CORRECTION #1

Kansas Corporation Commission Confidentiality Requested: OIL & GAS CONSERVATION DIVISION Yes No

Form ACO-1 November 2016 Form must be Typed Form must be Signed All blanks must be Filled

## **WELL COMPLETION FORM WELL HISTORY - DESCRIPTION OF WELL & LEASE**

OPERATOR: License #	API No.:
Name:	Spot Description:
Address 1:	SecTwpS. R
Address 2:	Feet from North / South Line of Section
City:	Feet from East / West Line of Section
Contact Person:	Footages Calculated from Nearest Outside Section Corner:
Phone: ()	□NE □NW □SE □SW
CONTRACTOR: License #	GPS Location: Lat:, Long:
Name:	(e.g. xx.xxxxxx) (e.gxxx.xxxxxx)
Wellsite Geologist:	Datum: NAD27 NAD83 WGS84
Purchaser:	County:
Designate Type of Completion:	Lease Name: Well #:
New Well Re-Entry Workover	Field Name:
	Producing Formation:
☐ Oil ☐ WSW ☐ SWD	Elevation: Ground: Kelly Bushing:
Gas DH EOR	Total Vertical Depth: Plug Back Total Depth:
☐ OG ☐ GSW ☐ CM (Coal Bed Methane)	Amount of Surface Pipe Set and Cemented at: Feet
Cathodic Other (Core, Expl., etc.):	Multiple Stage Cementing Collar Used?
If Workover/Re-entry: Old Well Info as follows:	If yes, show depth set: Feet
Operator:	If Alternate II completion, cement circulated from:
Well Name:	feet depth to:w/sx cmt.
Original Comp. Date: Original Total Depth:	
Deepening Re-perf. Conv. to EOR Conv. to SWD	Drilling Fluid Management Plan
Plug Back Liner Conv. to GSW Conv. to Producer	(Data must be collected from the Reserve Pit)
	Chloride content:ppm Fluid volume:bbls
Commingled Permit #:	Dewatering method used:
Dual Completion Permit #:	Bowatoring method accor.
SWD Permit #:	Location of fluid disposal if hauled offsite:
EOR Permit #:	Operator Name:
GSW Permit #:	Lease Name: License #:
	QuarterSecTwpS. R East West
Spud Date or Date Reached TD Completion Date or Recompletion Date	County: Permit #:
Tiecompletion Date	Ι σιτιιι π

#### **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 Approved by: Date:					

CORRECTION #1

Operator Name:				Lease Nam	ne:			Well #:	
Sec Tw	pS. F	R	East West	County:					
open and closed	l, flowing and sl	nut-in pressures	s, whether shut-in		static le	vel, hydrosta	itic pressures, bo		val tested, time tool erature, fluid recovery,
				ta and Final Electi ge file (TIFF or PE		must be ema	ailed to kcc-well-	logs@kcc.ks.gov	v. Digital electronic log
Drill Stem Tests	Taken tional Sheets)		Yes No		Log	Formation	on (Top), Depth		Sample
Samples Sent to	Geological Su	rvey	☐ Yes ☐ No		Name			Тор	Datum
Cores Taken Electric Log Run Geolgist Report List All E. Logs F	/ Mud Logs		Yes No Yes No Yes No						
Liet 7 til 2. 20g0 1									
				NG RECORD [	New e, interme	Used	ion, etc.		
Purpose of St		ze Hole Drilled	Size Casing Set (In O.D.)	Weight Lbs. / Ft.		Setting Depth	Type of Cement	# Sacks Used	Type and Percent Additives
			201 ( 2.2.)						
Purpose:		Depth		JAL CEMENTING /		ZE RECORD		D	
Perforate		Bottom	Type of Cement	# Sacks Use	# Sacks Used		Type and	Percent Additives	
Protect Ca									
Plug Off Z	one								
Did you perform	a hydraulic fracti	uring treatment or	this well?			Yes	No (If No, s	skip questions 2 ar	nd 3)
		-	_	nent exceed 350,000	_	_	= '	skip question 3)	(
_				mical disclosure reg	istry?	Yes	No (If No, f	ill out Page Three	of the ACO-1)
Date of first Produ Injection:	iction/Injection or	Resumed Product	tion/ Producing N	Method: Pumping	Gas	Lift 0	Other <i>(Explain)</i>		
Estimated Produc		Oil Bbls.	Gas	Mcf	Water		bls.	Gas-Oil Ratio	Gravity
Per 24 Hours									
DISPO	OSITION OF GAS	S:		METHOD OF CO	MPLETIO	N:			ON INTERVAL:
Vented		ed on Lease	Open Hole		Dually Cor		mmingled	Тор	Bottom
(If vente	ed, Submit ACO-18	3.)				(000			
Shots Per Foot	Perforation Top	Perforation Bottom	Bridge Plug Type	Bridge Plug Set At		Acid		ementing Squeeze nd of Material Used)	Record
TUBING RECOR	D: Size:	<u> </u>	Set At:	Packer At:					

