

**KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION
WELL COMPLETION FORM
WELL HISTORY - DESCRIPTION OF WELL & LEASE**

ORIGINAL

Form ACO-1
September 1999
Form Must Be Typed

Operator: License # 34028
Name: Triple T Oil, LLC
Address: 1207 N. 1st Street East
City/State/Zip: Louisburg, KS. 66053
Purchaser: CMT
Operator Contact Person: Lori Driskell
Phone: (913) 406-4236
Contractor: Name: Town Oilfield Service, Inc.
License: 33715
Wellsite Geologist: _____

Designate Type of Completion:
 New Well Re-Entry Workover
 Oil SWD SIOW Temp. Abd.
 Gas ENHR SIGW
 Dry Other (Core, WSW, Expl., Cathodic, 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./SWD
 Plug Back Plug Back Total Depth
 Commingled Docket No. _____
 Dual Completion Docket No. _____
 Other (SWD or Enhr.?) Docket No. _____

<u>12/10/07</u>	<u>12/13/07</u>	<u>12/26/07</u>
Spud Date or Recompletion Date	Date Reached TD	Completion Date or Recompletion Date

API No. 15 - 059-25192-0000
County: Franklin
SE NE SW SE Sec. 32 Twp. 15 S. R. 21 East West
950 feet from (S) / N (circle one) Line of Section
1775 feet from (E) W (circle one) Line of Section

Footages Calculated from Nearest Outside Section Corner:
(circle one) NE SE NW SW
Lease Name: Beckmeyer/McConnell Well #: 17
Field Name: Paola-Rantoul
Producing Formation: Squirrel
Elevation: Ground: _____ Kelly Bushing: _____
Total Depth: 782' Plug Back Total Depth: _____
Amount of Surface Pipe Set and Cemented at 21' Feet
Multiple Stage Cementing Collar Used? Yes No
If yes, show depth set _____ Feet
If Alternate II completion, cement circulated from 21'
feet depth to surface w/ 4 ^{sq cmt.}

Drilling Fluid Management Plan
(Data must be collected from the Reserve Pit)
Chloride content 1500-3000 ppm Fluid volume 80 bbls
Dewatering method used Used on lease
Location of fluid disposal if hauled offsite: _____
Operator Name: _____
Lease Name: _____ License No.: _____
Quarter _____ Sec. _____ Twp. _____ S. R. _____ East West
County: _____ Docket No.: _____

ALTZ-Dlg-2/16/09

INSTRUCTIONS: An original and two copies of this form shall be filed with the Kansas Corporation Commission, 130 S. Market - Room 2078, Wichita, Kansas 67202, within 120 days of the spud date, recompletion, workover or conversion of a well. Rule 82-3-130, 82-3-106 and 82-3-107 apply. Information of side two of this form will be held confidential for a period of 12 months if requested in writing and submitted with the form (see rule 82-3-107 for confidentiality in excess of 12 months). One copy of all wireline logs and geologist well report shall be attached with this form. ALL CEMENTING TICKETS MUST BE ATTACHED. Submit CP-4 form with all plugged wells. Submit CP-111 form with all temporarily abandoned wells.

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.

Signature: Lori Driskell
Title: Agent Date: 12/26/07
Subscribed and sworn to before me this 26 day of DECEMBER
20 07.
Notary Public: J. Helms

Date Comm. **JESSICA M. HELMS**
Notary Public - State of Kansas
My Appt. Exp. 5/21/2011

5/21/2011

KCC Office Use ONLY

Letter of Confidentiality Received
If Denied, Yes Date: _____
 Wireline Log Received
 Geologist Report Received
 UIC Distribution

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DEC 28 2007

CONSERVATION DIVISION
WICHITA, KS

Operator Name: Triple T Oil, LLC Lease Name: Beckmeyer/McConnell Well #: 17
 Sec. 32 Twp. 15 S. R. 21 East West County: Franklin

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 copy of all Electric Wireline Logs surveyed. Attach final geological well site report.

Drill Stem Tests Taken Yes No
 (Attach Additional Sheets)

Samples Sent to Geological Survey Yes No

Cores Taken Yes No

Electric Log Run Yes No
 (Submit Copy)

List All E. Logs Run:

Log Formation (Top), Depth and Datum 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
Surface	9	6 1/4"		21'	Portland	4	
Completion	2	2 7/8"		758'	Portland	122	50/50 POZ

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 (Amount and Kind of Material Used)	Depth

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 CONSERVATION DIVISION
 WICHITA, KS

TUBING RECORD		Size	Set At	Packer At	Liner Run <input type="checkbox"/> Yes <input type="checkbox"/> No
Date of First, Resumerd Production, SWD or Enhr.		Producing Method <input type="checkbox"/> Flowing <input type="checkbox"/> Pumping <input type="checkbox"/> Gas Lift <input type="checkbox"/> Other (Explain)			
Estimated Production Per 24 Hours	Oil Bbls.	Gas Mcf	Water Bbls.	Gas-Oil Ratio	Gravity

Disposition of Gas Vented Sold Used on Lease (If vented, Submit ACO-18.)

