



KANSAS CORPORATION COMMISSION 1100815
OIL & GAS CONSERVATION DIVISION

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 # _____

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: _____



1100815

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> _____ <input type="checkbox"/> Other <i>(Specify)</i> _____	PRODUCTION INTERVAL: _____ _____
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Franklin County, KS
Well:S. Beckmeyer I-55
Lease Owner:Triple T

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

Commenced Spudding:
11/6/2012

WELL LOG

Thickness of Strata	Formation	Total Depth
37	Soil-Clay	37
8	Shale	45
5	Lime	50
3	Shale	53
15	Lime	68
7	Shale	75
10	Lime	85
2	Shale	87
2	Lime	89
3	Shale	92
14	Lime	106
31	Shale	137
3	Lime	140
16	Shale	156
19	Lime	195
75	Shale	250
22	Lime	272
25	Shale	297
7	Lime	304
20	Shale	324
2	Lime	326
20	Shale	346
3	Lime	349
11	Shale	360
22	Lime	382
9	Shale	391
23	Lime	414
3	Shale	417
5	Lime	422
4	Shale	426
5	Lime	431
4	Shale	435
7	Sand	442
4	Sandy Shale	446
16	Shale	462
8	Sandy Shale	470
10	Shale	480
53	Sandy Shale	533
20	Shale	553
2	Sand	555

Franklin County, KS
 Well: S. Beckmeyer I-55
 Lease Owner: Triple T

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

Commenced Spudding:
 11/6/2012

6	Sand	561
4	Sandy Shale	565
22	Shale	587
4	Sand	591
12	Shale	603
3	Sand	606
5	Shale	611
7	Lime	618
5	Shale	623
4	Lime	627
2	Shale	629
5	Lime	634
4	Coal	638
5	Shale	643
4	Lime	647
3	Shale	650
12	Shale	662
3	Lime	665
9	Shale	674
9	Lime	683
2	Lime	685
41	Shale	726
4	Sand	730
2	Sand	732
1	Sand	733
3	Sand	736
12	Sand	748
2	Broken Sand	750
69	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

1-55
Well No. South Beckmeyer

Farm South Beckmeyer

KS Franklin
(State) (County)

22 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

Thickness of Strata	Formation	Total Depth	Remarks
27	soil layer	27	
8	shale	45	
5	Lime	50	
3	shale	53	
15	Lime	68	
7	shale	75	Dark
10	Lime	85	
2	shale	87	
2	Lime	89	
3	shale	92	
14	Lime	106	
31	shale	137	red bed "119-131"
3	Lime	140	
16	shale	156	
19	Lime	175	
75	shale	250	
22	Lime	272	
25	shale	297	
7	Lime	304	
20	shale	324	red bed "320-324"
2	Lime	326	
20	shale	346	
3	Lime	349	
11	shale	360	
22	Lime	382	
9	shale	391	
23	Lime	414	

Thickness of Strata	Formation	Total Depth	Remarks
3	shale	417	
5	lime	422	
4	shale	426	
5	lime	431	
4	shale	435	Martha
7	sand	442	
4	sandy shale	446	grey, no oil
16	shale	462	
8	sandy shale	470	
10	shale	480	
53	sandy shale	533	
20	shale	553	
2	sand	555	no oil
6	sand	561	odor, oil, ok bleed
4	sandy shale	565	
22	shale	587	
4	sand	591	odor, no oil
12	shale	603	
3	sand	606	on oil
5	shale	611	
7	lime	618	
5	shale	623	
4	lime	627	
2	shale	629	
5	lime	634	
4	coal	638	
5	shale	643	



CONSOLIDATED
Oil Well Services, LLC

TICKET NUMBER 35194

LOCATION Ottawa KS

FOREMAN Fred Maden

PO Box 884, Chanute, KS 66720
620-431-9210 or 800-467-8676

FIELD TICKET & TREATMENT REPORT
CEMENT

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
4/7/12	7966	So Beckmyer # 155	SE 32	15	21	FR
CUSTOMER Triple T			TRUCK #	DRIVER	TRUCK #	DRIVER
MAILING ADDRESS 105 E Amity			506	Fred Mad	Safety	WJ
CITY Louisburg			495	Hor Bee	HB	
STATE KS			548	Mik Hoa	MH	
ZIP CODE 66053						

JOB TYPE Long string HOLE SIZE 5 7/8 HOLE DEPTH 819' CASING SIZE & WEIGHT 2 7/8 EUE
 CASING DEPTH 799' DRILL PIPE Baffle in TUBING @ .767 OTHER _____
 SLURRY WEIGHT _____ SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT in CASING _____
 DISPLACEMENT 4.46 DISPLACEMENT PSI _____ MIX PSI _____ RATE 5BPM

REMARKS: Establish pump rate. Mix + Pump 100 # gal Flush. Mix + Pump
 105 sks 50/50 Per Mix Cement 2 7/8" CEMENT to surface
 Flush pump + lines clean. Displace 2 7/8" Rubber plug to Baffle in
 casing. Pressure to 800 # PSI. Hold + Monitor pressure for
 30 min MIT. Release pressure to set float valve. Shut in
 casing.

Customer supplied water
for Drilling - Chad

Fred Maden

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401	1	PUMP CHARGE	495	1030 ⁰⁰
5406	20 mi	MILEAGE	495	80 ⁰⁰
5402	799	Casing footage		NK
5407	Minimum	Ton Miles	548	350 ⁰⁰
1124	105 sks	50/50 Per Mix Cement		114975
118B	277 #	Premium Cid		5817
4402	1	2 7/8" Rubber plug		28 ⁰⁰
SCANNED				
			7.84	SALES TAX
				ESTIMATED
				TOTAL

Ravin 3737

AUTHORIZATION

Stephen S...

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