Form	ACO1 - Well Completion
Operator	Triple T Oil, LLC
Well Name	Gerken I-2
Doc ID	1271113

# Casing

Purpose Of String	Size Hole Drilled	Size Casing Set	Weight	Setting Depth	Type Of Cement		Type and Percent Additives
Surface	9	7	10	20	Portland	3	50/50 POZ
Production	5.625	2.875	8	554	Portland	70	50/50 POZ

# **Summary of Changes**

Lease Name and Number: Gerken I-2

API/Permit #: 15-121-31131-00-00

Doc ID: 1271113

Correction Number: 1

Approved By: NAOMI JAMES

Field Name	Previous Value	New Value
CasingSizeCasingSetP DF_2	7.875	2.875
Save Link	//kcc/detail/operatorE ditDetail.cfm?docID=12 69152	//kcc/detail/operatorE ditDetail.cfm?docID=12 71113



Confidentiality Requested:

Yes No

## Kansas Corporation Commission Oil & Gas Conservation Division

1269152

Form ACO-1
August 2013
Form must be Typed
Form must be Signed
All blanks must be Filled

# CONFIDENTIAL WELL COMPLETION FORM WELL HISTORY - DESCRIPTION OF WELL & LEASE

OPERATOR: License #	API No. 15			
Name:	Spot Description:			
Address 1:	SecTwpS. R 🔲 East 🗌 West			
Address 2:	Feet from North / South Line of Section			
City:	Feet from _ East / _ West Line of Section			
Contact Person:	Footages Calculated from Nearest Outside Section Corner:			
Phone: ()	□NE □NW □SE □SW			
CONTRACTOR: License #	GPS Location: Lat:, Long:			
Name:	(e.g. xx.xxxxx) (e.gxxx.xxxxx)  Datum: NAD27 NAD83 WGS84			
Wellsite Geologist:				
Purchaser:	County:			
Designate Type of Completion:	Lease Name: Well #:			
☐ New Well ☐ Re-Entry ☐ Workover	Field Name:			
☐ Oil ☐ WSW ☐ SWD ☐ SIOW	Producing Formation:			
Gas D&A ENHR SIGW	Elevation: Ground: Kelly Bushing:			
☐ OG ☐ GSW ☐ Temp. Abd.	Total Vertical Depth: Plug Back Total Depth:			
CM (Coal Bed Methane)	Amount of Surface Pipe Set and Cemented at: Feet			
Cathodic Other (Core, Expl., etc.):	Multiple Stage Cementing Collar Used? Yes No			
If Workover/Re-entry: Old Well Info as follows:	If yes, show depth set: Feet			
Operator:	If Alternate II completion, cement circulated from:			
Well Name:	feet depth to:w/sx cmt.			
Original Comp. Date: Original Total Depth:				
☐ Deepening ☐ Re-perf. ☐ Conv. to ENHR ☐ Conv. to SWD	Drilling Fluid Management Plan			
☐ Plug Back ☐ Conv. to GSW ☐ Conv. to Producer	(Data must be collected from the Reserve Pit)			
Commingled Permit #:	Chloride content:ppm Fluid volume:bbls			
Dual Completion Permit #:	Dewatering method used:			
SWD Permit #:	Location of fluid disposal if hauled offsite:			
ENHR Permit #:				
GSW Permit #:	Operator Name:			
	Lease Name: License #:			
Spud Date or Date Reached TD Completion Date or	QuarterSecTwpS. R East West			
Recompletion Date Recompletion Date	Countv: 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 III Approved by: Date:			

