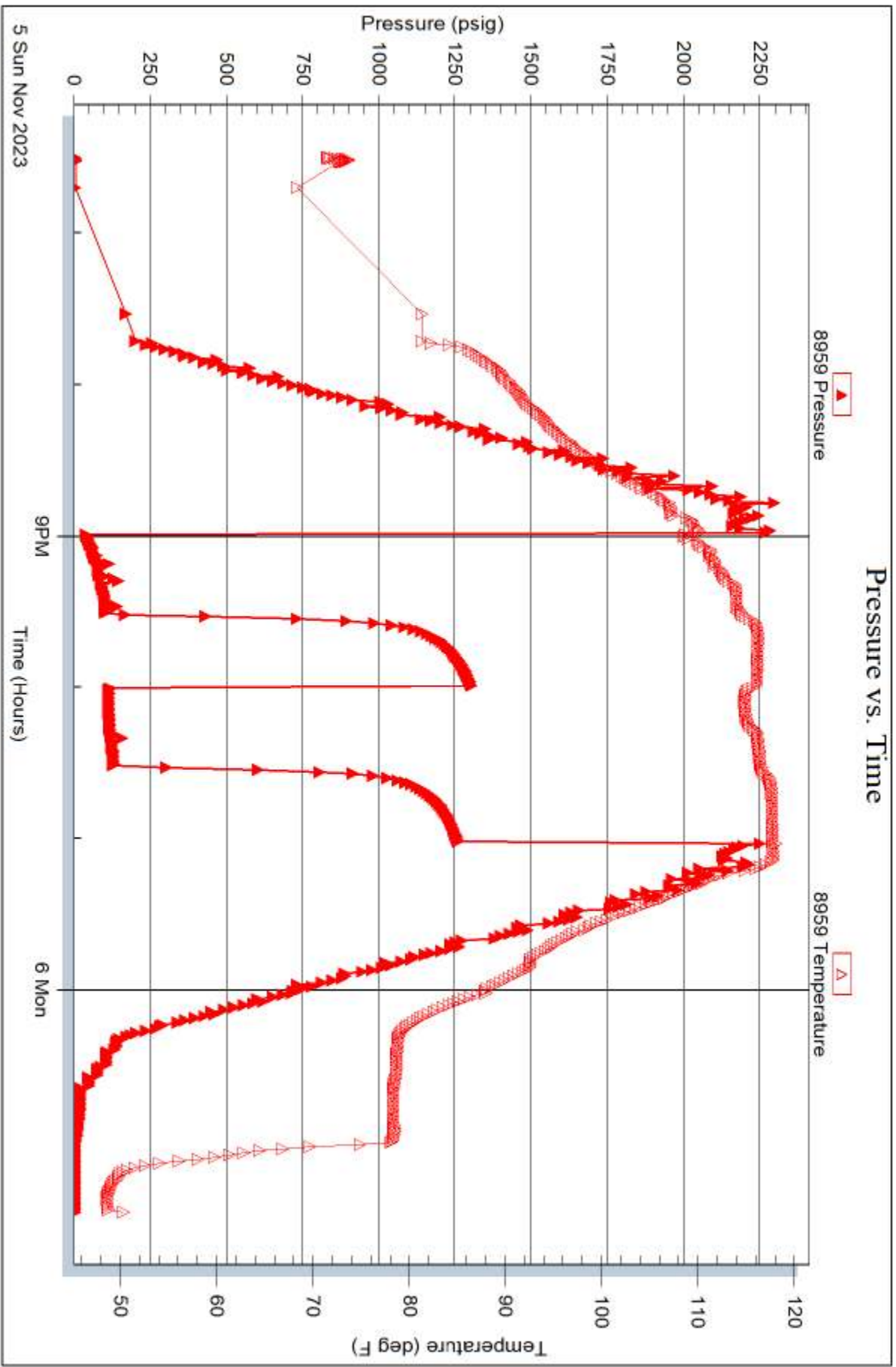
Serial #: 8959

Inside

Triple Crown Operating LLC

David # 1-35

DST Test Number: 2



Trilobite Testing, Inc

Ref. No: 70033

Printed: 2023.11.06 @ 06:56:43

Sean Deenihan

Petroleum Geologist

GEOLOGIST'S REPORT DRILLING TIME AND SAMPLE LOG

COMPANY **Triple Crown Operating LLC**

LEASE **David #1-35**

FIELD **Wildcat**

LOCATION **N 1810' ENE & 1140' FEL**

SEC **35 TWPSP 20S RGE 23W**

COUNTY **Ness STATE Kansas**

CONTRACTOR **Murfin Drilling**

SPUD **11/1/23 COMP 11/8/23**

RTD **4499' LTD 4500'**

MUD UP **3460' 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: MJC**

ELEVATIONS
KB **2265'**

DF _____

GL **2253'**

Measurements Are All From Kelly Bushing

CASING _____

CONDUCTOR _____

SURFACE **8'-5/8" at 1489'**

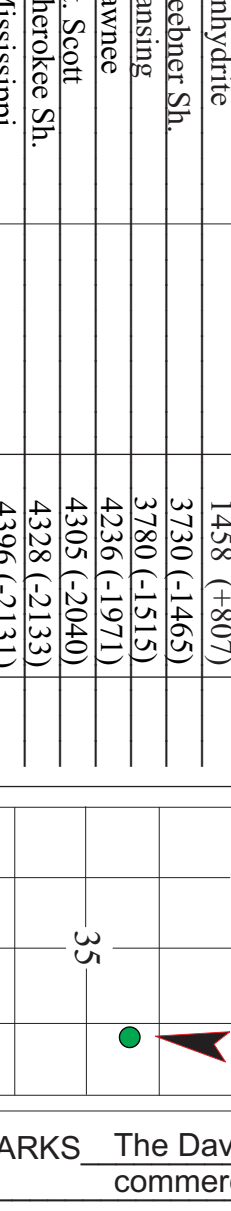
PRODUCTION **5.5" at 4500'**

ELECTRICAL _____

GEMINI _____

CND/DIL: MJC

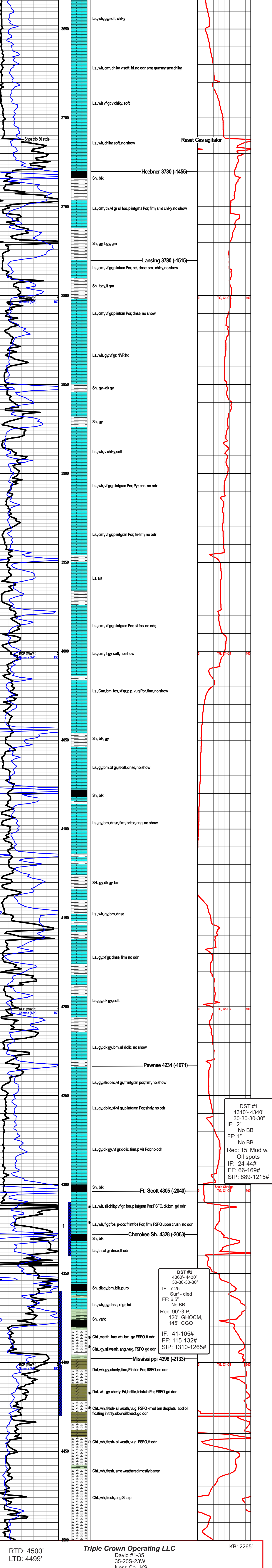
Formation	Sample Tops	E-log Tops	Struct. Fes.
Anhydrite		1458 (-807)	
Heebner Sh.		3730 (-1465)	
Lansing		3780 (-1515)	
Pawnee		4236 (-2071)	
Ft. Scott		4305 (-2040)	
Cherokee Sh.		4328 (-2133)	
Mississippi		4396 (-2131)	



REMARKS The David #1-35 had Oil recovered on the DST and will be further evaluated for commercial oil production potential.

Respectfully Submitted,

Sean P. Deenihan



DST #1
 4310' - 4340'
 30-30-30-30"
 IF: 2"
 No BB
 FF: 1"
 No BB
