



KANSAS CORPORATION COMMISSION 1072864
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 #: _____

<u>1/9/2012</u>	<u>1/11/2012</u>	<u>1/13/2012</u>
Spud Date or Recompletion Date	Date Reached TD	Completion Date or Recompletion Date

API No. 15 - 15-059-25607-00-00
Spot Description: _____
NW NE NW SE Sec. 32 Twp. 15 S. R. 21 East West
2470 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 #: 20

Field Name: Paola-Rantoul
Producing Formation: Squirrel

Elevation: Ground: 1031 Kelly Bushing: 0

Total Depth: 818 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: 0

feet depth to: 21 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 Gertner Date: 01/31/2012



1072864

Operator Name: Triple T Oil, LLC Lease Name: Beckmeyer Well #: 20
 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
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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	814	Portland	103	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 <i>(Amount and Kind of Material Used)</i>	Depth
2	732.0-749.0	53 Perfs	Acid 500 gal. 7.5% HCL	

TUBING RECORD:	Size:	Set At:	Packer At:	Liner Run: <input type="checkbox"/> Yes <input type="checkbox"/> No
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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 <i>(Explain)</i> _____				
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 <i>(Specify)</i> _____	PRODUCTION INTERVAL: _____ _____
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Franklin County, KS
Well: Beckmeyer # 20
Lease Owner: Triple T

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

Commenced Spudding:
1/9/2012

WELL LOG

Thickness of Strata	Formation	Total Depth
36	Soil/Clay	36
29	Shale	65
6	Lime	71
3	Shale	74
15	Lime	89
7	Shale	96
10	Lime	106
7	Shale	113
20	Lime	133
39	Shale	172
20	Lime	192
75	Shale	267
22	Lime	289
24	Shale	313
6	Lime	319
44	Shale	363
1	Lime	364
15	Shale	379
8	Lime	387
3	Shale	390
12	Lime	402
13	Shale	415
19	Lime	434
3	Shale	437
6	Lime	443
4	Shale	447
6	Lime	452
122	Shale	574
6	Sand	580
6	Sandy Shale	586
44	Shale	630
7	Lime	637
9	Shale	646
2	Lime	648
11	Shale	659
1	Lime	660
17	Shale	677
5	Lime	682
12	Shale	700
1	Lime	701



CONSOLIDATED
Oil Well Services, LLC

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

TICKET NUMBER 36792

LOCATION Ottawa

FOREMAN Alan Mader

FIELD TICKET & TREATMENT REPORT
CEMENT

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
1-10-12	7966	Beckmeyer 2D	S4E 37	15	21	PK
CUSTOMER <u>Triple T</u>			TRUCK # DRIVER TRUCK # DRIVER			
MAILING ADDRESS <u>1207 N 1st</u>			<u>576 Alan M Safety Meet</u>			
CITY STATE ZIP CODE <u>Louisburg KS 66053</u>			<u>368 Gary M GM</u>			
			<u>358 Keith D KD</u>			

JOB TYPE long string HOLE SIZE 5 5/8 HOLE DEPTH 818 CASING SIZE & WEIGHT 2 3/8
 CASING DEPTH 814 DRILL PIPE _____ TUBING _____ OTHER 786 baffle
 SLURRY WEIGHT _____ SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT in CASING _____
 DISPLACEMENT 4.6 DISPLACEMENT PSI _____ MIX PSI _____ RATE _____

REMARKS: held crew meet. Established rate. Mixed & pumped 100# gel followed by 123 isk 50150 cement plus 5# kol seal 572 salt 290 gel per sack. Circulated cement. Flushed pump pumped plug to casing TD. Well held 800 PSI. Set float. Closed valve. Plug topped c. baffle. 786

TDS Chad
TAS water

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5407	1	PUMP CHARGE		1080.00
5406	20	MILEAGE		80.00
5402	814	casing footage		
5407	n/a	ten miles		350.00
1124	123	50150 Cem.		1127.85
1118B	233#	gel		57.33
1111	199#	salt		73.63
1110A	515#	kol seal		236.90
1002 4402	1	2 1/2 plug		28.00
<u>247117</u>				
SALES TAX				118.84
ESTIMATED TOTAL				3102.55

Flavin 3737
 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.