KOLAR Document ID: 1269152

#### Page Two

Operator Name: _				Lease Name:			Well #:	
Sec Twp.	S. R.	E	ast West	County:				
	flowing and shu	ut-in pressures, v	vhether shut-in pre	ssure reached st	atic level, hydrosta	tic pressures, bot		val tested, time tool erature, fluid recovery,
Final Radioactivity files must be subm						iled to kcc-well-lo	gs@kcc.ks.gov	v. Digital electronic log
Drill Stem Tests Ta			Yes No			on (Top), Depth ar		Sample
Samples Sent to 0	Geological Surv	/ey	Yes No	Na	me		Тор	Datum
Cores Taken Electric Log Run Geologist Report / List All E. Logs Ru	_		Yes No Yes No Yes No					
		B	CASING eport all strings set-c		New Used	ion, etc.		
Purpose of Strir		Hole illed	Size Casing Set (In O.D.)	Weight Lbs. / Ft.	Setting Depth	Type of Cement	# Sacks Used	Type and Percent Additives
			ADDITIONAL	CEMENTING / SO	UEEZE RECORD			
Purpose:		epth T Bottom	ype of Cement	# Sacks Used		Type and F	Percent Additives	
Perforate Protect Casi Plug Back T								
Plug Off Zor								
Did you perform a     Does the volume     Was the hydraulic	of the total base f	fluid of the hydrauli		_	=	No (If No, sk	ip questions 2 an ip question 3) out Page Three	,
Date of first Product Injection:	tion/Injection or R	esumed Production	Producing Meth	nod:	Gas Lift 0	Other (Explain)		
Estimated Production Per 24 Hours	on	Oil Bbls.					Gas-Oil Ratio	Gravity
DISPOS	SITION OF GAS:		N	METHOD OF COMP	LETION:			DN INTERVAL: Bottom
	Sold Used	I on Lease	Open Hole			mmingled mit ACO-4)	Тор	BOROTT
,	,			B.11 B1				
Shots Per Foot	Perforation Top	Perforation Bottom	Bridge Plug Type	Bridge Plug Set At	Acid,	Fracture, Shot, Cer (Amount and Kind	menting Squeeze I of Material Used)	Record
TUBING RECORD:	: Size:	Set	Δ+-	Packer At:				
TODING RECORD:	. 3126.	Set	n.	i donei Al.				

Form	ACO1 - Well Completion
Operator	Triple T Oil, LLC
Well Name	Gerken I-2
Doc ID	1269152

# Perforations

Shots Per Foot	Perforation Record	Material Record	Depth
3	480-490	2" DML RTG	10

Form	ACO1 - Well Completion
Operator	Triple T Oil, LLC
Well Name	Gerken I-2
Doc ID	1269152

# Casing

Purpose Of String	Size Hole Drilled	Size Casing Set	Weight		Type Of Cement		Type and Percent Additives
Surface	9	7	10	20	Portland	3	50/50 POZ
Production	5.625	7.875	8	554	Portland	70	50/50 POZ

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

Miami County, KS Well: Gerken I-2 Lease Owner: Triple T

### WELL LOG

hickness of Strata	Formation	Total Depth
0-10	Soil-Clay	10
34	Lime	44
7	Shale	51
19	Lime	70
5	Shale	75
2	Lime	77
4	Shale	81
6	Lime	87
22	Shale	109
10	Sand	119
41	Sandy Shale	160
101	Shale	261
5	Lime	266
27	Shale	293
6	Lime	299
10	Shale	309
2	Lime	311
9	Shale	320
10	Lime	330
12	Shale	342
4	Lime	346
6	Shale	352
6	Sand	358
28	Lime	386
5	Shale	391
3	Lime	394
11	Shale	405
3	Lime	408
47	Shale	455
4	Sandy Shale	459
6	Sand	465
16	Sandy Shale	481
9	Sand	490
1	Shale	491
3	Lime	494
86	Shale	580-TD

# Log Book

Weil No.
Farm_ Gerken
(State) Miami (County)
29 18 29 (Section) (Township) (Range)
For Triple Toil (Well Owner)

# Town Oilfield Services, Inc.

1207 N. 1st East Louisburg, KS 66053 913-710-5400

Gerken Farm: Miami County	CASING AND TUBING MEASUREMENTS							
$\frac{FS}{G23}$ State; Well No. $\frac{T-2}{G23}$	Feet	ln.	Feet	lu.	Feet	ln.		
	(-)1	17/	i Q	(, 1				
Commenced Spuding 10-20 20/5	521.	35	<i>D</i> ,	7	10			
Finished Drilling 10-23 20	£ (-'\/	00	E/	ဝၕ				
Finished Drilling 10-23 2015  Driller's Name Wesley Dollard	35/.	00			`	7 /		
Driller's Name	580	7			2	10		
Driller's Name			<u>'</u>			10		
Tool Dresser's Name Ryan Word			·					
Tool Dresser's Name								
Tool Dresser's Name								
Contractor's Name								
29 18 24								
(Section) (Township) (Range)								
Distance from 5 line, 4425 11.								
Distance from E line, 2080 11	<u></u>							
3 sacks 2/8 casing								
8 415		1						
-5/ 1.11.					****			
55/8 borchole								
CASING AND TUBING								
RECORD								
í.								
10" Set 10" Pulled			***************************************		***************************************			
8" Set 8" Pulled								
7 <b>4</b> Set 20 64" Pulled								
4" Set 4" Pulled						· · · · · · · · · · · · · · · · · · ·		

