

Kansas Corporation Commission Oil & Gas Conservation Division

1058120

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 #	API No. 15
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 #	County:
Name:	Lease Name: Well #:
Wellsite Geologist:	Field Name:
Purchaser:	Producing Formation:
Designate Type of Completion:	Elevation: Ground: Kelly Bushing:
New Well Re-Entry Workover	Total Depth: Plug Back Total Depth:
Oil WSW SWD SIOW Gas D&A ENHR SIGW OG GSW Temp. Abd. CM (Coal Bed Methane) Cathodic Other (Core, Expl., etc.):	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: sx cmt
Operator:	
Well Name:	Drilling Fluid Management Plan (Data must be collected from the Reserve Pit)
Original Comp. Date: Original Total Depth: Deepening Re-perf. Conv. to ENHR Conv. to SWD Conv. to GSW	Chloride content: ppm Fluid volume: bbls Dewatering method used:
Plug Back: Plug Back Total Depth	Location of fluid disposal if hauled offsite:
Commingled Permit #:	Operator Name:
Dual Completion Permit #:	Lease Name: License #:
SWD Permit #:	Quarter Sec Twp S. R
☐ ENHR Permit #: ☐ GSW Permit #:	County: Permit #:
Spud Date or Date Reached TD Completion Date or Recompletion Date Recompletion Date	

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: Date:

Side Two



Operator Name:			Lease Name	e:			_ Well #:							
Sec Twp	S. R	East West	County:											
time tool open and clos	sed, flowing and shut s if gas to surface tes	I base of formations per in pressures, whether set, along with final chart well site report.	shut-in pressure	reached s	static level,	hydrostatic press	sures, bottom h	ole temperature, fl						
Orill Stem Tests Taken (Attach Additional S		Yes No		Log	Formatio	n (Top), Depth an	d Datum	Sample						
Samples Sent to Geolo		☐ Yes ☐ No	N	lame			Тор	Datum						
Cores Taken Electric Log Run Electric Log Submitted (If no, Submit Copy)	I Electronically	Yes No Yes No Yes No												
List All E. Logs Run:			RECORD [Used									
	Size Hole	Report all strings set- Size Casing	-conductor, surface Weight		ate, producti Setting	on, etc. Type of	# Sacks	Type and Percen						
Purpose of String	Drilled	Set (In O.D.)	Lbs. / Ft.		Depth	Cement	Used	Additives						
		ADDITIONA	L OFMENTING (00115575	DECORD									
		ADDITIONA	L CEMENTING / :	SQUEEZE	RECORD									
Purpose: Perforate Protect Casing Plug Back TD Plug Off Zone	Depth Top Bottom	Type of Cement	# Sacks Used	d	Type and Percent Additives									
Shots Per Foot		ON RECORD - Bridge Plu ootage of Each Interval Pe			Acid, Fracture, Shot, Cement Squeeze Record (Amount and Kind of Material Used)									
TUBING RECORD:	Size:	Set At:	Packer At:	Line	r Run:	Yes No								
Date of First, Resumed I	Production, SWD or EN	HR. Producing Me	thod:	Gas Li	ift C	Other (Explain)								
Estimated Production Per 24 Hours	Oil E	Bbls. Gas	Mcf	Water	В	bls. (Gas-Oil Ratio	Gravity						
DISPOSITIO	Used on Lease	Open Hole	METHOD OF COM	MPLETION: ually Comp omit ACO-5)	. Cor	nmingled mit ACO-4)	PRODUCTIO	ON INTERVAL:						
(If vented, Sub	mit ACO-18.)	Other (Specify)												

Franklin County, KS
Well: Beckmeyer # 27

Town Oilfield Service, Inc.

(913) 837-8400

Commenced Spudding: 6/1/2011 Lease Owner: Triple T

6/1/2011

WELL LOG

Thickness of Strata	Formation	Total Depth
30	Soil/Clay	30
24	Shale	54
5	Lime	59
3	Shale	62
15	Lime	77
7	Shale	84
11	Lime	95
3	Shale	98
25	Shale/Shells	123
14	Shale	137
6	Lime	143
18	Shale	161
19	Lime	180
76	Shale	256
20	Lime	276
28	Shale	304
7	Lime	311
20	Shale	331
1	Lime	332
38	Shale	370
22	Lime	392-Winterset
10	Shale	402
19	Lime	421-Bethany Falls
4	Shale	425
5	Lime	430-KC
3	Shale	433
4	Hertha	437
126	Shale	563
3	Sand	566-Odor, Little Bleed,10-20%
4	Sandy Shale	570-Grey
154	Shale/Shells	724
9	Sand	733-Oil, 20-30%
65	Sandy Shale	798-TD
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Franklin County, KS Well: Beckmeyer # 27 Lease Owner: Triple T

Town Oilfield Service, Inc. Commenced Spudding: 6/1/2011

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CONSOLIDATED
OIL WALL SANVIOUS, LLG

TICKET NUMBER 31990
LOCATION OXTAWA KS
FOREMAN FVED WAR

FIELD TICKET & TREATMENT REPORT

COUNTY	FR	DRIVER	PACK.				7	P 139			Z-	Part,	,						TOTAL	925 %	N/c	MC	330%		1546 60	6980	or 001	3256	289				95 191	3536.56
RANGE	21	881	7	XX		April		\$	CASING	- 1	19.0	1725 C	BBL	2			Made		UNIT PRICE														SALES TAX	ESTIMATED TOTAL
TOWNSHIP	18	DRIVER	Fred	Ken		Avlen	CASING SIZE & WEIGHT		CEMENT LEFT IN CASING	∞2	Tremism	USK DUMOK	9لا ا	aice de essure	7		Hand		DDUCT														7.8%	
SECTION	ZE 35	TRUCK#	506	368	83	010	800,	756				Y L	Cle M	PSI Release					DESCRIPTION of SERVICES or PRODUCT		leasc	.48			X		14		1	0,,	5			
WELL NAME & NUMBER	#27				ZIP CODE	6605	634 HOLE DEPTH	Attle @ TUBING 7		MIX PSI	Wilx .	100 50/50 POR WILK	A [wg 40	9 4					DESCRIPTION o	PUMP CHARGE	MILEAGE Truck on	cosho Footecy	Jan Miles		Solve A color) I W I	U. Can	- = .	7	WO# 34175			
	Beckmoyer	\$ \$ 1 mm			STATE	KS	HOLE SIZE	DRILL PIPE		_	Civeu fo	84/0	1/2 " Ro	Lue, Shut M		d H20	اکرد	J	NITY or UNITS		20	787	MUM		1466 166	# 0, 0	3 7/ #	110	71					
CUSTOMER#	1841	1		6 55		۵,	405 Kr. 200	787		4.488	15to 615	MO TO	ace of	a 4		Sugartag	1,00 5		QUANI				minth											
DATE	11/8/9	CUSTOMER	MAILING ADDRESS	S S	CITY	Lowisburg	JOB TYPE LO	CASING DEPTH_	SLURRY WEIGHT	DISPLACEMENT_	REMARKS: Establish	W.X	D's	Fresh		Rive	30		ACCOUNT	147.4	5402	5-10 2	(540)	,); c : :	1197	CI 8 111	1011	1107	そのかか				Ravin 3737

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.

TILE

AUTHORIZTION SOPPLY

DATE