



KANSAS CORPORATION COMMISSION 1094201
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>6/22/2012</u>	<u>6/25/2012</u>	<u>7/25/2012</u>
Spud Date or Recompletion Date	Date Reached TD	Completion Date or Recompletion Date

API No. 15 - 15-059-26068-00-00

Spot Description: _____
N2 N2 SW SE Sec. 32 Twp. 15 S. R. 21 East West
1288 Feet from North / South Line of Section
1980 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-9

Field Name: Paola-Rantoul

Producing Formation: Squirrel

Elevation: Ground: 1021 Kelly Bushing: 0

Total Depth: 840 Plug Back Total Depth: 815

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 Cantor Date: 09/21/2012



1094201

Operator Name: Triple T Oil, LLC Lease Name: Beckmeyer Well #: I-9
 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: Gamm 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	20	Portland	3	50/50 POZ
Completion	5.6250	2.8750	8	815	Portland	118	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	730.0-745.0 32 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)</i> <i>(Submit ACO-4)</i> <input type="checkbox"/> Other (Specify) _____	PRODUCTION INTERVAL: _____ _____
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Franklin County, KS
Well: Beckmeyer I-9
Lease Owner: Triple T

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

Commenced Spudding:
6/22/2012

WELL LOG

Thickness of Strata	Formation	Total Depth
0-41	Soil-Clay	51
23	Shale	64
6	Lime	70
1	Shale	71
16	Lime	87
7	Shale	94
10	Lime	104
6	Shale	110
4	Lime	114
17	Shale & Shells	131
38	Shale	169
20	Lime	189
76	Shale	265
22	Lime	287
24	Shale	311
7	Lime	318
22	Shale	340
1	Lime	341
18	Shale	359
1	Lime	360
2	Shale	362
1	Lime	363
15	Shale	378
8	Lime	386
3	Shale	389
12	Lime	401
8	Shale	409
24	Lime	433
4	Shale	437
4	Lime	441
3	Shale	444
6	Lime	450
126	Shale	576
6	Sand	582
44	Shale	626
7	Lime	633
9	Shale	642
2	Lime	644
31	Shale	675
2	Lime	677



TICKET NUMBER 37320
 LOCATION Ottawa KS
 FOREMAN Fred Maden

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

**FIELD TICKET & TREATMENT REPORT
 CEMENT**

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
6/25/12	7966	Beckmyer # I-9	32	15	21	FR

TRUCK #	DRIVER	TRUCK #	DRIVER
506	Fred Mad	Safety	Mad
495	Nay Bee	#0	
503	Rya Sid	RS	
503			

CITY	STATE	ZIP CODE
Louisburg	Ks	66053

JOB TYPE Logging HOLE SIZE 5 7/8 HOLE DEPTH 825 CASING SIZE & WEIGHT 2 1/8 EUE
 CASING DEPTH 8150 DRILL PIPE Baffle TYPING 7 PL OTHER _____
 SLURRY WEIGHT _____ SLURRY VOL _____ WATER gal/nk _____ CEMENT LEFT in CASING 29' + Plug
 DISPLACEMENT 4.57 BPM DISPLACEMENT PSI _____ MIX PSI _____ RATE 5 BPM

REMARKS: Establish pump rate. Mix + Pump 100* Gel Flush. Mix Pump
118 SKS 50/50 Per Mix Cement 270 gal. Cement to surface
Flush pump & lines clean. Displace 2 1/2" Rubber plug to
casing TD. Pressure to 800* PSI. Hold & Monitor pressure
for 30 min MIT. Release pressure to set float valve.
Shut in casing

Customer Supplied H₂O. Fred Maden
 TOS Drilling

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401	1	PUMP CHARGE	495	1030 ⁰⁰
5406	15 mi	MILEAGE		60 ⁰⁰
5402	815'	Casing Footage		NK
5407	Minimum	Ten Miles	593	350 ⁰⁰
1124	118 SKS	50/50 Per Mix Cement		1292 ¹⁵
1118B	299 ⁰⁰	Premium Gel		62 ²⁵
4402	1	2 1/2" Rubber Plug		28 ⁰⁰
			7.8%	SALES TAX
				107 ⁸⁰
			ESTIMATED	
			TOTAL	2930 ⁷⁵

Ravin 3737 AUTHORIZATION [Signature] 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