



KANSAS CORPORATION COMMISSION 1072876
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 (Corr, 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 #:

1/6/2012	1/9/2012	1/13/2012
Spud Date or Recompletion Date	Date Reached TD	Completion Date or Recompletion Date

API No. 15 - 15-059-25619-00-00
Spot Description:
S2 NW SW SE Sec. 32 Twp. 15 S. R. 21 East West
960 Feet from North / South Line of Section
2310 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-5
Field Name: Paola-Rantoul
Producing Formation: Squirrel
Elevation: Ground: 1013 Kelly Bushing: 0
Total Depth: 818 Plug Back Total Depth: 32
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/ 3 sx cmf.

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 Garcia Date: 01/30/2012



1072876

Operator Name: Triple T Oil, LLC Lease Name: Beckmeyer Well #: I-5
 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 Wireline 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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No Electric Log Submitted Electronically <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <i>(If no, Submit Copy)</i> List All E. Logs Run: Gamma Ray Neutron Completion Log	<input checked="" type="checkbox"/> Log Formation (Top), Depth and Datum <input type="checkbox"/> Sample Name Top Datum Gamma Ray
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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	21	Portland	3	50/50 POZ
Completion	5.6250	2.8750	8	786	Portland	105	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
2	731.0-747.0	34 Perfs	Acid 500 gal. 7.5% HCL	

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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Franklin County, KS
Well: Beckmeyer I-5
Lease Owner: Triple T

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

Commenced Spudding:
1/6/2012

WELL LOG

Thickness of Strata	Formation	Total Depth
36	Soil/Clay	36
26	Shale	62
6	Lime	68
4	Shale	72
14	Lime	86
8	Shale	94
10	Lime	104
6	Shale	110
5	Lime	115
5	Shale	120
10	Lime	130
40	Shale	170
19	Lime	189
75	Shale	264
25	Lime	289
20	Shale	309
7	Lime	316
22	Shale	338
1	Lime	339
21	Shale	360
1	Lime	361
15	Shale	376
8	Lime	384
3	Shale	387
13	Lime	400
12	Shale	412
20	Lime	432
3	Shale	435
3	Lime	438
7	Shale	445
5	Lime	450
123	Shale	573
8	Sand	581
5	Sandy Shale	586
42	Shale	628
8	Lime	636
39	Shale	675
3	Lime	678
18	Shale	696
8	Lime	704



CONSOLIDATED
Oil Well Services, LLC

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

TICKET NUMBER 36812
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-5	SE 32	15	21	FR
CUSTOMER			TRUCK #			
Mailing Address			DRIVER			
CITY			TRUCK #			
STATE			DRIVER			
ZIP CODE						
1207 N. 1st St.			506 FREMAD Safety			
Louisburg, KS 66033			495 HARBEC H&B			
			558 CASREN C			

JOB TYPE Long String HOLE SIZE 5 7/8 HOLE DEPTH 815 CASING SIZE & WEIGHT 2 3/8" EUE
 CASING DEPTH 786' DRILL PIPE Baffle @ TUBING 757 OTHER _____
 SLURRY WEIGHT _____ SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT IN CASING 2 1/2" Plug
 DISPLACEMENT 4.480 DISPLACEMENT PSI _____ MIX PSI _____ RATE 5 BPM

REMARKS: Establish pump rate. Mix + Pump 100# Premium Gel Flush
Mix + Pump 105 sks 50/50 Por Mix Cement 2% Gel 5% Salt
5# KO Seal/sk. Cement to surface. Flush pump + lines
clean. Displace 2 1/2" 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 Fred Maden
To S Drilling

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401	1	PUMP CHARGE	495	1030 ⁰⁰
5406	2	MILEAGE		N/C
5402	786	Casing footage		N/C
5407	Minimum	Ten Miles		350 ⁰⁰
1124	105 sks.	50/50 Por Mix Cement		1149 ⁷⁵
1118B	277 [#]	Premium Gel		58 ¹⁷
1111	203 [#]	Granulated Salt		75 ¹¹
1110A	525 [#]	Kol Seal		241 ⁵²
4402	1	2 1/2" Rubber Plug		25 ⁰⁰
<u>247122</u>				
			7.5%	SALES TAX
				ESTIMATED
				TOTAL
				121 ²⁰
				3053 ⁰³

Ravin 9737 AUTHORIZATION Stephen Salt 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.