



KANSAS CORPORATION COMMISSION 1103189
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 SIOW
 Gas D&A ENHR SIGW
 OG GSW Temp. Abd.
 CM (Coal Bed Methane)
 Cathodic Other (Cora, 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 #: _____
11/13/2012 11/14/2012 11/14/2012
Spud Date or Date Reached TD Completion Date or
Recompletion Date Recompletion Date

API No. 15 - 15-059-26242-00-00
Spot Description: _____
SW SE SW SE Sec. 32 Twp. 15 S. R. 21 East West
165 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 #: 53
Field Name: Paola-Rantoul
Producing Formation: Squirrel
Elevation: Ground: 1008 Kelly Bushing: 0
Total Depth: 820 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 Gantson Date: 12/05/2012



1103189

Operator Name: Triple T Oil, LLC Lease Name: South Beckmeyer Well #: 53
 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	21	Portland	3	50/50 POZ
Completion	5.6250	2.8750	8	788	Portland	108	50/50 POZ

ADDITIONAL CEMENTING / SQUEEZE RECORD				
Purpose:	Depth Top Bottom	Type of Cement	# Sacks Used	Type and Percent Additives
<input type="checkbox"/> Perforate <input type="checkbox"/> Protect Casing <input type="checkbox"/> Plug Back TD <input type="checkbox"/> 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
3	730-746	2" DML RTG	16

TUBING RECORD:	Size:	Set At:	Packer At:	Liner Run: <input type="checkbox"/> Yes <input type="checkbox"/> No
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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) (Submit ACO-4)</i> <input type="checkbox"/> Other (Specify) _____	PRODUCTION INTERVAL: _____ _____
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Franklin County, KS
 Well: S. Beckmeyer 53
 Lease Owner: Triple T

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

Commenced Spudding:
 11/13/2012

15-059 - 2102/12-00 31

WELL LOG

Thickness of Strata	Formation	Total Depth
0-38	Soil-Clay	38
5	Lime	43
2	Shale	45
16	Lime	61
7	Shale	68
10	Lime	78
4	Shale	82
19	Lime	101
47	Shale	148
19	Lime	167
76	Shale	243
22	Lime	265
24	Shale	289
8	Lime	297
20	Shale	317
2	Lime	319
20	Shale	339
1	Lime	340
14	Shale	354
8	Lime	362
3	Shale	365
12	Lime	377
9	Shale	386
22	Lime	408
4	Shale	412
4	Lime	416
4	Shale	420
6	Lime	426
118	Shale	544
2	Sandy Shale	546
7	Sand	553
51	Sandy Shale	604
7	Lime	611
42	Shale	653
3	Lime	656
15	Shale	671
1	Lime	672
3	Shale	675
1	Lime	676
37	Shale	713

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. 53

Farm Smith Beckmeyer

KS Franklin
(State) (County)

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

For Triple T Oil LLC
(Well Owner)

Town Oilfield Services, Inc.

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

Thickness of Strata	Formation	Total Depth	Remarks
0-38	soil-clay	38	
5	Lime	43	
2	shale	45	
16	Lime	61	
7	Shale	68	
10	Lime	78	
4	shale	82	
19	Lime-shells	101	
47	Shale	148	
19	Lime	167	
76	Shale	243	
22	Lime	265	
24	Shale	289	
8	Lime	297	
20	shale	317	
2	Lime	319	
20	Shale	339	
1	Lime	340	
14	shale	354	
8	Lime	362	
3	Shale	365	
12	Lime	377	
9	shale	386	
22	Lime	408	
4	shale	412	
4	Lime	416	
4	Shale	420	



CONSOLIDATED
Oil Well Services, LLC

TICKET NUMBER 35203
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
11/14/12	7966	So Beckmyer # 53	SE 32	15	21	FR
CUSTOMER			TRUCK #	DRIVER	TRUCK #	DRIVER
Triple T			506	FreMad	506	WJH
MAILING ADDRESS			495	Har Dec	HB	
105 E Amity			570	Set Tuc	ST	
CITY		STATE	ZIP CODE			
Louisburg		KS	66854			

JOB TYPE Long string HOLE SIZE 5 7/8 HOLE DEPTH 820 CASING SIZE & WEIGHT 2 3/8 EUE
 CASING DEPTH 788 DRILL PIPE Baffle in TUBING @ 778 OTHER _____
 SLURRY WEIGHT _____ SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT in CASING 2 1/2" Plug + 15'
 DISPLACEMENT 4.49 DISPLACEMENT PSI _____ MIX PSI _____ RATE 5.8 PM

REMARKS: Establish pump rate. Mix + Pump 100' Gel Flush Mix Pump
108 SKS 50/50 Por Mix Cement 2 3/8 Gel. Cement to surface.
Flush pump + lines clean. Displace 2 1/2" Rubber plug to baffle
in casing. Pressure to 800 * PSI. Release pressure to set
float valve. Shut in casing.

Customer Supplied H₂O.
To S Drilling. Wesley Fred Maden

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	788	Casing footage		N/C
5407	1/2 Mile	Ten Miles	570	175 ⁰⁰
1124	108 SKS	50/50 Por Mix Cement		1182 ⁶⁰
118B	282 ⁰⁰	Premium Gel		59 ²²
4402	1	2 1/2" Rubber Plug		28 ⁰⁰
			7.8%	SALES TAX
				ESTIMATED TOTAL
				99.04
				2573.80

Rev'n 3737

AUTHORIZATION Wesley Dollard 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.

254595