



KANSAS CORPORATION COMMISSION  
OIL & GAS CONSERVATION DIVISION

1076603

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 #: \_\_\_\_\_

2/10/2012 2/13/2012 3/12/2012

Spud Date or  
Recompletion Date Date Reached TD Completion Date or  
Recompletion Date

API No. 15 - 15-059-25930-00-00

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

SW NE NE NW Sec. 5 Twp. 16 S. R. 21 ☒ East ☐ West

4668 Feet from ☐ North / ☒ South Line of Section

3009 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 #: I-1

Field Name: Paola-Rantoul

Producing Formation: Squirrel

Elevation: Ground: 1014 Kelly Bushing: 0

Total Depth: 800 Plug Back Total Depth: 47

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**

- ☐ Letter of Confidentiality Received  
Date: \_\_\_\_\_  
☐ Confidential Release Date: \_\_\_\_\_  
☒ Wireline Log Received  
☐ Geologist Report Received  
☒ UIC Distribution  
ALT ☐ I ☒ II ☐ III Approved by: Deanna Gantso Date: 03/19/2012



1076603

Operator Name: Triple T Oil, LLC Lease Name: S. Harris Well #: I-1  
 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<br><i>(Attach Additional Sheets)</i><br><br>Samples Sent to Geological Survey <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br><br>Cores Taken <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>Electric Log Run <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br>Electric Log Submitted Electronically <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br><i>(If no, Submit Copy)</i><br><br>List All E. Logs Run:<br><br>Gamma Ray Neutron Competition Log | <input checked="" type="checkbox"/> Log Formation (Top), Depth and Datum <input type="checkbox"/> Sample<br><br><table style="width: 100%;"> <tr> <td style="width: 60%;">Name</td> <td style="width: 20%;">Top</td> <td style="width: 20%;">Datum</td> </tr> <tr> <td>Gamma Ray</td> <td></td> <td></td> </tr> </table> | Name  | Top | Datum | Gamma Ray |  |  |
| Name                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Top                                                                                                                                                                                                                                                                                                                      | Datum |     |       |           |  |  |
| Gamma Ray                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                          |       |     |       |           |  |  |

| 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                 | 6.250                     | 10                | 21            | Portland       | 4            | 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<br>Specify Footage of Each Interval Perforated | Acid, Fracture, Shot, Cement Squeeze Record<br>(Amount and Kind of Material Used) | Depth |
|----------------|-------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|-------|
| 2              | 719.0-729.0 21 Perfs                                                                      | Acid 500 gal. 7.5% HCL                                                            |       |
|                |                                                                                           |                                                                                   |       |
|                |                                                                                           |                                                                                   |       |
|                |                                                                                           |                                                                                   |       |
|                |                                                                                           |                                                                                   |       |

|                                                           |           |                                                                                                                                                                         |                                   |
|-----------------------------------------------------------|-----------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------|
| TUBING RECORD: Size: _____ Set At: _____ Packer At: _____ |           | Liner Run: <input type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                     |                                   |
| Date of First, Resumed Production, SWD or ENHR. _____     |           | Producing Method:<br><input type="checkbox"/> Flowing <input type="checkbox"/> Pumping <input type="checkbox"/> Gas Lift <input type="checkbox"/> Other (Explain) _____ |                                   |
| Estimated Production Per 24 Hours                         | Oil Bbls. | Gas Mcf                                                                                                                                                                 | Water Bbls. Gas-Oil Ratio Gravity |

|                                                                                                                                                                   |                                                                                                                                                                                                                                                 |                                        |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------|
| DISPOSITION OF GAS:<br><input type="checkbox"/> Vented <input type="checkbox"/> Sold <input type="checkbox"/> Used on Lease<br><i>(If vented, Submit ACO-18.)</i> | METHOD OF COMPLETION:<br><input type="checkbox"/> Open Hole <input type="checkbox"/> Perf. <input type="checkbox"/> Dually Comp. <input type="checkbox"/> Commingled<br><i>(Submit ACO-5)</i><br><input type="checkbox"/> Other (Specify) _____ | PRODUCTION INTERVAL:<br>_____<br>_____ |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------|



**FIELD TICKET & TREATMENT REPORT  
CEMENT**

FOREMAN Fred Mader

|                             |                            |                       |                                                |
|-----------------------------|----------------------------|-----------------------|------------------------------------------------|
| JOB TYPE <u>Long string</u> | HOLE SIZE <u>5 7/8</u>     | HOLE DEPTH <u>800</u> | CASING SIZE & WEIGHT <u>2 3/8 EUE</u>          |
| CASING DEPTH <u>785</u>     | DRILL PIPE <u>Buttel @</u> | TUBING <u>7.52</u>    | OTHER _____                                    |
| SLURRY WEIGHT _____         | SLURRY VOL _____           | WATER gal/sk _____    | CEMENT LEFT in CASING <u>2 1/2" Plug + 31'</u> |
| DISPLACEMENT <u>4.37</u>    | DISPLACEMENT PSI _____     | MIX PSI _____         | RATE <u>5 BPM</u>                              |

REMARKS: Establish pump rate. Mix Pump 100# Premium Gel Flush. Mix Pump 114 SKS 50/50 Poz Mix Cement 2% Gel 5% Salt 5# Kol Seal per sack. Cement to surface. - Flush pump & lines clean. Displace 2 1/2" Rubber plug to Baffle in casing. Pressure to 600# PSI. Hold pressure for 30 min MIT. Release pressure to set float valve. Shut in casing.

TOS Drilling (wes)

7  
Fred Mader

[illegible]

Ravin 3737

## AUTHORIZATION

**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 I-1  
Lease Owner: Triple T

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

Commenced Spudding:  
2/10/2012

WELL LOG

| Thickness of Strata | Formation   | Total Depth |
|---------------------|-------------|-------------|
| 0-35                | Soil-Clay   | 35          |
| 12                  | Shale       | 47          |
| 7                   | Lime        | 54          |
| 2                   | Shale       | 56          |
| 16                  | Lime        | 72          |
| 7                   | Shale       | 79          |
| 11                  | Lime        | 90          |
| 6                   | Shale       | 96          |
| 20                  | Lime        | 116         |
| 17                  | Shale       | 133         |
| 1                   | Lime        | 134         |
| 27                  | Shale       | 161         |
| 20                  | Lime        | 181         |
| 74                  | Shale       | 255         |
| 23                  | Lime        | 278         |
| 23                  | Shale       | 301         |
| 6                   | Lime        | 307         |
| 23                  | Shale       | 330         |
| 2                   | Lime        | 332         |
| 18                  | Shale       | 350         |
| 2                   | Lime        | 352         |
| 16                  | Shale       | 368         |
| 7                   | Lime        | 375         |
| 3                   | Shale       | 378         |
| 12                  | Lime        | 390         |
| 12                  | Shale       | 402         |
| 22                  | Lime        | 424         |
| 4                   | Shale       | 428         |
| 3                   | Lime        | 431         |
| 3                   | Shale       | 434         |
| 6                   | Lime        | 440         |
| 4                   | Shale       | 444         |
| 5                   | Lime        | 449         |
| 109                 | Shale       | 558         |
| 6                   | Sand        | 564         |
| 8                   | Sand        | 572         |
| 4                   | Sandy Shale | 576         |
| 43                  | Shale       | 619         |
| 7                   | Lime        | 626         |
| 10                  | Shale       | 636         |

Commenced Spudding:  
2/10/2012

[illegible]