



KANSAS CORPORATION COMMISSION 1072860
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 #: _____

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

API No. 15 - 15-059-25605-00-00
Spot Description: _____
NE NW NW SE Sec. 32 Twp. 15 S. R. 21 East West
2470 Feet from North / South Line of Section
2140 Feet from East / West Line of Section
Footages Calculated from Nearest Outside Section Corner:
 NE NW SE SW
County: Franklin
Lease Name: Beckmeyer Well #: 13
Field Name: Paola-Rantoul
Producing Formation: Squirrel
Elevation: Ground: 1026 Kelly Bushing: 0
Total Depth: 819 Plug Back Total Depth: 34
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 Garrison Date: 01/31/2012



1072860

Operator Name: Triple T Oil, LLC Lease Name: Beckmeyer Well #: 13
 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
----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	---------------------------------------------------------------------------------------------------------------------------------------------

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	814	Portland	114	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	736.0-750.0	44 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: _____ _____
-------------------------------------------------------------------------------------------------------------------------------------------------------------------	-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	----------------------------------------

Franklin County, KS
Well: Beckmeyer # 13
Lease Owner: Triple T

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

Commenced Spudding:
1/6/2012

WELL LOG

Thickness of Strata	Formation	Total Depth
0-37	Soil-Clay	37
26	Shale	63
7	Lime	70
2	Shale	72
16	Lime	88
7	Shale	95
10	Lime	105
6	Shale	111
21	Lime	132
27	Shale	159
3	Lime	162
9	Shale	171
19	Lime	190
75	Shale	265
22	Lime	287
25	Shale	312
4	Lime	316
45	Shale	361
2	Lime	363
15	Shale	378
8	Lime	386
3	Shale	389
12	Lime	401
10	Shale	411
22	Lime	433
4	Shale	437
5	Lime	442
4	Shale	446
4	Lime	450
178	Shale	628
8	Lime	636
10	Shale	646
2	Lime	648
28	Shale	676
2	Lime	678
17	Shale	695
4	Lime	699
31	Shale	730
3	Sand	733
3	Sand	736



CONSOLIDATED
Oil Well Services, LLC

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

TICKET NUMBER 36811
LOCATION Ottawa KS
FOREMAN Fred Mader

FIELD TICKET & TREATMENT REPORT
CEMENT

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
1/9/12	7966	Beckmeier #13	SE 32	15	21	FR
CUSTOMER Triple T			TRUCK #	DRIVER	TRUCK #	DRIVER
MAILING ADDRESS 1207 N 1st St			502	FREMAO	Safety, mfg	
CITY Louisburg	STATE KS	ZIP CODE 66053	495	HARBEC	HJB	
			510	KEICAR	KC	

JOB TYPE Log Study HOLE SIZE 5 7/8 HOLE DEPTH 823 CASING SIZE & WEIGHT 2 7/8 EUE
CASING DEPTH 812' DRILL PIPE Baffle @ TUBING 7 83 OTHER _____
SLURRY WEIGHT _____ SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT in CASING _____
DISPLACEMENT 4.5500 DISPLACEMENT PSI _____ MIX PSI _____ RATE 5 BPM

REMARKS: Establish pump rate Mix + Pump 100 # Premium Gel Flush
Mix + Pump 114 sks 50/50 Perm Cement 2 7/8 Gel 5% Salt 5#
Kol Seal /sk. Cement to surface. Flush pump & lines clean.
Displace 2 1/2" Rubber plug to Baffle. Pressure to 800# PSI
Release pressure to set float valve. Shut in casing.

Customer Supplied Water
TOS Drilling. (Lead)

Fred Mader

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401	1	PUMP CHARGE	495	1030.00
5406	-	MILEAGE		N/C
5402	812	Casing footage		N/C
5407	1/2 Minimum	Ten Miles	512.00	
1124	114 sks	50/50 Perm Cement		1248.00
1118B	292#	Premium Gel		618.00
1111	220#	Granulated Salt		814.00
1110A	570#	Kol Seal		262.00
4402	1	2 1/2" Rubber Plug		2.00
			7.80	SALES TAX
				ESTIMATED TOTAL
				3017.35

AVIN 3737

AUTHORIZATION Steph SSB 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.