Confidentiality Requested:
☐ Yes ☑ No

KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION

1218966

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 #:

8/6/2014	8/11/2014	8/28/2014
Spud Date or Recompletion Date	Date Reached TD	Completion Date or Recompletion Date

API No. 15 - 15-121-29801-00-00
Spot Description:
_ - NE - SW - SE Sec. 12 Twp. 19 S. R. 24 ☑ East ☐ West
990 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: (e.g. xx.xxxxx), Long: (e.g. -xxx.xxxxx)
Datum: ☐ NAD27 ☐ NAD83 ☐ WGS84
County: Miami
Lease Name: Trinkle Well #: 1W
Field Name:
Producing Formation: Peru
Elevation: Ground: 990 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 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
☐ 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