



Operator Name: \_\_\_\_\_ Lease Name: \_\_\_\_\_ Well #: \_\_\_\_\_

Sec. \_\_\_\_\_ Twp. \_\_\_\_\_ S. R. \_\_\_\_\_  East  West County: \_\_\_\_\_

**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 <input type="checkbox"/> Yes <input type="checkbox"/> No <i>(Attach Additional Sheets)</i>  Samples Sent to Geological Survey <input type="checkbox"/> Yes <input type="checkbox"/> No  Cores Taken <input type="checkbox"/> Yes <input type="checkbox"/> No Electric Log Run <input type="checkbox"/> Yes <input type="checkbox"/> No Geologist Report / Mud Logs <input type="checkbox"/> Yes <input type="checkbox"/> No  List All E. Logs Run:	<input type="checkbox"/> Log Formation (Top), Depth and Datum <input type="checkbox"/> Sample  Name Top Datum
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CASING RECORD <input 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

ADDITIONAL CEMENTING / SQUEEZE RECORD				
Purpose:	Depth Top Bottom	Type of Cement	# Sacks Used	Type and Percent Additives
<input type="checkbox"/> Perforate <input type="checkbox"/> Protect Casing <input type="checkbox"/> Plug Back TD <input type="checkbox"/> Plug Off Zone				

1. Did you perform a hydraulic fracturing treatment on this well?  Yes  No *(If No, skip questions 2 and 3)*
2. Does the volume of the total base fluid of the hydraulic fracturing treatment exceed 350,000 gallons?  Yes  No *(If No, skip question 3)*
3. Was the hydraulic fracturing treatment information submitted to the chemical disclosure registry?  Yes  No *(If No, fill out Page Three of the ACO-1)*

Date of first Production/Injection or Resumed Production/Injection:	Producing Method: <input type="checkbox"/> Flowing <input type="checkbox"/> Pumping <input type="checkbox"/> Gas Lift <input type="checkbox"/> Other <i>(Explain)</i> _____			
Estimated Production Per 24 Hours	Oil Bbls.	Gas Mcf	Water Bbls.	Gas-Oil Ratio Gravity

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) (Submit ACO-4)</i>	PRODUCTION INTERVAL: Top Bottom
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Shots Per Foot	Perforation Top	Perforation Bottom	Bridge Plug Type	Bridge Plug Set At	Acid, Fracture, Shot, Cementing Squeeze Record <i>(Amount and Kind of Material Used)</i>

TUBING RECORD:	Size:	Set At:	Packer At:	
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## 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	<a href="http://../kcc/detail/operatorEditDetail.cfm?docID=1269152">../kcc/detail/operatorEditDetail.cfm?docID=1269152</a>	<a href="http://../kcc/detail/operatorEditDetail.cfm?docID=1271113">../kcc/detail/operatorEditDetail.cfm?docID=1271113</a>



Confidentiality Requested:

Yes  No

KANSAS CORPORATION COMMISSION 1269152  
OIL & GAS CONSERVATION DIVISION

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 # \_\_\_\_\_

Name: \_\_\_\_\_

Address 1: \_\_\_\_\_

Address 2: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ + \_\_\_\_\_

Contact Person: \_\_\_\_\_

Phone: ( \_\_\_\_\_ ) \_\_\_\_\_

CONTRACTOR: License # \_\_\_\_\_

Name: \_\_\_\_\_

Wellsite Geologist: \_\_\_\_\_

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

Spud Date or Recompletion Date	Date Reached TD	Completion Date or Recompletion Date
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API No. 15 - \_\_\_\_\_

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

\_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Sec. \_\_\_\_\_ Twp. \_\_\_\_\_ S. R. \_\_\_\_\_  East  West

\_\_\_\_\_ Feet from  North /  South Line of Section

\_\_\_\_\_ 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: \_\_\_\_\_

Lease Name: \_\_\_\_\_ Well #: \_\_\_\_\_

Field Name: \_\_\_\_\_

Producing Formation: \_\_\_\_\_

Elevation: Ground: \_\_\_\_\_ Kelly Bushing: \_\_\_\_\_

Total Vertical Depth: \_\_\_\_\_ Plug Back Total Depth: \_\_\_\_\_

Amount of Surface Pipe Set and Cemented at: \_\_\_\_\_ Feet

Multiple Stage Cementing Collar Used?  Yes  No

If yes, show depth set: \_\_\_\_\_ Feet

If Alternate II completion, cement circulated from: \_\_\_\_\_

feet depth to: \_\_\_\_\_ w/ \_\_\_\_\_ sx cmt.

