



KANSAS CORPORATION COMMISSION 1086409
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>6/18/2012</u>	<u>6/20/2012</u>	<u>6/29/2012</u>
Spud Date or Recompletion Date	Date Reached TD	Completion Date or Recompletion Date

API No. 15 - 15-059-26067-00-00
Spot Description: _____
NE SE NW SE Sec. 32 Twp. 15 S. R. 21 East West
1800 Feet from North / South Line of Section
1480 Feet from East / West Line of Section
Footages Calculated from Nearest Outside Section Corner:
 NE NW SE SW
County: Franklin
Lease Name: Beckmeyer Well #: 26
Field Name: Paola-Rantoul
Producing Formation: Squirrel
Elevation: Ground: 1024 Kelly Bushing: 0
Total Depth: 840 Plug Back Total Depth: 59
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 Gombor Date: 07/03/2012



1086409

Operator Name: Triple T Oil, LLC Lease Name: Beckmeyer Well #: 26
 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 checked="" type="checkbox"/> Yes <input 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 Nuutron 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	781	Portland	125	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	727.5-740.0 40 Perfs	Acid 500 gal. 7.5% HCL	

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
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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) (Submit ACO-4)</i> <input type="checkbox"/> Other (Specify) _____	PRODUCTION INTERVAL: _____ _____
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Franklin County, KS
Well: Beckmeyer 26
Lease Owner: Triple T

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

Commenced Spudding:
6/18/2012

WELL LOG

Thickness of Strata	Formation	Total Depth
0-37	Soil-Clay	37
20	Shale	57
6	Lime	63
2	Shale	65
16	Lime	81
7	Shale	88
10	Lime	98
7	Shale	105
5	Lime	110
15	Shale & Shells	125
39	Shale	164
19	Lime	183
77	Shale	260
22	Lime	282
23	Shale	305
8	Lime	313
20	Shale	333
1	Lime	334
22	Shale	356
1	Lime	357
14	Shale	371
8	Lime	379
3	Shale	382
12	Lime	394
9	Shale	403
23	Lime	426
4	Shale	430
3	Lime	433
4	Shale	437
6	Lime	443
120	Shale	563
3	Sandy Shale	566
5	Sand	571
50	Shale	621
7	Lime	628
9	Shale	637
5	Lime	642
27	Shale	669
2	Lime	671
16	Shale	687



CONSOLIDATED
Oil Well Services, LLC

PO Box 884, Chanute, KS 68720
20-431-9210 or 800-467-8676

FIELD TICKET & TREATMENT REPORT
CEMENT

TICKET NUMBER 39853
LOCATION Ottawa
FOREMAN Alan Mader

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
6.20.12	7566	Beckmeyer 26	SE 32	15	21	JK
CUSTOMER <u>Triple T</u>						
MAILING ADDRESS <u>1207 N 1st</u>						
CITY <u>Honolulu</u>		STATE <u>KS</u>	ZIP CODE <u>66053</u>			
			TRUCK #	DRIVER	TRUCK #	DRIVER
			<u>516</u>	<u>Al Mader</u>	<u>Safety</u>	<u>Meat</u>
			<u>368</u>	<u>Alan Mader</u>	<u>ABM</u>	
			<u>510</u>	<u>Set Truc</u>	<u>ST</u>	

JOB TYPE Logging HOLE SIZE 5 5/8 HOLE DEPTH 840 CASING SIZE & WEIGHT 2 7/8
CASING DEPTH 813 DRILL PIPE _____ TUBING _____ OTHER 281 BP
SLURRY WEIGHT _____ SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT in CASING yes
DISPLACEMENT 4.5 DISPLACEMENT PSI 800 MIX PSI 200 RATE 4 bpm

REMARKS: Held crew meet, Established rate. Mixed & pumped 100 # gel followed by 125 sk 50150 cement plus 200 gel. Circulated cement. Flushed pumped. Pumped plug to baffle. Well held 800 PSI. Set float. Closed valve.

TDS Was
TDS water

Alan Mader

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL	
5401	1	PUMP CHARGE	368	1030.00	
5406	20	MILEAGE	368	80.00	
5402	813	Casing footage	368		
5407	main	ton miles	510	350.00	
1124	125 sk	50150 cement		1368.75	
1183	310 #	gel		65.10	
4402	1	2 1/2 plug		28.00	
				SALES TAX	114.02
				ESTIMATED TOTAL	3035.87

AUTHORIZATION Wesley Dillard TITLE 250729 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.