



KANSAS CORPORATION COMMISSION 1072892  
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 #: \_\_\_\_\_  
1/4/2012    1/5/2012    1/13/2012  
Spud Date or    Date Reached TD    Completion Date or  
Recompletion Date       Recompletion Date

API No. 15 - 15-059-25625-00-00  
Spot Description: \_\_\_\_\_  
N2\_SE\_NW\_SE Sec. 32 Twp. 15 S. R. 21  East  West  
1960 Feet from  North /  South Line of Section  
1650 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-11  
Field Name: Paola-Rantoul  
Producing Formation: Squirrel  
Elevation: Ground: 1027 Kelly Bushing: 0  
Total Depth: 819 Plug Back Total Depth: 15  
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/ 3 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 Gerrico Date: 01/30/2012



1072892

Operator Name: Triple T Oil, LLC Lease Name: Beckmeyer Well #: I-11  
 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 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
--	---

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	3	50/50 POZ
Completion	5.6250	2.8750	8	804	Portland	115	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	731.0-741.0	21 Perfs	Acid 500 gal. 7.5% HCL	

<b>TUBING RECORD:</b>		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

<b>DISPOSITION OF GAS:</b> <input type="checkbox"/> Vented <input type="checkbox"/> Sold <input type="checkbox"/> Used on Lease <i>(If vented, Submit ACO-18.)</i>	<b>METHOD OF COMPLETION:</b> <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) _____	<b>PRODUCTION INTERVAL:</b> _____ _____
--	--	---

Franklin County, KS  
 Well: Beckmeyer I-11  
 Lease Owner: Triple T

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

Commenced Spudding:  
 1/4/2012

WELL LOG

Thickness of Strata	Formation	Total Depth
0-35	Soil-Clay	35
21	Shale	56
6	Lime	62
2	Shale	64
17	Lime	81
7	Shale	88
10	Lime	98
2	Shale	100
23	Lime	123
5	Shale	128
5	Lime	133
29	Shale	162
20	Lime	182
76	Shale	258
23	Lime	281
22	Shale	303
8	Lime	311
19	Shale	330
1	Lime	331
24	Shale	355
2	Lime	357
12	Shale	369
8	Lime	377
3	Shale	380
14	Lime	394
10	Shale	404
22	Lime	426
3	Shale	429
3	Lime	432
4	Shale	436
6	Lime	442
120	Shale	562
2	Sand	564
6	Sand	570
6	Sandy Shale	576
43	Shale	619
8	Lime	627
41	Shale	668
2	Lime	670
20	Shale	690





**CONSOLIDATED**  
Oil Well Services, LLC

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

**FIELD TICKET & TREATMENT REPORT**  
**CEMENT**

TICKET NUMBER 36802

LOCATION Ottawa KS

FOREMAN Fred Mader

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
1/5/12	7966	Beckmeyer J-11	SE 32	15	21	FR
CUSTOMER			TRUCK #	DRIVER	TRUCK #	DRIVER
<u>To R Construction Triple T</u> MAILING ADDRESS <u>A. A. Box 1207 N 1st</u> CITY <u>Loisburg</u> STATE <u>KS</u> ZIP CODE <u>66053</u>			506	FREMAD	Safety mg	
			495	HARBEC	NHB	
			510	HEDET	RB	

JOB TYPE Long string HOLE SIZE 5 5/8 HOLE DEPTH 819 CASING SIZE & WEIGHT 2 3/8" EUE  
 CASING DEPTH 805 DRILL PIPE Baffle @ TUBING 770 OTHER \_\_\_\_\_  
 SLURRY WEIGHT \_\_\_\_\_ SLURRY VOL \_\_\_\_\_ WATER gal/sk \_\_\_\_\_ CEMENT LEFT in CASING 2 1/2" Plug  
 DISPLACEMENT 4.48 BBL DISPLACEMENT PSI \_\_\_\_\_ MIX PSI \_\_\_\_\_ RATES 5 BPM

REMARKS: Establish pump rate: Mix + Pump 100 # Premium Gel Flush  
Mix + Pump 115 sks 50/50 for Mix Cement 2 3/8" Gel 5% Salt  
5# Kal Seal/sk. Cement to surface. Flush pump + lines clean.  
Displace 2 3/8" Rubber plug to Baffle in casing w/ 4.48 BBL  
fresh water. Pressure to 800 # PSI. Hold pressure for  
30 min MIT. Release pressure to set float value.  
Shut in casing.

Fred Mader

Customer Supplied Water.

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401	1	PUMP CHARGE	495	1030 <sup>00</sup>
5406	0	MILEAGE <u>Truck on lease</u>		N/C
5402	805	Casing footage		N/C
5407	<u>1/2 minimum</u>	<u>Ten Miles</u>		175 <sup>00</sup>
1124	115 sks	50/50 for Mix Cement		1259 <sup>25</sup>
1118A	294#	Premium Gel		6174
1111	223#	Granulated Salt		82 <sup>57</sup>
1110A	580#	Kal Seal		266 <sup>80</sup>
4402	1	2 3/8" Rubber plug		280 <sup>00</sup>
<u>2/7/19</u>				
			7.8%	SALES TAX 132 <sup>47</sup>
				ESTIMATED TOTAL 3035 <sup>28</sup>

RAVn 3737

AUTHORIZATION \_\_\_\_\_

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.