

KANSAS CORPORATION COMMISSION OIL & GAS CONSERVATION DIVISION 1103189

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:						
Address 2:	Feet from North / South Line of Section					
City: State: Zip:+	Feet from Cast / West Line of Section					
Contact Person:	Footages Calculated from Nearest Outside Section Corner:					
Phone: ()						
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.): If Workover/Re-entry: Old Well Info as follows:	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.					
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 Plug Back: Plug Back Total Depth Commingled Permit #: Permit #: Dual Completion Permit #: Permit #: SWD Permit #: Permit #: ENHR Permit #: Permit #:	Chloride content: ppm Fluid volume: bbls Dewatering method used: bbls Location of fluid disposal if hauled offsite: Operator Name: Lease Name: Quarter Sec. S. R					
GSW Permit #:	County: Permit #:					
Spud Date or Date Reached TD Completion Date or Recompletion Date 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
Confidential Release Date:
Wireline Log Received Geologist Report Received
UIC Distribution ALT I II III Approved by: Date:

	Side Two	 			
Operator Name:	Lease Name:	Well #:			
Sec TwpS. 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 (Attach Additional She	eets)	Yes No		-	n (Top), Depth and		Sample
Samples Sent to Geolog	ical Survey	Yes No	Nam	e		Тор	Datum
Cores Taken Electric Log Run Electric Log Submitted E (If no, Submit Copy)	Electronically	<pre> Yes □ No Yes □ No Yes □ No</pre>					
List All E. Logs Run:							
		CASING		ew Used			
		Report all strings set-	conductor, surface, inte	ermediate, producti	on, 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: Perforate	Depth Top Bottom	Type of Cement	# Sacks Used	Type and Percent Additives
Protect Casing Plug Back TD				
Plug Off Zone				

Shots Per Foot	PERFORATION RECORD - Bridge Plugs Set/Type Specify Footage of Each Interval Perforated			А	Depth					
TUBING RECORD:	Siz	e:	Set At:		Packer	r At:	Liner Ru	in:	No	
Date of First, Resumed Pr	roducti	on, SWD or ENHF	ξ .	Producing M	lethod:	ping	Gas Lift	Other (Explain)		
Estimated Production Per 24 Hours		Oil Bb	ls.	Gas	Mcf	Wate	er	Bbls.	Gas-Oil Ratio	Gravity
			I			1				
DISPOSITION	N OF G	AS:			METHOD	OF COMPLE	TION:		PRODUCTION INT	ERVAL:
Vented Sold		Jsed on Lease		Open Hole	Perf.	Uually (Submit)	Comp. Commingled ACO-5) (Submit ACO-4)			
(If vented, Subm	nit ACO	-18.)		Other (Specify)				-		

Franklin County, KS Well:S. Beckmeyer 53 Lease Owner:Triple T

15-059-26242-00-00

WELL LOG

Thickness of Strata	Formation	Total Depth
0-38	Soil-Clay	38
5	Lime	43
2	Shale	45
16	Lime	61
7	Shale	68
10	Lime	78
4	Shale	82
19	Lime	101
47	Shale	148
19	Lime	167
76	Shale	243
22	Lime	265
24	Shale	289
8	Lime	297
20	Shale	317
2	Lime	319
20	Shale	339
1	Lime	340
14	Shale	354
8	Lime	362
3	Shale	365
12	Lime	377
9	Shale	386
22	Lime	408
4	Shale	412
4	Lime	416
4	Shale	420
6	Lime	426
118	Shale	544
2	Sandy Shale	546
7	Sand	553
51	Sandy Shale	604
7	Lime	611
42	Shale	653
3	Lime	656
15	Shale	671
1	Lime	672
3	Shale	675
1	Lime	676
37	Shale	713

Franklin County, KS Well:S. Beckmeyer 53 Lease Owner:Triple T

Town Oilfield Service, Inc. Commenced Spudding: (913) 837-8400 11/13/2012

1	Sandy Shale	714
31	Sand	745
2	Sand	747
73	Shale	820-TD
73	Shale	820-10
	14	
-		
-		
12		
-		

Short Cuts

BBLS. (42 gal.) equals D²x.14xh D equals diameter in feet. h equals height in feet.

