



KANSAS CORPORATION COMMISSION 1058040
OIL & GAS CONSERVATION DIVISION

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 # 34028
Name: Triple T Oil, LLC
Address 1: PO Box 339
Address 2: _____
City: LOUISBURG State: KS Zip: 66053 + 0339
Contact Person: Lori Driskell
Phone: (913) 837-8400
CONTRACTOR: License # 33715
Name: Town Oilfield Service
Wellsite Geologist: NA
Purchaser: _____

Designate Type of Completion:

- New Well Re-Entry Workover
- Oil WSW SWD SLOW
- 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 #: _____

<u>5/31/2011</u>	<u>6/3/2011</u>	<u>6/10/2011</u>
Spud Date or Recompletion Date	Date Reached TD	Completion Date or Recompletion Date

API No. 15 - 15-059-25610-00-00
Spot Description: _____
SW SE NW SE Sec. 32 Twp. 15 S. R. 21 East West
1460 Feet from North / South Line of Section
1810 Feet from East / West Line of Section
Footages Calculated from Nearest Outside Section Corner:
 NE NW SE SW
County: Franklin
Lease Name: Beckmeyer Well #: 23
Field Name: Paola-Rantoul
Producing Formation: Squirrel
Elevation: Ground: 1027 Kelly Bushing: 0
Total Depth: 818 Plug Back Total Depth: _____
Amount of Surface Pipe Set and Cemented at: 20 Feet
Multiple Stage Cementing Collar Used? Yes No
If yes, show depth set: _____ Feet
If Alternate II completion, cement circulated from: 0
feet depth to: 20 w/ 5 sx cmt.

Drilling Fluid Management Plan

(Data must be collected from the Reserve Pit)

Chloride content: 1500 ppm Fluid volume: 80 bbls
Dewatering method used: Evaporated
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: Deanna Gombor Date: 06/24/2011



1058040

Operator Name: Triple T Oil, LLC Lease Name: Beckmeyer Well #: 23
 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 complete copy of all Electric Wire-line Logs surveyed. Attach final geological well site report.

Drill Stem Tests Taken <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>(Attach Additional Sheets)</i> Samples Sent to Geological Survey <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Cores Taken <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Electric Log Run <input type="checkbox"/> Yes <input checked="" 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 Open Hole
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CASING RECORD <input checked="" 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	6.2500	10	20	Portland	5	50/50 POZ
Completion	5.6250	2.8750	8	810	Portland	158	50/50 POZ

ADDITIONAL CEMENTING / SQUEEZE RECORD				
Purpose:	Depth Top Bottom	Type of Cement	# Sacks Used	Type and Percent Additives
___ Perforate				
___ Protect Casing	-			
___ Plug Back TD				
___ 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

TUBING RECORD: Size: _____ Set At: _____ Packer At: _____		Liner Run: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Date of First, Resumed 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: <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: _____ _____
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CONSOLIDATED
Oil Well Services, LLC

PO Box 884, Chanute, KS 66720
620-431-9210 or 800-467-8576

TICKET NUMBER 31979

LOCATION Ottawa KS

FOREMAN Fred Mader

FIELD TICKET & TREATMENT REPORT

CEMENT

DATE	CUSTOMER #	WELL-NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
6/3/11	7841	Beckmeyer # 23	BE 22	15	21	FR
CUSTOMER TDR Construction			TRUCK #	DRIVER	TRUCK #	DRIVER
MAILING ADDRESS P.O. Box 339			506	Fred	Safety	Mix
CITY	STATE	ZIP CODE	368	Ken	KN	
Louisburg	KS	660	554	Cecil	CAP	

JOB TYPE Long Frac HOLE SIZE 6 3/4 HOLE DEPTH 875 CASING SIZE & WEIGHT 2 3/8 EOB
 CASING DEPTH 610 DRILL PIPE Baffle TUBING 300 775 OTHER _____
 SLURRY WEIGHT _____ SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT IN CASING 30' + Plug
 DISPLACEMENT 4.53 BB DISPLACEMENT PSI _____ MIX PSI _____ RATE 4 BPM

REMARKS: Establish circulation. Mix Pump 150# Premium Gel. Circulate from pit. Mix Pump 150# Premium Gel Flush. Mix Pump 158 SKS 50/50 Poz. Mix Cement 2% Gel 5% Salt 5# Kol Seal. Cement to Surface. Flush pump & lines clean. Displace 2" Rubber plug to Baffle in casing w/ 4.5 BB Fresh water. Pressure to 800# PSI. Release pressure to set float valve. Shut in casing.

Rig Supplied H₂O
TDS Drilling

Fred Mader

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401	1	PUMP CHARGE		925 ⁰⁰
5406	20 mi	MILEAGE		80 ⁰⁰
5402	810'	Casing Footage		N/C
5407	Minimum	Ten Miles		330 ⁰⁰
1124	158 SKS	50/50 Poz. Mix Cement		1651 ¹⁰
1118B	526#	Premium Gel		113 ²⁰
1111	306#	Consolidated Salt		107 ¹⁰
1110A	790#	Kol Seal		342 ⁴⁰
4402	1	2 3/8" Rubber Plug		28 ⁰⁰
		WO # 241754		
			7.5%	SALES TAX
				ESTIMATED
				TOTAL
				3907 ³⁰

Revised 8/7/07

AUTHORIZATION Stephen Scott 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.

