



KANSAS CORPORATION COMMISSION 1072877
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 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 #: _____
1/5/2012 1/6/2012 1/13/2012
Spud Date or Date Reached TD Completion Date or
Recompletion Date Recompletion Date

API No. 15 - 15-059-25621-00-00
Spot Description: _____
N2_S2_NW_SE Sec. 32 Twp. 15 S. R. 21 East West
1960 Feet from North / South Line of Section
1980 Feet from East / West Line of Section
Footages Calculated from Nearest Outside Section Corner:
 NE NW SE SW
County: Franklin
Lease Name: Beckmeyer Well #: I-7
Field Name: Paola-Rantoul
Producing Formation: Squirrel
Elevation: Ground: 1022 Kelly Bushing: 0
Total Depth: 818 Plug Back Total Depth: 14
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: 0
feet depth to: 21 w/ 4 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 Garfior Date: 01/30/2012



1072877

Operator Name: Triple T Oil, LLC Lease Name: Beckmeyer Well #: I-7
Sec. 32 Twp. 15 S. R. 21 [x] 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 [] Yes [x] No
Samples Sent to Geological Survey [] Yes [x] No
Cores Taken [] Yes [x] No
Electric Log Run [x] Yes [] No
Electric Log Submitted Electronically [x] Yes [] No
List All E. Logs Run: Gamma Ray Neutron Completion Log

CASING RECORD [x] New [] Used
Report all strings set-conductor, surface, intermediate, production, etc.
Table with columns: 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
Table with columns: Purpose, Depth Top Bottom, Type of Cement, # Sacks Used, Type and Percent Additives

PERFORATION RECORD - Bridge Plugs Set/Type
Specify Footage of Each Interval Perforated
Table with columns: Shots Per Foot, PERFORATION RECORD, Acid, Fracture, Shot, Cement Squeeze Record, 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: [] Vented [] Sold [] Used on Lease
METHOD OF COMPLETION: [] Open Hole [] Perf. [] Dually Comp. [] Commingled [] Other (Specify)
PRODUCTION INTERVAL:

Franklin County, KS
Well: Beckmeyer # I-7
Lease Owner: Triple T

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

Commenced Spudding:
1/5/2012

WELL LOG

Thickness of Strata	Formation	Total Depth
34	Soil/Clay	34
21	Shale	55
25	Lime	80
7	Shale	87
10	Lime	97
6	Shale	103
21	Lime	124
3	Shale	127
3	Lime	130
31	Shale	161
21	Lime	182
75	Shale	257
23	Lime	280
23	Shale	303
7	Lime	310
23	Shale	353
1	Lime	334
20	Shale	354
1	Lime	355
15	Shale	370
8	Lime	378
4	Shale	382
13	Lime	395
8	Shale	403
22	Lime	425
5	Shale	430
4	Lime	434
5	Shale	439
4	Lime	443
120	Shale	563
2	Sand	565
5	Sand	570
4	Sandy Shale	574
49	Shale	623
6	Lime	629
41	Shale	670
3	Lime	673
17	Shale	690
2	Lime	692
2	Shale	694



CONSOLIDATED
Oil Well Services, LLC

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

TICKET NUMBER 36810

LOCATION Ottawa KS

FOREMAN Fred Maden

FIELD TICKET & TREATMENT REPORT
CEMENT

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
1/9/12	7966	Beckmeyer # I-7	SE 32	15	21	FR
CUSTOMER			TRUCK #	DRIVER	TRUCK #	DRIVER
Triple T			506	FREMAO	Safely	MAJ
MAILING ADDRESS			495	HARBEC	HOB	J
1207 N. 1st			510	KEICAR	KC	
CITY	STATE	ZIP CODE				
Louisburg	KS	66053				

JOB TYPE long string HOLE SIZE 5 7/8 HOLE DEPTH 818 CASING SIZE & WEIGHT 2 3/8 EOE
 CASING DEPTH 804 DRILL PIPE 3" Baffle @ TUBING 778 OTHER _____
 SLURRY WEIGHT _____ SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT in CASING 2 1/2" Plug
 DISPLACEMENT 4.52 DISPLACEMENT PSI _____ MIX PSI _____ RATE 5 BPM

REMARKS: Establish pump rate. Mix + Pump 100# Premium Gel Flush. Mix +
Dump 114 sks 50/50 Poz Mix Cement 20% Gel 5% Salt 5# Kol Seal/sk.
Cement to surface. Flush pump + 1500s clean. Displace 2 1/2" Plug
Rubber plug to Baffle. Pressure to 800# PSI. Hold Pressure for
30 min. MIT. Release pressure to set float valve. Shut in
Casing

Customer Supplied Water.
TOS Drilling

Fred Maden

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401	1	PUMP CHARGE	490	103200
5406	20 m.	MILEAGE	495	8000
5402	804	Casing footage		N/C
5407	1/2 minimum	Ton Miles.	510	25500
1104	114 sks	50/50 Poz Mix Cement		124830
1118B	292#	Premium Gel		6132
1111	220#	Granulated Salt		8140
1110A	570#	Kol Seal		26220
4402	1	2 1/2" Rubber Plug		2800
			7.82	SALES TAX
				ESTIMATED
				TOTAL
				13113
				309735

247120

Revin 3737

AUTHORIZATION Stephen Suda

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.