



KANSAS CORPORATION COMMISSION 1103427
OIL & GAS CONSERVATION DIVISION

Form ACD-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: Lance Town
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 #: _____
11/15/2012 11/16/2012 11/17/2012
Spud Date or Date Reached TD Completion Date or
Recompletion Date Recompletion Date

API No. 15 - 15-059-26246-00-00
Spot Description: _____
NE SE SW SE Sec. 32 Twp. 15 S. R. 21 East West
495 Feet from North / South Line of Section
1485 Feet from East / West Line of Section
Footages Calculated from Nearest Outside Section Corner:
 NE NW SE SW
County: Franklin
Lease Name: South Beckmeyer Well #: 57
Field Name: Paola-Rantoul
Producing Formation: Squirrel
Elevation: Ground: 1008 Kelly Bushing: 0
Total Depth: 780 Plug Back Total Depth: _____
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 Gerlock Date: 12/04/2012



1103427

Operator Name: Triple T Oil, LLC Lease Name: South Beckmeyer Well #: 57
 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: GammaRay/Neutron/CCL	<input type="checkbox"/> Log Formation (Top), Depth and Datum <input type="checkbox"/> Sample Name Top Datum GammaRay
--	---

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	7	10	20	Portland	3	50/50 POZ
Completion	5.6250	2.8750	8	765	Portland	116	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
3	700-710	2" DML RTG	10

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: S. Beckmeyer 57
 Lease Owner: Triple T

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

Commenced Spudding:
 11/15/2012

15-059-26246-00-00

WELL LOG

Thickness of Strata	Formation	Total Depth
0-31	Soil-Clay	31
5	Lime	36
2	Shale	38
15	Lime	53
7	Shale	60
11	Lime	71
6	Shale	77
15	Lime	92
22	Shale	114
3	Lime	117
23	Shale	140
19	Lime	159
76	Shale	235
17	Lime	252
1	Shale	253
3	Lime	256
26	Shale	282
7	Lime	289
21	Shale	310
2	Lime	312
20	Shale	332
1	Lime	333
14	Shale	347
7	Lime	354
3	Shale	357
13	Lime	370
11	Shale	381
21	Lime	402
3	Shale	405
4	Lime	409
5	Shale	414
5	Lime	419
118	Shale	537
2	Sand	539
5	Sand	544
50	Sandy Shale	594
7	Lime	601
5	Shale	606
3	Lime	609
33	Shale	642

Short Cuts

TANK CAPACITY

BBLs. (42 gal.) equals $D^2 \times .14 \times h$

D equals diameter in feet.

h equals height in feet.

BARRELS PER DAY

Multiply gals. per minute x 34.2

HP equals $BPH \times PSI \times .0004$

BPH - barrels per hour

PSI - pounds square inch

TO FIGURE PUMP DRIVES

* D - Diameter of Pump Sheave

* d - Diameter of Engine Sheave

SPM - Strokes per minute

RPM - Engine Speed

R - Gear Box Ratio

*C - Shaft Center Distance

D - $RPM \times d$ over $SPM \times R$

d - $SPM \times R \times D$ over RPM

SPM - $RPM \times D$ over $R \times d$

R - $RPM \times D$ over $SPM \times d$

BELT LENGTH - $2C + 1.57(D + d) + \frac{(D-d)^2}{4C}$

* Need these to figure belt length

TO FIGURE AMPS: $\frac{WATTS}{VOLTS} = AMPS$

746 WATTS equal 1 HP

Log Book

Well No. 57

Farm South Beckmeyer

KS Franklin
(State) (County)

32 15 21
(Section) (Township) (Range)

For Triple T Oil
(Well Owner)

Town Oilfield Services, Inc.

1207 N. 1st East

Louisburg, KS 66053

913-710-5400

Thickness of Strata	Formation	Total Depth	Remarks
0-31	soil-clay	31	
5	Lime	36	
2	shale	38	
15	Lime	53	
7	shale	60	
11	Lime	71	
6	shale	77	
15	Lime-shells	92	
22	shale	114	
3	Lime-sandy	117	
23	shale	140	
19	Lime	159	
76	shale	235	
17	Lime	252	
1	shale	253	
3	Lime	256	
26	shale	282	
7	Lime	289	
21	shale	310	
2	Lime	312	
20	shale	332	
1	Lime	333	
14	shale	347	
7	Lime	354	
3	shale	357	
13	Lime	370	
11	shale	381	

381

Thickness of Strata	Formation	Total Depth	Remarks
2	Lime	402	
3	shale	405	
4	Lime	409	
5	shale	414	
5	Lime	419	Herby
118	shale	537	
2	sand	539	no Oil
5	sand	544	wayside
50	sandy shale	594	color - slight show
7	Lime	601	
5	shale	606	
3	Lime	609	
33	shale	642	
3	Lime	645	
39	shale	684	
1	shale & lime	685	
5	shale	690	
7	sandy shale	697	
2	sand	699	broken - 10% Oil
7	sand	706	broken - 75% Oil
5	sand	711	solid Oil
2	sand	713	broken - 25% Oil
1	sand	714	no Oil
60	sandy shale	774	TD



CONSOLIDATED
Oil Well Services, LLC

TICKET NUMBER 35168
LOCATION Olivia, KS
FOREMAN Carey Kennedy

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			
11/16/12	7966	J. Beckmeyer # 54	SE 32	15	21	FP			
CUSTOMER Triple T									
MAILING ADDRESS 105 E. Amity									
CITY Louisburg		STATE KS	ZIP CODE 664053						
		TRUCK #		DRIVER		TRUCK #		DRIVER	
		481		Casper		✓		Satchel Hooping	
		460		Garman		✓			
		558		Breken		✓			

JOB TYPE logging HOLE SIZE 5 5/8" HOLE DEPTH 780' CASING SIZE & WEIGHT 2 7/8" EUE
 CASING DEPTH 780' DRILL PIPE _____ TUBING bottle - 750' OTHER _____
 SLURRY WEIGHT _____ SLURRY VOL _____ WATER gal/ok _____ CEMENT LEFT IN CASING 15'
 DISPLACEMENT 4.34 bbls DISPLACEMENT PSI _____ MIX PSI _____ RATE 4.5 gpm

REMARKS: held safety meeting, established circulation, mixed & pumped 100 # Premium Gell followed by 10 bbls fresh water, mixed & pumped 116 stks 50/50 Pozmix cement w/ 2% gel per st, cement to surface, flushed pump clean, pumped 2 1/2 rubber plug to bottle w/ 4.34 bbls fresh water, pressured to 800 PSI, released pressure, start in casing.

Olivia H₂O

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401	1	PUMP CHARGE		1030.00
5406	20 mi	MILEAGE		80.00
5402	785'	casing footage		
5407	minimum	ten mileage		350.00
1124	116 stks	50/50 Pozmix cement		1270.20
118B	295 #	Premium Gell		61.95
4402	1	2 1/2" rubber plug		28.00
				7.8%
				SALES TAX ESTIMATED TOTAL
				106.09
				2926.24

SCANNED

Rev 01 3/97

AUTHORIZATION No Co. Rep. on location 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.