



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1218969
OIL & GAS CONSERVATION DIVISION

Form ACO-1
August 2013
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: Lane Town

Phone: (913) 837-8400

CONTRACTOR: License # 33715

Name: Town Oilfield Service

Wellsite Geologist: N/A

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
- Plug Back Conv. to GSW Conv. to Producer
- Commingled Permit #: _____
- Dual Completion Permit #: _____
- SWD Permit #: _____
- ENHR Permit #: _____
- GSW Permit #: _____

<u>8/8/2014</u>	<u>8/11/2014</u>	<u>8/28/2014</u>
Spud Date or Recompletion Date	Date Reached TD	Completion Date or Recompletion Date

API No. 15 - 15-121-29803-00-00

Spot Description: _____

SE SW SE Sec. 12 Twp. 19 S. R. 24 East West

330 Feet from North / South Line of Section

1650 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: Miami

Lease Name: Trinkle Well #: 3W

Field Name: _____

Producing Formation: Peru

Elevation: Ground: 988 Kelly Bushing: 0

Total Vertical Depth: 300 Plug Back Total Depth: _____

Amount of Surface Pipe Set and Cemented at: 21 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: 21 w/ 4 sx cmf.

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

- Confidentiality Requested
Date: _____
- Confidential Release Date: _____
- Wireline Log Received
- Geologist Report Received
- UIC Distribution
- ALT I II III Approved by: NAOMI JAMES Date: 08/29/2014



1218969

Operator Name: Triple T Oil, LLC Lease Name: Trinkle Well #: 3W
Sec. 12 Twp. 19 S. R. 24 East West County: Miami

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)
Samples Sent to Geological Survey
Cores Taken
Electric Log Run
List All E. Logs Run:
Gamma Ray Neutron Completion Log

CASING RECORD Table with columns: 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. Includes rows for Surface and Completion.

ADDITIONAL CEMENTING / SQUEEZE RECORD Table with columns: Purpose, Depth Top Bottom, Type of Cement, # Sacks Used, Type and Percent Additives.

Did you perform a hydraulic fracturing treatment on this well?
Does the volume of the total base fluid of the hydraulic fracturing treatment exceed 350,000 gallons?
Was the hydraulic fracturing treatment information submitted to the chemical disclosure registry?

PERFORATION RECORD - Bridge Plugs Set/Type Table with columns: Shots Per Foot, PERFORATION RECORD - Bridge Plugs Set/Type, Acid, Fracture, Shot, Cement Squeeze Record, 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 Table with columns: Oil Bbls., Gas Mcf, Water Bbls., Gas-Oil Ratio, Gravity

DISPOSITION OF GAS: Vented Sold Used on Lease
METHOD OF COMPLETION: Open Hole Perf. Dually Comp. Commingled
PRODUCTION INTERVAL:

Town Oilfield Service

P.O Box 339 Louisburg, Ks 66053
913-837-8400

Ticket Number _____
Location _____
Foreman _____

Field Ticket & Treatment Report Cement

Date	Customer#	Well Name & Number	Section	Township	Range	County
8/11/14		Tankle 3-W	12	19	24	Miami
Customer Triple T Oil		Mailing Address				
		City	State	Zip Code		

Job Type logstring Hole Size 5 5/8 Hole Depth 300 Casing Size & Weight 2 7/8
 Casing Depth 285 Drill Pipe _____ Tubing _____ Other _____
 Displacement 4.6 Displacement PSI 800 Mix PSI 200 Rate 4BPM

Remarks _____

Account Code	Quantity or Units	Description of Services or Product	Unit Price	Total
		Pump Charge	700	700
		Cement Truck	250	250
		Water Truck	150	150
	<u>756x</u>	Cement	8.50	637.50
		Gel		0
		Plug	25	25
			Sales Tax	
Estimated Total				<u>702.50</u>

Authorization _____ Title Owner 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.

Miami County, KS
 Well:Trinkle 3W
 Lease Owner:Triple T

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

Commenced Spudding:
 08/08/2014

WELL LOG

Thickness of Strata	Formation	Total Depth
0-6	soil/clay	6
32	lime	38
10	shale	48
5	sandy lime	53
13	lime	66
5	shale	71
2	lime	73
6	shale	79
5	lime	84
4	shale	88
2	sandy lime	90
1	sandy lime	91
6	shale	97
3	sandy shale	100
13	sand	113
2	sand	115
1	sand	116
2	sand	118
3	sand	121
28	sandy shale	149
61	shale	210
4	sandy shale	214
32	shale	246
3	shale and lime	249
2	sand	251
4	sand	255
2	sand	257
1	lime	258
12	shale	270
2	sand	272
2	sand	274
10	sandy shale	284
10	shale	294
5	lime	299
1	shale	300-TD