



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
- Conv. to GSW
- Plug Back: _____ Plug Back Total Depth _____
- Commingled Permit #: _____
- Dual Completion Permit #: _____
- SWD Permit #: _____
- ENHR Permit #: _____
- GSW Permit #: _____

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

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

County: _____

Lease Name: _____ Well #: _____

Field Name: _____

Producing Formation: _____

Elevation: Ground: _____ Kelly Bushing: _____

Total 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

- Letter of Confidentiality Received
Date: _____
- Confidential Release Date: _____
- Wireline Log Received
- Geologist Report Received
- UIC Distribution
- ALT I II III Approved by: _____ Date: _____



1100807

Operator Name: _____ Lease Name: _____ Well #: _____

Sec. _____ Twp. _____ S. R. _____ East West County: _____

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 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 Electric Log Submitted Electronically <input type="checkbox"/> Yes <input type="checkbox"/> No <i>(If no, Submit Copy)</i> 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
_____ Perforate _____ Protect Casing _____ Plug Back TD _____ Plug Off Zone				

Shots Per Foot	PERFORATION RECORD - Bridge Plugs Set/Type Specify Footage of Each Interval Perforated	Acid, Fracture, Shot, Cement Squeeze Record <i>(Amount and Kind of Material Used)</i>	Depth

TUBING RECORD: Size: _____ Set At: _____ Packer At: _____ Liner Run: Yes No

Date of First, Resumed Production, SWD or ENHR. _____ Producing Method: Flowing Pumping Gas Lift Other *(Explain)* _____

Estimated Production Per 24 Hours	Oil Bbls.	Gas Mcf	Water Bbls.	Gas-Oil Ratio	Gravity
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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)</i> <input type="checkbox"/> Other <i>(Specify)</i> _____ <i>(Submit ACO-4)</i>	PRODUCTION INTERVAL: _____ _____
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Franklin County, KS
Well: S. Beckmeyer 51
Lease Owner: Triple T

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

Commenced Spudding:
11/8/2012

WELL LOG

Thickness of Strata	Formation	Total Depth
34	Soil-Clay	34
5	Lime	39
3	Shale	42
15	Lime	57
8	Shale	65
10	Lime	75
2	Shale	77
2	Lime	79
3	Shale	82
14	Lime	96
50	Shale	146
20	Lime	166
76	Shale	242
22	Lime	264
25	Shale	289
6	Lime	295
22	Shale	317
2	Lime	319
19	Shale	338
2	Lime	340
14	Shale	354
21	Lime	375
7	Shale	382
4	Lime and Shale	386
20	Lime	406
3	Shale	409
5	Lime	414
4	Shale	418
6	Lime	424
4	Shale	428
7	Sand	435
4	Sandy Shale	439
10	Shale	449
5	Sand	454
5	Sandy Shale	459
16	Shale	475
50	Sandy Shale	525
19	Shale	544
1	Sand	545
6	Sand	551

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4	Sandy Shale	555
40	Shale	595
3	Broken Sand	598
4	Shale	602
7	Lime	609
6	Shale	615
3	Lime	618
5	Shale	623
2	Lime	625
4	Coal	629
3	Shale	632
7	Shale	639
14	Shale	653
4	Lime	657
8	Shale	665
7	Lime and Shale	672
3	Shale	675
2	Sand	677
2	Lime	679
25	Shale	704
1	Sand	705
4	Sand	709
2	Sand	711
3	Sand	714
2	Sand	716
4	Sand	720
11	Sand	731
4	Sand	735

6	Sandy Shale	741
78	Shale	819-TD

Short Cuts

TANK CAPACITY

BBLs. (42 gal.) equals $D^2 \times .14 \times h$
D equals diameter in feet.
h equals height in feet.

BARRELS PER DAY

Multiply gals. per minute x 34.2

HP equals $BPH \times PSI \times .0004$

BPH - barrels per hour

PSI - pounds square inch

TO FIGURE PUMP DRIVES

- * D - Diameter of Pump Sheave
- * d - Diameter of Engine Sheave
- SPM - Strokes per minute
- RPM - Engine Speed
- R - Gear Box Ratio
- *C - Shaft Center Distance

D - $RPM \times d$ over $SPM \times R$

d - $SPM \times R \times D$ over RPM

SPM - $RPM \times D$ over $R \times d$

R - $RPM \times D$ over $SPM \times d$

BELT LENGTH - $2C + 1.57(D + d) + \frac{(D-d)^2}{4C}$

* Need these to figure belt length

TO FIGURE AMPS: $\frac{WATTS}{VOLTS} = AMPS$

746 WATTS equal 1 HP

Log Book

Well No. 51

Farm South Beckmeyer

KS Franklin
(State) (County)

82 15 21
(Section) (Township) (Range)

For Triple T Oil
(Well Owner)

Town Oilfield Services, Inc.

