



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1213955
OIL & GAS CONSERVATION DIVISION

Form ACO-1
August 2013

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

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

GPS Location: Lat: _____, Long: _____
(e.g. xx.xxxxx) (e.g. -xxx.xxxxx)

Datum: NAD27 NAD83 WGS84

County: _____

Lease Name: _____ Well #: _____

Field Name: _____

Producing Formation: _____

Elevation: Ground: _____ Kelly Bushing: _____

Total Vertical 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

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

1213955

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

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

INSTRUCTIONS: Show important tops 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.

Final Radioactivity Log, Final Logs run to obtain Geophysical Data and Final Electric Logs must be emailed to kcc-well-logs@kcc.ks.gov. Digital electronic log files must be submitted in LAS version 2.0 or newer AND an image file (TIFF or PDF).

Drill Stem Tests Taken <i>(Attach Additional Sheets)</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Log	Formation (Top), Depth and Datum	<input type="checkbox"/> Sample
Samples Sent to Geological Survey	<input type="checkbox"/> Yes <input type="checkbox"/> No	Name	Top	Datum
Cores Taken	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Electric Log Run	<input type="checkbox"/> Yes <input type="checkbox"/> No			
List All E. Logs Run:				

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				

Did you perform a hydraulic fracturing treatment on this well? Yes No *(If No, skip questions 2 and 3)*

Does the volume of the total base fluid of the hydraulic fracturing treatment exceed 350,000 gallons? Yes No *(If No, skip question 3)*

Was the hydraulic fracturing treatment information submitted to the chemical disclosure registry? Yes No *(If No, fill out Page Three of the ACO-1)*

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 <i>(Specify)</i> _____	PRODUCTION INTERVAL: _____ _____
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Franklin County, KS
Well:S. Beckmeyer 59-H
Lease Owner:Triple T

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

Commenced Spudding:
05/19/2014

WELL LOG

Thickness of Strata	Formation	Total Depth
0-36	soil-clay	36
4	lime	40
3	shale	43
18	lime	61
6	shale	67
11	lime	78
6	shale	84
5	lime	89
38	shale	127
4	lime	131
14	shale	145
20	lime	166
74	shale	240
21	lime	261
24	shale	285
8	lime	293
43	shale	336
1	lime	337
15	shale	352
7	lime	359
3	shale	362
12	lime	374
11	shale	385
20	lime	405
5	shale	410
4	lime	414
3	shale	417
6	lime	423
25	shale	448
6	sand	454
2	sandy shale	456
18	shale	474
8	sandy shale	482
12	sand and sandy shale	494
6	sand	500
34	sandy shale	534
12	shale	546
3	sand	549
7	sandy shale	556
28	shale	584

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 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 - $RPM \times d$ 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. 59-H

Farm S Beckmeyer

KS Franklin
(State) (County)

32 15 21
(Section) (Township) (Range)

For Triple T
(Well Owner)

Town Oilfield Services, Inc.

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

S. Backmeyer Farm: Franklin County

KS State; Well No. S9-H

Elevation 1012

Commenced Spuding 05/19 20 14

Finished Drilling 20

Driller's Name Greg Perry

Driller's Name Was Dollard

Driller's Name

Tool Dresser's Name Kenny Gunn

Tool Dresser's Name Dakota Oliver

Tool Dresser's Name

Contractor's Name TOS

32 15 21

(Section) (Township) (Range)

Distance from S line, 825 ft.

Distance from E line, 1155 ft.

10 bag of cement

CASING AND TUBING MEASUREMENTS

Feet	In.	Feet	In.	Feet	In.
757	65	Baffle		4 1/2	
786	90	Total			

CASING AND TUBING RECORD

10" Set _____ 10" Pulled _____
 8 5/8" Set 43.5' _____ 8" Pulled _____
 6 1/4" Set _____ 6 1/4" Pulled _____
 4" Set _____ 4" Pulled _____
 2" Set _____ 2" Pulled _____

Thickness of Strata	Formation	Total Depth	Remarks
0-36	Soil-Clay	36	
4	Lime	40	
3	Shale	43	
18	Lime	61	
6	Shale	67	
11	Lime	78	
6	Shale	84	
5	Lime	89	
38	Shale	127	
4	Lime	131	
14	Shale	145	
20	Lime	166	
74	Shale	240	
21	Lime	261	
24	Shale	285	
8	Lime	293	
43	Shale	336	
1	Lime	337	
15	Shale	352	
7	Lime	359	
3	Shale	362	
12	Lime	374	
11	Shale	385	
20	Lime	405	
5	Shale	410	
4	Lime	414	
3	Shale	417	

417

Thickness of Strata	Formation	Total Depth	Remarks
6	Lime	423	
25	Shale	448	Hertha
6	Sand	454	
2	Sandy Shale	456	No Oil
18	Shale	474	
8	Sandy Shale	482	
12	Sand & Sandy Shale	494	
6	Sand	500	No Oil
34	Sandy Shale	534	
12	Shale	546	
3	Sand	549	
7	Sandy Shale	556	Broken - Good Bleed
28	Shale	584	
7	Sand	591	No Oil
5	Shale	596	
6	Lime	602	
4	Shale	606	
5	Lime	611	
33	Shale	644	
3	Lime	647	
9	Shale	656	
4	Lime	660	
39	Shale	699	
29	Sand	727	
93	Shale	820	Oil - Don't know where it ends TD

Town Oilfield Service

P.O Box 339 Louisburg, Ks 66053
913-837-8400

Ticket Number _____
Location _____
Foreman _____

Field Ticket & Treatment Report Cement

Date	Customer#	Well Name & Number	Section	Township	Range	County
7-2-14	TJT	Beckmeyer 59-H	32	15	21	FR
Customer		Mailing Address				
		City	State	Zip Code		

Job Type long string Hole Size 6 3/4 Hole Depth 820 Casing Size & Weight 4 1/2
 Casing Depth 786.9 Drill Pipe _____ Tubing _____ Other _____
 Displacement 4.6 Displacement PSI 400 Mix PSI 150 Rate 5 BPM

Remarks _____

Account Code	Quantity or Units	Description of Services or Product	Unit Price	Total
		Pump Charge		700
		Cement Truck		250
		Water Truck		150
	180	Cement	85	1530
		Gel		
		Plug		65
			Sales Tax	
				Estimated Total <u>2695</u>

Authorization  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.

Conservation Division
266 N. Main St., Ste. 220
Wichita, KS 67202-1513



Phone: 316-337-6200
Fax: 316-337-6211
<http://kcc.ks.gov/>

Shari Feist Albrecht, Chair
Jay Scott Emler, Commissioner
Pat Apple, Commissioner

Sam Brownback, Governor

September 23, 2014

Lance Town
Triple T Oil, LLC
PO BOX 339
LOUISBURG, KS 66053-0339

Re: ACO-1
API 15-059-26631-01-00
Beckmeyer 59-H
SE/4 Sec.32-15S-21E
Franklin County, Kansas

Dear Lance Town:

K.A.R. 82-3-107 provides for all completion information to be filed within 120 days of the spud date. Subsection(e)(2) of that regulation states "All rights to confidentiality shall be lost if the filings are not timely."

The above referenced well was spudded on 5/19/2014 and the ACO-1 was received on September 19, 2014 (not within the 120 days timely requirement).

Therefore, your request for confidential treatment of data contained within the ACO-1 filing cannot be granted at this time.

If you should have any questions, please do not hesitate to contact me at (316)337-6200.

Sincerely,

Production Department