



KANSAS CORPORATION COMMISSION 1103194
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: 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 #: _____

<u>11/14/2012</u>	<u>11/15/2012</u>	<u>11/15/2012</u>
Spud Date or Recompletion Date	Date Reached TD	Completion Date or Recompletion Date

API No. 15 - 15-059-26245-00-00

Spot Description: _____
NW SE SW SE Sec. 32 Twp. 15 S. R. 21 East West

495 Feet from North / South Line of Section

1815 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 #: 56

Field Name: Paola-Rantoul

Producing Formation: Squirrel

Elevation: Ground: 1011 Kelly Bushing: 0

Total Depth: 819 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 Garrison Date: 12/05/2012



1103194

Operator Name: Triple T Oil, LLC Lease Name: South Beckmeyer Well #: 56
 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
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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	7	10	20	Portland	3	50/50 POZ
Completion	5.6250	2.8750	8	587	Portland	105	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
10	731-741	2" DML RTG	3

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 Bbbs.	Gas Mcf	Water Bbbs.	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> <input type="checkbox"/> Other (Specify) _____	PRODUCTION INTERVAL: _____ _____
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Franklin County, KS
Well: S. Beckmeyer 56
Lease Owner: Triple T

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

Commenced Spudding:
11/14/2012

15-009-2012-00-00

WELL LOG

Thickness of Strata	Formation	Total Depth
11	Soil-Clay	11
5	Sandstone	16
24	Shale	40
5	Lime	45
2	Shale	47
17	Lime	64
6	Shale	70
11	Lime	81
3	Shale	84
2	Lime	86
2	Shale	88
13	Lime	101
51	Shale	152
20	Lime	172
75	Shale	247
22	Lime	269
25	Shale	294
7	Lime	301
20	Shale	321
2	Lime	323
21	Shale	344
2	Lime	346
10	Shale	356
8	Lime	364
3	Shale	367
12	Lime	379
9	Shale	388
22	Lime	410
5	Shale	415
4	Lime	419
4	Shale	423
5	Lime	428
6	Shale	434
6	Sand	440
5	Sandy Shale	445
12	Shale	457
2	Sand	459
67	Sandy Shale	526
24	Shale	550
3	Sand	553

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 x PSI x .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 $SPM \times d$

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

* Need these to figure belt length

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

746 WATTS equal 1 HP

Log Book

Well No. 56

Farm South Beckmeyer

KS Crawford
(State) (County)

30 15 21
(Section) (Township) (Range)

For Triple T O.I.
(Well Owner)

Town Oilfield Services, Inc.

1207 N. 1st East
Louisburg, KS 66053
913-710-5400

South Beckwith Franklin County

KS State; Well No. SL

Elevation 1011

Commenced Spuding 11-14 2012

Finished Drilling 20

Driller's Name Claid Weaver

Driller's Name _____

Driller's Name _____

Tool Dresser's Name Brendan Stone

Tool Dresser's Name Cole Holcom

Tool Dresser's Name _____

Contractor's Name TOS

33 15 21

(Section) (Township) (Range)

Distance from S line, 495 ft.

Distance from E line, 1815 ft.

0666 - 0674 8 in

3. Sacks CASING AND TUBING RECORD

10" Set _____ 10" Pulled _____
6 3/4" Set 21' 8" Pulled _____
6 1/2" Set _____ 6 1/2" Pulled _____
4" Set _____ 4" Pulled _____
2 7/8" Set 787 2" Pulled _____
772 Baffle
819 TD

CASING AND TUBING MEASUREMENTS

Feet	In.	Feet	In.	Feet	In.

Thickness of Strata	Formation	Total Depth	Remarks
11	soil/clay	11	
5	sandstone	16	
24	shale	40	
5	lime	45	
2	shale	47	
17	lime	64	
6	shale	70	Dark
11	lime	81	
3	shale	84	
2	lime	86	
2	shale	88	
13	lime	101	
51	shale	152	
20	lime	172	
75	shale	247	
22	lime	269	
25	shale	294	with some lime seams
7	lime	301	
20	shale	321	red Bed "317-321"
2	lime	323	
21	shale	344	
2	lime	346	
10	shale	356	
8	lime	364	
3	shale	367	
12	lime	379	
9	shale	388	

Thickness of Strata	Formation	Total Depth	Remarks
22	Lime	410	
5	shale	415	
4	Lime	419	
4	shale	423	
5	Lime	428	Harder
6	shale	434	
6	sand	440	grey, no oil
5	sandy shale	445	
12	shale	457	
2	sand	459	grey, no oil
67	sandy shale	526	
24	shale	550	
3	sand	553	no oil
5	sand	558	edge, oil, ok bleed
2	Broken sand	560	little oil
30	shale	590	
2	sand	592	grey, no oil
7	shale	599	
3	sand	602	grey, no oil
3	sandy shale	605	
3	shale	608	
7	Lime	615	
6	shale	621	
3	Lime	624	
2	shale	626	
4	Lime	630	
9	shale	639	

639

Thickness of Strata	Formation	Total Depth	Remarks
5	Lime & shale	644	
13	shale	657	
3	Lime	660	
10	shale	670	
10	lime + shale	680	
1	lime	681	
47	shale	728	
1	sand	729	10% - 15% oil, red, d. ch. black
2	sand	731	30% oil
10	sand	741	col. d, very good black
1	sandy shale	742	5% - 10% oil
42	shale	784	no oil
3	Broken sand	787	Brown sand, no oil
8	sandy shale	795	
24	shale	819	TD



CONSOLIDATED
Well Services, LLC

PO Box 884, Chanute, KS 66720
620-431-9210 or 800-467-8678

FIELD TICKET & TREATMENT REPORT
CEMENT

TICKET NUMBER 35219
LOCATION Ottawa
FOREMAN Alan Maden

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
11-15-12	7966	S Beckmeyer 56	SE 32	15	21	FR

CUSTOMER: Triple T
MAILING ADDRESS: 105 E Amity
CITY: Louisburg STATE: KS ZIP CODE: 66053

TRUCK #	DRIVER	TRUCK #	DRIVER
516	Ala Mad	Safety	Meat
368	Ala Mad	AKM	
510	Set Tur	ST	

JOB TYPE: long string HOLE SIZE: 5 5/8 HOLE DEPTH: 819 CASING SIZE & WEIGHT: 2 1/8
CASING DEPTH: 787 DRILL PIPE: _____ TUBING: _____ OTHER: 772
SLURRY WEIGHT: _____ SLURRY VOL: _____ WATER gal/sk: _____ CEMENT LEFT in CASING: yes
DISPLACEMENT: 7.5 DISPLACEMENT PSI: 800 MIX PSI: 200 RATE: 4.6 gpm

REMARKS: held crew meet. Established rate. Mixed & pumped 100# gel followed by 105 sk 50/50 cement plus 290 gel. Circulated cement. Flushed pump. Pumped plug to baffle. Well held 800 PSI. Set float closed valve.

105, Chd
105 water

Alan Maden

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401	1	PUMP CHARGE	368	1030.00
5406	—	MILEAGE	368	—
5402	787	casing footage	368	—
5407	1/2 mi	ten miles	510	175.00
1124	105	50/50 cement		1149.75
1118B	276#	gel		57.96
4402	1	2 1/2 plug		28.00

SCANNED

SALES TAX 96.39
ESTIMATED TOTAL 2537.10

AUTHORIZATION Wesley Dillard 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.