



KANSAS CORPORATION COMMISSION 1076602  
OIL & GAS CONSERVATION DIVISION

Form ACO-1  
June 2009  
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 339  
Address 2: \_\_\_\_\_  
City: LOUISBURG State: KS Zip: 66053 + 0339  
Contact Person: Lori Driskell  
Phone: ( 913 ) 837-8400  
CONTRACTOR: License # 33715  
Name: Town Oilfield Service  
Wellsite Geologist: NA  
Purchaser: \_\_\_\_\_

Designate Type of Completion:

- New Well     Re-Entry     Workover
- Oil     WSW     SWD     SIOW  
 Gas     D&A     ENHR     SIGW  
 OG     GSW     Temp. Abd.  
 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 ENHR     Conv. to SWD  
 Conv. to GSW
- Plug Back: \_\_\_\_\_ Plug Back Total Depth \_\_\_\_\_  
 Commingled    Permit #: \_\_\_\_\_  
 Dual Completion    Permit #: \_\_\_\_\_  
 SWD    Permit #: \_\_\_\_\_  
 ENHR    Permit #: \_\_\_\_\_  
 GSW    Permit #: \_\_\_\_\_

<u>2/7/2012</u>	<u>2/10/2012</u>	<u>3/12/2012</u>
Spud Date or Recompletion Date	Date Reached TD	Completion Date or Recompletion Date

API No. 15 - 15-059-25915-00-00

Spot Description: \_\_\_\_\_

SE SE NE NW Sec. 5 Twp. 16 S. R. 21  East  West  
4060 Feet from  North /  South Line of Section  
2805 Feet from  East /  West Line of Section

Footages Calculated from Nearest Outside Section Corner:

- NE     NW     SE     SW

County: Franklin

Lease Name: S. Harris Well #: 3

Field Name: Paola-Rantoul

Producing Formation: Squirrel

Elevation: Ground: 1023 Kelly Bushing: 0

Total Depth: 799 Plug Back Total Depth: 46

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: 0

feet depth to: 20 w/ 2 sx cmt.

**Drilling Fluid Management Plan**

(Data must be collected from the Reserve Pit)

Chloride content: 1500 ppm Fluid volume: 80 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**

- Letter of Confidentiality Received  
Date: \_\_\_\_\_  
 Confidential Release Date: \_\_\_\_\_  
 Wireline Log Received  
 Geologist Report Received  
 UIC Distribution

ALT  I  II  III Approved by: Deanna Gansor Date: 03/19/2012



1076602

Operator Name: Triple T Oil, LLC Lease Name: S. Harris Well #: 3  
 Sec. 5 Twp. 16 S. R. 21  East  West County: Franklin

**INSTRUCTIONS:** Show important tops and base 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. Attach complete copy of all Electric Wire-line Logs surveyed. Attach final geological well site report.

Drill Stem Tests Taken <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>(Attach Additional Sheets)</i>  Samples Sent to Geological Survey <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No  Cores Taken <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Electric Log Run <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Electric Log Submitted Electronically <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <i>(If no, Submit Copy)</i>  List All E. Logs Run:  Gamma Ray Neutron Completion Log	<input checked="" type="checkbox"/> Log Formation (Top), Depth and Datum <input type="checkbox"/> Sample  Name Top Datum Gamma Ray
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CASING RECORD <input checked="" 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
Surface	9	6.2500	10	20	Portland	2	50/50 POZ
Completion	5.6250	2.8750	8	753	Portland	114	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	-			

Shots Per Foot	PERFORATION RECORD - Bridge Plugs Set/Type Specify Footage of Each Interval Perforated	Acid, Fracture, Shot, Cement Squeeze Record (Amount and Kind of Material Used)	Depth

TUBING RECORD: Size: \_\_\_\_\_ Set At: \_\_\_\_\_ Packer At: \_\_\_\_\_ Liner Run:  Yes  No

Date of First, Resumed Production, SWD or ENHR. \_\_\_\_\_ Producing Method:  Flowing  Pumping  Gas Lift  Other (Explain) \_\_\_\_\_