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-1-

2" Pulled \_

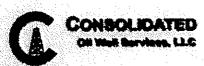
Thickness of Strata	Formation	Total Depth	Remarks
0-10	Soil-clay	10	Nemaria
34	Lime	44	
7	Shele	51	
19	lime	70	
5	Shale	75	
2	Line	77	
4	Shale	81	
6	Lime	87	Hestha
22	Shale	109	
10	Sand	119	odoc- Slight show
41	sondy shalf	160	J. 3.13.17 3.49.00
10[	Shale	261	
5	Lime	266	a
27	Shale	293	*
6	Lime	299	»
10	Shal-C	309	34
2	Line	311	
9	<u>Shale</u>	320	
10	Lime	330	
12	3hale	342	
4	Line	346	
6	Shale	352	
6	Sand	358	no oil
28	Lime	386	
5	Shale	391	
3	Lime	394	
	Shale	405	

-2-

		405	
Thickness of Strata	Tomation	Total Depth	Remarks
3	Lime	408	
47	shale	455	
4	Sandy Shell	459	
6	Sand	465	broken Oil-ok saturation
16	Sandy Shale	481	
9	Sand	490	A
1	Shale	491	broken-good saturation
3	Lime	494	0:1
86	Shale	580	7D
<del></del>			
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-			
			2

4-

-5-





TICKET NUMBER LOCATION OXXAWAKE FOREMAN Fred 1

PO Box 884, Chanute, KS 68720

# FIELD TICKET & TREATMENT REPORT

620-431-9210	or 800-467-8676	CEI	MENT			
DATE	CUSTOMER# W	ELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
10 - 628-15	7964 Goyl.	4. " T.2	NE 27	/ 8	34	MI Managoria
CUSTOMER	ple T oil		TRUCK#	ORIVER	TRUCK#	DRIVER
MAILING ADDRI			7/2	Fre Mad		
P.O.	Ban 339		495	Har Bec		
CITY	STATE	ZIP CODE	475	K. D.Y		
Louis	burn KS	66053	548	TroHar		
JOB TYPE LO		578 HOLE	DEPTH STEAT	CASING SIZE & W	еюнт <u> 274.</u> 1	EOK
CASING DEPTH	SSY DRILL PIPE	Baffle to TUBIN	GR 521		OTHER	
SLURRY WEIGH	IT SLURRY VC	WATER	R gel/sk	CEMENT LEFT In	CASING 33	<del>/ 17/43</del>
DISPLACEMENT	r <u>3.83</u> 08 displaces	IENT PSI MIX PS	R gel/sk	RATE 48PM		
remarks: H	old Safety much	ng Establish	pump 10x1	Mire Proup	100" (in	
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	777 - L FUMLA	150 AKK 70m 231				***************************************
		ملما عند مام	77 he alman	っか パリカム	30 F 1/4 34	<u> </u>
Baffle	· > * * * * * * * * * * * * * * * * * *	Jarenze WA ROO	* PS1   TP10*41	V2 6 53	GIR T-GI	
30M	muto MIT! R	leere pressur	e to set 410	ax Value.	Chyt in	
Casty						
* (						
				Falm	0	
<u> 76 w</u>	Drilling ( Wes	<del>/y</del> )		TARM	مناعره	
ACCOUNT				ABILOT	UNIT PRICE	TOTAL
CODE	QUANITY or UNITS	DESCRIPT	TION of SERVICES or PR	ODUCI	(લ્ફ્રીન્ડિકાન્ડિનો)મું પ્રવેશનો હ	1017-
CEOYED		PUMP CHARGE		475	15000	
LEODOR		MILEAGE			N/C	
CEOTIO	40 my man	Ton Miles		S <sup>-</sup> 4:		
WE 0853	71.	SO BBL V	ac Truck	675	1005	
			5.16 To K.S		18200	10 - 10 - 10 - 10 - 10 - 10 - 10 - 10 -
			Less	46%	- 62726	9824
					1	
CC 5840	70565	Por Blend	I A Coment		945	
CE 5966	218#	B-4-4			105'22	
CP 8176		25° Rubb.	感情的 医电影 化二氯化二氯化氯化氯化氯化氯化氯化		4500	
CL 8114			\(\sigma\).	(بالد)	105570	
			leas.	46%	. 465 1	5692
			yaninga nahining salah paramulang panya apada a ri sara a kara a kara a kila mandakan mana salah da karaban ba An	Professional Anna Carlo Car		
STANTAN BUTCH						
						4559
				6%	ESTEMATED	<del>- 73 -</del>
Randri 9737					TOTAL	159631

AUTHORIZTION 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.