 Rec: 15' Mud w.
 Oil spots
 IF: 24-44#
 FF: 66-169#
 SIP: 889-1215#

DST #2
 4360' - 4430'
 30-30-30-30"
 IF: 7.25"
 Surf - died
 FF: 6.5"
 No BB
 Rec: 90' GIP,
 120' GHOCM,
 145' CGO
 IF: 41-105#
 FF: 115-132#
 SIP: 1310-1265#

RTD: 4500' LTD: 4499' Triple Crown Operating LLC David #1-35 35-20S-23W Ness Co., KS KB: 2265'

Conservation Division
266 N. Main St., Ste. 220
Wichita, KS 67202-1513



Phone: 316-337-6200
Fax: 316-337-6211
<http://kcc.ks.gov/>

Andrew J. French, Chairperson
Dwight D. Keen, Commissioner
Annie Kuether, Commissioner

Laura Kelly, Governor

March 28, 2024

Doyle Williams
Triple Crown Operating LLC
2201 S. UTICA PL STE 100
TULSA, OK 74114-7099

Re: ACO-1
API 15-135-26212-00-00
DAVID 1-35
NE/4 Sec.35-20S-23W
Ness County, Kansas

Dear Doyle Williams:

K.A.R. 82-3-107 provides for all completion information to be filed within 120 days of the spud date. Subsection(e)(2) of that regulation states "All rights to confidentiality shall be lost if the filings are not timely."

The above referenced well was spudded on 10/28/2023 and the ACO-1 was received on March 28, 2024 (not within the 120 days timely requirement).

Therefore, your request for confidential treatment of data contained within the ACO-1 filing cannot be granted at this time.

If you should have any questions, please do not hesitate to contact me at (316)337-6200.

Sincerely,

Production Department