**Drilling Fluid Management Plan**

*(Data must be collected from the Reserve Pit)*

Chloride content: \_\_\_\_\_ ppm Fluid volume: \_\_\_\_\_ bbls

Dewatering method used: \_\_\_\_\_

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: \_\_\_\_\_ Date: \_\_\_\_\_

Operator Name: \_\_\_\_\_ Lease Name: \_\_\_\_\_ Well #: \_\_\_\_\_

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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





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

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

Commenced Spudding:  
 10/20/2015

WELL LOG

Thickness 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

Well No. I-2

Farm Grecken

KS Miami  
(State) (County)

29 18 24  
(Section) (Township) (Range)

For Triple T oil  
(Well Owner)

## Town Oilfield Services, Inc.

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



Thickness of Strata	Formation	Total Depth	Remarks
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	Hertha
22	Shale	109	
10	sand	119	
41	sandy shale	160	odoc - slight show
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	no Oil
28	Lime	386	
5	Shale	391	
3	Lime	394	
11	Shale	405	





4/18/88  
4528

TICKET NUMBER 49867  
LOCATION Ottawa KS  
FOREMAN Fred Madler

PO Box 884, Chanute, KS 66720  
820-431-9210 or 800-467-8878

FIELD TICKET & TREATMENT REPORT  
CEMENT

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
10-23-15	7969	Gorkan # T-2	NE 27	18	24	MI
CUSTOMER			TRUCK #	DRIVER	TRUCK #	DRIVER
Triple T Oil			712	Fred Madler		
MAILING ADDRESS			495	Har Bee		
P.O. Box 339			675	Ken Dot		
CITY	STATE	ZIP CODE	548	Travis		
Louisburg	KS	66053				

JOB TYPE Long string HOLE SIZE 5 7/8 HOLE DEPTH 580' CASING SIZE & WEIGHT 2 7/8 EOE  
CASING DEPTH 554' DRILL PIPE Baffle in TUBING 2 S21 OTHER \_\_\_\_\_  
SLURRY WEIGHT \_\_\_\_\_ SLURRY VOL \_\_\_\_\_ WATER gal/sk \_\_\_\_\_ CEMENT LEFT in CASING 33' + Plug  
DISPLACEMENT 3.3288 DISPLACEMENT PSI \_\_\_\_\_ MIX PSI \_\_\_\_\_ RATE 43 BPM

REMARKS: Hold safety meeting. Establish pump rate. Mix Pump 100' Gal  
Flush. Mix + Pump 70 sks Por Blend I.A. Cement 28 Gal. Cement  
to surface. Flush pump lines clean. Displace 2 1/2" Rubber Plug to  
Baffle in casing. Pressure to 800' ASI. Monitor Pressure for  
30 minutes MIT. Release pressure to set float valve. Shift in  
casing.

Tow Drilling (weekly)

Fred Madler

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
CE0450	1	PUMP CHARGE	495	1500 <sup>00</sup>
LE0002	-	MILEAGE		N/C
CE0710	1/2 M/M/M/M	Tow Miles Delivery	548	220 <sup>00</sup>
WE0853	1 hr	80 Bbl Vac Truck	675	100 <sup>00</sup>
		Sub Total		1820 <sup>00</sup>
		Less 46%		-837 <sup>20</sup>
				982 <sup>80</sup>
CE5240	70 SKS	Por Blend I.A. Cement	945 <sup>00</sup>	
CE5965	218'	Bentonite Gel	165 <sup>00</sup>	
CP8176	1	2 1/2" Rubber Plug	45 <sup>00</sup>	
		Sub Total		1055 <sup>00</sup>
		Less 46%		-485 <sup>42</sup>
				569 <sup>58</sup>
			6%	SALES TAX
				45 <sup>33</sup>
				ESTIMATED TOTAL
				1596 <sup>31</sup>
				(2965.83)

6714

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.