METHOD OF COMPLETION Open Hole Perf. Dually Comp. Commingled Other (Specify) _____

Production Interval _____



CONSOLIDATED
OIL WELL
SERVICES, LLC

REMIT TO
Consolidated Oil Well Services, LLC
Dept. 970
P.O. Box 4346
Houston, TX 77210-4346

MAIN OFFICE
P.O. Box 884
Chanute, KS 66720
620/431-9210 • 1-800/487-8876
FAX 620/431-0012

INVOICE Invoice # **219258**

 Invoice Date: **12/21/2007** Terms: **0/30,n/30** Page **1**

TDR CONSTRUCTION
1207 N. FIRST STREET
LOUISBURG KS 66053
() -

BECKMEYER # 17
32-15-21
15931
12/18/07

Part Number	Description	Qty	Unit Price	Total
1107A	PHENOSEAL (M) 40# BAG)	68.00	1.0500	71.40
1110A	KOL SEAL (50# BAG)	685.00	.3800	260.30
1111	GRANULATED SALT (50 #)	288.00	.3000	86.40
1118B	PREMIUM GEL / BENTONITE	430.00	.1500	64.50
1124	50/50 POZ CEMENT MIX	122.00	8.8500	1079.70
4402	2 1/2" RUBBER PLUG	1.00	20.0000	20.00
Description	Hours	Unit Price	Total	
368 CEMENT PUMP	1.00	840.00	840.00	
368 EQUIPMENT MILEAGE (ONE WAY)	15.00	3.30	49.50	
368 CASING FOOTAGE	783.00	.00	.00	
510 MIN. BULK DELIVERY	1.00	285.00	285.00	

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WICHITA, KS

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 Parts: 1582.30 Freight: .00 Tax: 107.61 AR 2864.41
 Labor: .00 Misc: .00 Total: 2864.41
 Sublt: .00 Supplies: .00 Change: .00
 =====

Signed _____ Date _____

BARTLESVILLE, OK 918/338-0808 EL DORADO, KS 318/322-7022 EUREKA, KS 620/583-7864 GILLETTE, WY 307/688-4914 McALESTER, OK 918/428-7667 OTTAWA, KS 785/242-4044 THAYER, KS 620/839-5269 WORLAND, WY 307/347-4577

CONSOLIDATED OIL WELL SERVICES, ~~INC.~~ LLC
 P.O. BOX 884, CHANUTE, KS 66720
 620-431-9210 OR 800-467-8676

TICKET NUMBER 15931
 LOCATION ottawa
 FOREMAN Alan Mader

TREATMENT REPORT & FIELD TICKET
 CEMENT

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
12-18-07	7841	Beckmeyer # 17	32	15	21	Fr
CUSTOMER TDR Construction (T.T.T.)			TRUCK #			
MAILING ADDRESS 1207 N First			DRIVER		TRUCK #	
CITY Louisburg			DRIVER		TRUCK #	
STATE KS			DRIVER		TRUCK #	
ZIP CODE 66053			DRIVER		TRUCK #	
JOB TYPE <u>long string</u>			HOLE SIZE <u>5 5/8</u>		HOLE DEPTH <u>800</u>	
CASING DEPTH <u>783</u>			DRILL PIPE		TUBING	
SLURRY WEIGHT			SLURRY VOL		WATER gal/sk	
DISPLACEMENT			DISPLACEMENT PSI		MIX PSI	
					RATE	

REMARKS: Established rate. Mixed + pumped 200# gel to flash hole. Mixed + pumped 137 3x 50 150 poz, 5# Kol-seal, 5% salt, 2% gel, 1/2# Phenol seal. Circulated cement to surface. Flushed pump. Pumped 2 1/2 plug to casing TD. Well held 800 PSI.

Customer supplied water.

Alan Mader

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401	1	PUMP CHARGE	368	840.00
5406	15	MILEAGE	368	49.50
5402		casing footage	368	
5407	min	ten miles	510	285.00
1107A	68#	Pheno seal		71.40
1110A	685#	Kol-seal		260.36
1111	288#	salt		86.50
1118B	430#	gel		64.50
1124	122 3x	50 150 poz		1079.70
4402	1	2 1/2 plug		20.00
		sub		2756.80
		6.8%	SALES TAX	107.61
			ESTIMATED TOTAL	2864.41

AUTHORIZATION 219258

TITLE _____ DATE _____