



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: \_\_\_\_\_



1103428

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
---	---

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				

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
-----------------------------------	-----------	---------	-------------	---------------	---------

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> <i>(Submit ACO-4)</i> <input type="checkbox"/> Other (Specify) _____	PRODUCTION INTERVAL: _____ _____
---	---	--

Franklin County, KS  
Well: S. Beckmeyer 58  
Lease Owner: Triple T

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

Commenced Spudding:  
11/14/2012

15-059-26247-00-00

WELL LOG

Thickness of Strata	Formation	Total Depth
0-42	Soil-Clay	42
5	Lime	47
4	Shale	51
16	Lime	67
7	Shale	74
10	Lime	84
6	Shale	90
18	Lime	108
43	Shale	151
22	Lime	173
73	Shale	246
22	Lime	268
24	Shale	292
8	Lime	300
21	Shale	321
1	Lime	322
21	Shale	343
1	Lime	344
12	Shale	356
8	Lime	364
3	Shale	367
12	Lime	379
9	Shale	388
23	Lime	411
4	Shale	415
4	Lime	419
4	Shale	423
5	Lime	428
118	Shale	546
1	Sandy Shale	547
7	Sand	554
50	Sandy Shale	604
7	Lime	611
5	Shale	616
3	Lime	619
34	Shale	653
3	Lime	656
17	Shale	673
1	Lime	674
30	Shale	704



# 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. 58

Farm South Beckmeyer

KS Franklin  
(State) (County)

32 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 Beckmeyer Farm: Franklin County

KS State; Well No. 58

Elevation ~~1006~~ 1017

Commenced Spuding Nov 14 .20 12

Finished Drilling Nov 15 .20 12

Driller's Name Wesley Dollard

Driller's Name \_\_\_\_\_

Driller's Name \_\_\_\_\_

Tool Dresser's Name \_\_\_\_\_

Tool Dresser's Name Ryan Ward

Tool Dresser's Name Steven Scott

Contractor's Name TDS

32 15 21

(Section) (Township) (Range)  
Distance from S line, ~~165~~ 825 ft.

Distance from E line, 1485 ft.

3 sacks

7 hrs

CASING AND TUBING MEASUREMENTS

Feet	In.	Feet	In.	Feet	In.
753.2		Baffle			
765.2		Float			

27/18

CASING AND TUBING RECORD

- 10" Set \_\_\_\_\_ 10" Pulled \_\_\_\_\_
- 8" Set \_\_\_\_\_ 8" Pulled \_\_\_\_\_
- 7 6/8" Set 20 \_\_\_\_\_ 6 1/4" Pulled \_\_\_\_\_
- 4" Set \_\_\_\_\_ 4" Pulled \_\_\_\_\_
- 2" Set \_\_\_\_\_ 2" Pulled \_\_\_\_\_

Thickness of Strata	Formation	Total Depth	Remarks
0-42	soil - clay	42	
5	Lime	47	
4	shale	51	
16	Lime	67	
7	Shale	74	
10	Lime	84	
6	shale	90	
18	Lime - shells	108	
43	Shale	151	
22	Lime	173	
73	Shale	246	
22	Lime	268	
24	Shale	292	
8	Lime	300	
21	Shale	321	
1	Lime	322	
21	Shale	343	
1	Lime	344	
12	Shale	356	
8	Lime	364	
3	Shale	367	
12	Lime	379	
9	Shale	388	
23	Lime	411	
4	Shale	415	
4	Lime	419	
4	Shale	423	

423

Thickness of Strata	Formation	Total Depth	Remarks
5	Lime	428	Hertha
118	Shale	546	
1	sandy shale & lime	547	
7	sand	554	
50	sandy shale	604	odor - slight skew - weyside
7	Lime	611	
5	shale	616	
3	Lime	619	
34	shale	653	
3	Lime	656	
17	shale	673	
1	Lime	674	
30	shale	704	
3	sand	707	
9	sand	716	broken - 75% solid oil
8	sand	724	solid oil
76	sandy shale	800	broken - 50% oil / good show no oil - TD





**CONSOLIDATED**  
Oil Well Services, LLC

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

TICKET NUMBER 35218

LOCATION Ottawa

FOREMAN Alan Mader

**FIELD TICKET & TREATMENT REPORT**  
**CEMENT**

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
11-15-12	7966	S Berk-meyer 58	SE 32	15	21	LR
CUSTOMER <u>Triple Y</u>			TRUCK#			
MAILING ADDRESS <u>105 E. Amity</u>			DRIVER		TRUCK#	
CITY <u>Louisburg</u>			DRIVER		TRUCK#	
STATE <u>KS</u>			DRIVER		TRUCK#	
ZIP CODE <u>66053</u>			DRIVER		TRUCK#	

JOB TYPE long string HOLE SIZE 5 5/8 HOLE DEPTH 800 CASING SIZE & WEIGHT 2 7/8  
 CASING DEPTH 765 DRILL PIPE \_\_\_\_\_ TUBING \_\_\_\_\_ OTHER 733 baffle  
 SLURRY WEIGHT \_\_\_\_\_ SLURRY VOL \_\_\_\_\_ WATER gal/sk \_\_\_\_\_ CEMENT LEFT in CASING yes  
 DISPLACEMENT 4.4 DISPLACEMENT PSI 800 MIX PSI 200 RATE 4 bpm

REMARKS: Held meeting. Established rate. Mixed & pumped 100# gel followed by 109 sk 50/50 cement plus 2% gel. Circulated cement. Flushed pump. Pumped plug to baffle. Well held 800 PSI. Set float. Closed valve.

TD5, Wes  
105 water

*Alan Mader*

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401	1	PUMP CHARGE	368	
5406	80	MILEAGE	368	1030.00
5402	765	casing footage	368	80100
5407	1/2 min	ten miles	358	175.00
1124	109	50/50 cement		
118B	283#	gel		1193.55
4402	1	2 1/2 plug		59.43
				28.00

Rev'n 9737

SALES TAX 99.92  
ESTIMATED TOTAL 2665.90

AUTHORIZATION Wesley Dillard

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.

254620