BARRELS PER DAY Multiply gals. per minute x 34.2

HP equals BPH x PSI x .0004 BPH - barrels per hour PSI - pounds square inch

TO FIGURE PUMP DRIVES

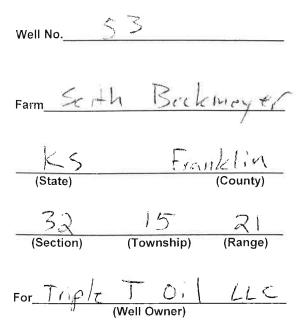
* D - Diameter of Pump Sheave * d - Diameter of Engine Sheave SPM - Strokes per minute RPM - Engine Speed R - Gear Box Ratio *C - Shaft Center Distance

D - RPMxd over SPMxR d - SPMxRxD over RPM SPM - RPMXD over RxD R - RPMXD over SPMxD

BELT LENGTH - 2C + 1.57(D + d) + $(D-d)^2$

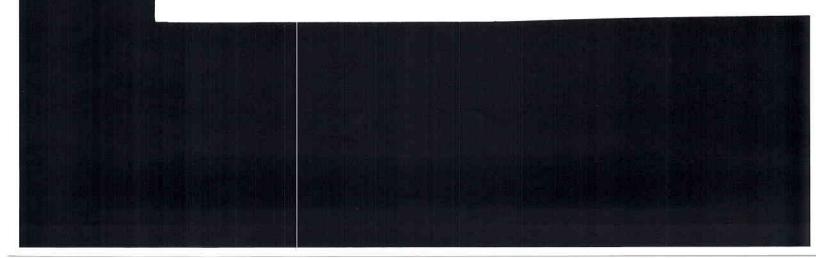
* Need these to figure belt length WATTS = AMPS TO FIGURE AMPS: VOLTS 746 WATTS equal 1 HP

Log Book



Town Oilfield Services, Inc. 1207 N. 1st East

Louisburg, KS 66053 913-710-5400



South Berkinger Franklin County 53 5 State: Well No. 1003 Elevation 3 Nov Commenced Spuding Finished Drilling VAL NES **Driller's Name Driller's Name** Driller's Name EVAN **Tool Dresser's Name Tool Dresser's Name** Tool Dresser's Name 05 Contractor's Name 2 15 32 (Section) (Township) (Range) 1105 line, .ft. Distance from ___ 1815 F line, ft. Distance from _

CASING AND TUBING MEASUREMENTS

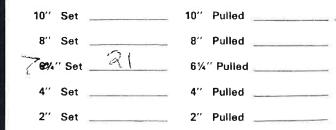
0/10	CACING AND TOBING MERCONCEMENTS									
Feet	ln.	Feet	In.	Feet	In.					
773.	T	Bat	-FI	e						
			,							
744.	<i>i_</i>]	FID	at t		71					
				d	1/					
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CASING AND TUBING RECORD

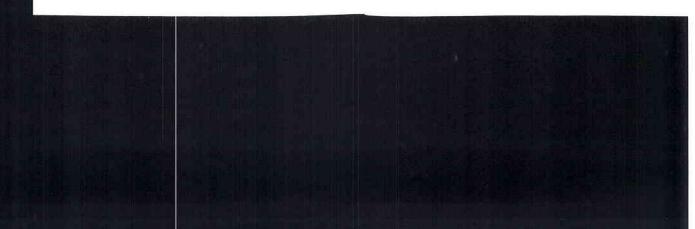
3

Sacks

7 hrs



-1-



Thickness of Strata	Formation	Total Depth	Remarks
0-39	Soil- Clay	38 -	
5	Lime /	43	
2	Shalt	45 -	
14	Lime	61	
7	Shale	68	
10	Lime	78	
4	Shall	82 -	
19	Lime-shells	101	
47	Shale	148	
19	Lime	167	
76	Shale	243	
22	Lime	265	
24	Shale	289	
8	Lime	297	
20	shale	317	
2	Linne	319	
20	Shale	339	
/	Lime	340	
14	Shalt	354	
3	Lime	362	
3	Shale	365	
12	Lime	377	
	Shale.	386	
22	Lime	403	
24	Shale	412	
4	Littere	416	
	<u>-2-</u>	420	