Estimated Production Per 24 Hours	Oil Bbls.	Gas Mcf	Water Bbls.	Gas-Oil Ratio	Gravity
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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> <input type="checkbox"/> Other (Specify) _____	PRODUCTION INTERVAL: _____ _____
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**CONSOLIDATED**  
Oil Well Services, LLC

TICKET NUMBER 36480

LOCATION Ottawa KS

FOREMAN Fred Maden

PO Box 884, Chanute, KS 66720  
620-431-9210 or 800-467-8676

**FIELD TICKET & TREATMENT REPORT**  
**CEMENT**

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
2/10/12	7966	S. Harris # 3	NW-5	16	21	FR
CUSTOMER			TRUCK #	DRIVER	TRUCK #	DRIVER
Mailing Address			506	FREMA	Satch	Mky
CITY			495	NARBEC	H/BS	J
STATE			510	ASA-MIC	AM	
ZIP CODE						
Louisburg						
KS						
66053						

JOB TYPE Longstring HOLE SIZE 5 7/8 HOLE DEPTH 798' CASING SIZE & WEIGHT 2 7/8" EUE  
 CASING DEPTH 752' DRILL PIPE \_\_\_\_\_ TUBING \_\_\_\_\_ OTHER \_\_\_\_\_  
 SLURRY WEIGHT \_\_\_\_\_ SLURRY VOL \_\_\_\_\_ WATER gal/sk \_\_\_\_\_ CEMENT LEFT In CASING 2 1/2" Plug  
 DISPLACEMENT 4.37 BBL DISPLACEMENT PSI \_\_\_\_\_ MIX PSI \_\_\_\_\_ RATE 5 B.P.M

REMARKS: Establish pump rate. Mix Pump 100# Premium Gel Flush. Mix Pump  
114 S/KS 50/50 Poz Mix Cement 270 Gal 5% Salt. 5\* Kol Seal/sk.  
Cement to surface. Flush pump + lines clean. Displace 2 1/2" Rubber  
plug to casing TD. Pressure to 800 # PSI. Release pressure to  
set float valve. Shift in casing.

Customer Supplied water  
Tes Drilling Fred Maden

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401	1	PUMP CHARGE	495	1030 <sup>00</sup>
5406	-	MILEAGE		N/C
5402	752	Casing footage		N/C
5407	1/2 Minimum	Ten Miles		175 <sup>00</sup>
1124	114 sk	50/50 Poz Mix Cement		1248 <sup>30</sup>
1118B	292 #	Premium Gel		6133
1111	220 #	Granulated Salt		814 <sup>00</sup>
1110A	570 #	Kol Seal		262 <sup>20</sup>
4402	1	2 1/2 Rubber Plug		28 <sup>00</sup>
<u>247816</u>				
		7.8%	SALES TAX	131 <sup>13</sup>
			ESTIMATED TOTAL	3017 <sup>35</sup>

Flavin 8727  
 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

Franklin County, KS  
Well: S. Harris # 3  
Lease Owner: Triple T

Town Oilfield Service, Inc.  
(913) 837-8400

Commenced Spudding:  
2/7/2012

WELL LOG

Thickness of Strata	Formation	Total Depth
52	Soil/Clay	52
24	Lime	76
7	Shale	83
12	Lime	95
6	Shale	101
23	Lime	124
10	Shale	134
23	Sandy Shale	157
26	Lime	183
72	Shale	255
29	Lime	284
20	Shale	304
6	Lime	310
23	Shale	333
6	Lime	338
14	Shale	352
2	Lime	354
16	Shale	370
7	Lime	377
3	Shale	380
12	Lime	392
11	Shale	403
22	Lime	425
4	Shale	429
4	Lime	433
3	Shale	436
6	Lime	442
4	Shale	446
4	Lime	450
117	Shale	567
6	Sand	573
6	Sandy Shale	579
36	Shale	615
7	Lime	622
7	Shale	629
1	Lime	630
4	Shale	634
2	Lime	636
4	Shale	640
8	Lime	648