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

South Rockwell Farm, Franklin County

KS State; Well No. 51

Elevation 1013

Commenced Spuding 11-8 20 12

Finished Drilling 11-21 20 12

Driller's Name Chad Weaver

Driller's Name

Driller's Name

Tool Dresser's Name Brewster Steve

Tool Dresser's Name Cole Malcolm

Tool Dresser's Name

Contractor's Name TOS

30 15 21

(Section) (Township) (Range)

Distance from S line, 165 ft.

Distance from E line, 2475 ft.

0637 - 0045 - 8 hrs

CASING AND TUBING MEASUREMENTS

Table with 6 columns: Feet, In., Feet, In., Feet, In. (Empty grid)

CASING AND TUBING RECORD

10" Set Pulled
6 3/8" Set 21' 8" Pulled
6 1/4" Set Pulled
4" Set Pulled
2 1/8" Set 78 3/4 2" Pulled
75 1/2 Baffle
819 TD

Thickness of Strata	Formation	Total Depth	Remarks
34	soil/clay	34	
5	Lime	39	
3	shale	42	
15	Lime	57	
8	shale	65	Dark
10	Lime	75	
2	shale	77	
2	Lime	79	
3	shale	82	
14	Lime	96	
50	shale	146	
20	Lime	166	
76	shale	242	
22	Lime	264	
25	shale	289	
6	Lime	295	
22	shale	317	red bed "315-317"
2	Lime	319	
19	shale	338	
2	Lime	340	
14	shale	354	
21	Lime	375	
7	shale	382	
4	limestone shale	386	
20	Lime	406	
3	shale	409	
5	Lime	414	

414

Thickness of Strata	Formation	Total Depth	Remarks
4	shale	418	
6	lime	424	1.5 in. shales
4	shale	428	
7	sand	435	
4	sand, shale	439	
10	shale	449	
5	sand	454	no oil
5	sand & shale	459	
16	shale	475	
50	sand & shale	525	
19	shale	544	
1	sand	545	coal
6	sand	551	odor, oil, ok bleed
4	sand, shale	555	
40	shale	595	
3	Broken sand	598	no oil
4	shale	602	
7	lime	609	
6	shale	615	
2	lime	618	
5	shale	623	
2	lime	625	
4	coal	629	
3	shale	632	
7	shale lime	639	
14	shale	653	
4	lime	657	

657

Thickness of Strata	Formation	Total Depth	Remarks
8	shale	665	
7	limest shale	672	
3	shale	675	
2	sand	677	
2	lime	679	
25	shale	704	
1	sand	705	no oil
4	sand	709	10% - 20% oil, odor, slight bleed
2	sand	711	25% oil
3	sand	714	50% oil, good bleed
2	sand	716	2% - 5% oil
4	sand	720	15% oil
11	sand	731	80% - solid oil
4	sand	735	60% - 80% oil
6	sandy shale	741	no oil
78	shale	819	TD

**CONSOLIDATED**

Oil Well Services, LLC

PO Box 884, Chanute, KS 66720
620-431-9210 or 800-467-8676TICKET NUMBER 38901
LOCATION Ottawa, KS
FOREMAN Casey Kennedy**FIELD TICKET & TREATMENT REPORT**
CEMENT

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
11/9/12	7966	S. Beckmeyer # 51	SE 32	15	21	FR
CUSTOMER <u>Tride Tech</u>						
MAILING ADDRESS <u>105 E. Anity</u>						
CITY <u>Louisburg</u>	STATE <u>KS</u>	ZIP CODE <u>66053</u>	TRUCK # <u>481</u>	DRIVER <u>Caskan</u>	TRUCK # <u>✓ Safety</u>	DRIVER <u>Manning</u>
			<u>466</u>	<u>Gar Moo</u>	<u>✓</u>	
			<u>558</u>	<u>Bre Man</u>	<u>✓</u>	

JOB TYPE long string HOLE SIZE 5 5/8" HOLE DEPTH 819' CASING SIZE & WEIGHT 2 7/8" EUE
CASING DEPTH 784' DRILL PIPE TUBING 754' - baffle OTHER
SLURRY WEIGHT SLURRY VOL WATER gal/sk CEMENT LEFT in CASING
DISPLACEMENT 4.36 bbls DISPLACEMENT PSI MIX PSI RATE 4.5 bpm

REMARKS: held safety meeting, established circulation, mixed + pumped 100 # Premium Gel followed by 10 bbls fresh water, mixed + pumped 115 sks 50/50 Pozmix cement w/ 2 1/2" gel per sk, cement to surface, flushed pump clean, pumped 2 1/2" rubber plug to baffle w/ 4.36 bbls fresh water, pressured to 800 PSI, released pressure, shut in casing.

Over 420

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401	1	PUMP CHARGE		1030.00
5406	20 mi	MILEAGE		80.00
5402	784'	casing footage		
5407	minimum	ton mileage		350.00
1124	115 sks	50/50 Pozmix cement		1259.25
11183	293 #	Premium Gel		611.53
4402	1	2 1/2" rubber plug		28.00
				7.8%
				SALES TAX
				ESTIMATED
				TOTAL
				105.20
				2913.98

SCANNED

Ravin 3737

AUTHORIZATION No Co. Rep. on location 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.