

Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1266857
OIL & GAS CONSERVATION DIVISION

Form ACO-1
November 2016

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

Gas DH EOR

OG GSW

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 EOR Conv. to SWD

Plug Back Liner Conv. to GSW Conv. to Producer

Commingled Permit #: _____

Dual Completion Permit #: _____

SWD Permit #: _____

EOR Permit #: _____

GSW Permit #: _____

Spud Date or Date Reached TD Completion Date or Recompletion Date

API No.: _____

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 Drill Stem Tests Received

Geologist Report / Mud Logs Received

UIC Distribution

ALT I II III Approved by: _____ Date: _____

1266857



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			
Geologist Report / Mud Logs	<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)*

Date of first Production/Injection or Resumed Production/Injection:	Producing Method: <input type="checkbox"/> Flowing <input type="checkbox"/> Pumping <input type="checkbox"/> Gas Lift <input type="checkbox"/> Other <i>(Explain)</i> _____				
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>	PRODUCTION INTERVAL: Top _____ Bottom _____
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Shots Per Foot	Perforation Top	Perforation Bottom	Bridge Plug Type	Bridge Plug Set At	Acid, Fracture, Shot, Cementing Squeeze Record <i>(Amount and Kind of Material Used)</i>

TUBING RECORD:	Size:	Set At:	Packer At:
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Franklin County, KS
Well: Beckmeyer # 35
Lease Owner: Triple T Oil

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

Commenced Spudding:
9/29/2015

WELL LOG

Thickness of Strata	Formation	Total Depth
0-30	Soil-Clay	30
20	Shale	50
6	Lime	56
2	Shale	58
16	Lime	74
8	Shale	82
10	Lime	92
6	Shale	98
17	Lime	115
42	Shale	157
20	Lime	177
76	Shale	253
23	Lime	276
24	Shale	300
7	Lime	307
20	Shale	327
2	Lime	329
19	Shale	348
2	Lime	350
15	Shale	365
8	Lime	373
3	Shale	376
13	Lime	389
12	Shale	401
20	Lime	421
3	Shale	424
4	Lime	428
5	Shale	433
5	Lime	438
124	Shale	562
6	Sand	568
50	Shale	618
7	Lime	625
42	Shale	667
3	Lime	670
16	Shale	686
1	Lime	687
2	Shale	689
1	Lime	690
31	Shale	721

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 $SPM \times d$

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

* Need these to figure belt length

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

746 WATTS equal 1 HP

Log Book

Well No. 35

Farm Beckmeyer

KS Franklin
(State) (County)

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

For Triple T Oil LLC
(Well Owner)

Town Oilfield Services, Inc.

1207 N. 1st East

Louisburg, KS 66053

913-710-5400

Beckmeyer Farm: Franklin County
KS State; Well No. 35

Elevation 1016

Commenced Spudding 9-29 20 15

Finished Drilling 10-1 20 15

Driller's Name Wesley Dollard

Driller's Name Jeff Town

Driller's Name _____

Tool Dresser's Name Ryan Ward

Tool Dresser's Name _____

Tool Dresser's Name _____

Contractor's Name TOS

32 15 21

(Section) (Township) (Range)

Distance from S line, 1470 ft.

Distance from E line, 2125 ft.

4 sacks 2 7/8 casing

9 hrs

5 5/8 borehole

**CASING AND TUBING
 RECORD**

10" Set _____ 10" Pulled _____

8" Set _____ 8" Pulled _____

7 1/2" Set 21 _____ 6 1/2" Pulled _____

4" Set _____ 4" Pulled _____

2" Set _____ 2" Pulled _____

CASING AND TUBING MEASUREMENTS

Feet	In.	Feet	In.	Feet	In.
783.5		Ball			
816		Float		2 7/8	
32	6			32	5
32	8			32	6
32	7			32	5
32	6			32	6
32	5	Dead		32	7
32	7			32	6
32	8			32	6
32	5			32	8
32	7			32	8
32	7			32	5
32	7				
32	7				
32	6				
32	6				
32	6				

428

Thickness of Strata	Formation	Total Depth	Remarks
5	Shale	433	
5	Lime	438	Hertha
124	Shale	562	
6	sand	568	solid - good oil show
50	shale	618	
7	Lime	625	
42	Shale	667	
3	Lime	670	
16	Shale	686	
1	Lime	687	
2	Shale	689	
1	Lime	690	
31	Shale	721	
4	sandy shale	725	no oil
1	sand	726	broken oil } good saturation solid oil } Perf broken oil }
7	sand	733	
9	sand	742	
76	sandy shale	820	T.D

Thickness of Strata	Formation	Total Depth	Remarks
0-30	soil-clay	30	
20	Shale	50	
6	Lime	56	
2	Shale	58	
16	Lime	74	
8	Shale	82	
10	Lime	92	
6	Shale	98	
17	Lime	115	
42	Shale	157	Shells
20	Lime	177	
76	Shale	253	
23	Lime	276	
24	Shale	300	
7	Lime	307	
20	Shale	327	redbed
2	Lime	329	
19	Shale	348	
2	Lime	350	
15	Shale	365	
8	Lime	373	
3	Shale	376	
13	Lime	389	
12	Shale	401	
20	Lime	421	
3	Shale	424	
4	Lime	428	

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
10-2-15		Beckmeyer #35	32	15	21	FR
Customer			Mailing Address			
			City	State	Zip Code	

Job Type Long String Hole Size 5 5/8 Hole Depth 820 Casing Size & Weight 2 1/2
 Casing Depth 816 Drill Pipe _____ Tubing _____ Other Bottom of 2 1/2 inch hole 783.5
 Displacement _____ Displacement PSI _____ Mix PSI _____ Rate _____

Remarks _____

Account Code	Quantity or Units	Description of Services or Product	Unit Price	Total
		Pump Charge		700
		Cement Truck		250
		Water Truck		150
	140	Cement	8	1120
		Gel		
		Plug		25
			Sales Tax	
Estimated Total				2245

Authorization [Signature] 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.