Thickness of	Formation	42D Total	Remarks
Strata Lo	Lime	Depth 426	
TRB	Shalt	544	Heithoy
2	STECTY Stalt & line	546	NO DIT
7	Sand	553	
51	sandy shale	604	no Dil
7	Lime	611	
42	Shale	653	
Ŋ	Lime	656	
15	Shale	671	
1	Lime	672	
3	shalt	675	
1	Lime	676	-
37	Shiple	713	
1	sandy shale	714	no O.I
31	sand	745	solid - good shaw
2	Sand & sandy shelp	747	black sand - dead Oil
73	Shalt	820	<u>TD</u>

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Consolidated

PO Box 884, Chanute, KS 66720

Oil Well Services, LLC

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TICKET NUMBER		J	С	2	U	ł
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LOCATION offacula KS

Maden

FOREMAN<u>Fred Madu</u> PORT

FIELD	TICKET	8	TREATMENT	REF

620-431-9210 or 800-467-8676	CEME	NT			(4)	
DATE CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY	
11/14/12 7966 .	50 Beckmener 53	SE 32	15	21	FR	
CUSTOMER	<i>.</i>	11111111111111111111111111111111111111	1960 - 1967 - 1967 - 1967 - 1967 - 1967 - 1967 - 1967 - 1967 - 1967 - 1967 - 1967 - 1967 - 1967 - 1967 - 1967 -	201 - 103 201		
Iniple T		TRUCK #	DRIVER	TRUCK #	DRIVER	
MAILING ADDRESS	21	506	FreMad	Ser field	note	
		495	Har Bec	HBO		
CITY		510	SetTuc	ST		
Louisburg	KS 66054					
JOB TYPE Long Strong HOLE SIZE 54/8 HOLE DEPTH E20 CASING SIZE & WEIGHT DIE EUF						
CASING DEPTH	ILL PIPE Battle in TUBING_	@ 778_		OTHER		
SLURRY WEIGHTSLURRY VOLWATER gal/skCEMENT LEFT in CASING_22/1/105 4 /						
DISPLACEMENT 4.49 DISPLACEMENT PSI MIX PSI RATE 53 PM						
REMARKS: Establish	pump rate. Mix +F	Vmp 100# G	el Flush 1	Mix+ Pum	0	
- Flush pump	+ lines clean. Disp	lace 2/2"			cf/e	
in casing	E CUSTOMER# WELL NAME & NUMBER SECTION TOWNSHIP RANGE COUNTY 12 7966 50 Beck myer 53 SF 32 15 21 FR TRUCK# DRIVER TRUCK# DRIVER TRUCK# DRIVER TRUCK# DRIVER TRUCK# DRIVER TRUCK# DRIVER ADDRESS 105 E AMINY 105 E AMINY 10					
float Valde.	Shot in Casing.		/* ·			

Customer Supplied H20. Tos Dvilling Wesley

ACCOUNT CODE	QUANITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401	1 .	PUMP CHARGE 49:	5	10300
5-406	5-00	MILEAGE		.N/c
5402	788	Casing Footage		NIC
5407	1/2 Minim	Ton Miles 570	2	175 00
1124	1085145	50/50 Por Mr. Comer		1182 60
1118B	282#	50/50 Por Mix Coment Premium Coel 24." Robber Plug		
	0.00	Tremiam loel		59 22
4402		25. Robber plug		289
Ň				
	(i (a)		-	-l-lol
				Millin 64
			Andrea .	, N
2010 0707		7.8%	SALES TAX	99.04
AUTHORIZTION	Wesley Dollard	TITLE	ESTIMATED TOTAL DATE	253.80

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

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