



KANSAS CORPORATION COMMISSION 1100811
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>11/7/2012</u>	<u>11/8/2012</u>	<u>11/8/2012</u>
Spud Date or Recompletion Date	Date Reached TD	Completion Date or Recompletion Date

API No. 15 - 15-059-26270-00-00

Spot Description: _____
SW SW SW SE Sec. 32 Twp. 15 S. R. 21 East West
50 Feet from North / South Line of Section
2630 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 #: I-50

Field Name: Paola-Rantoul

Producing Formation: Squirrel

Elevation: Ground: 1018 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



1100811

Operator Name: Triple T Oil, LLC Lease Name: South Beckmeyer Well #: I-50
 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	801	Portland	110	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	726-736	2" DML RTG	10

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 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: _____ _____
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Franklin County, KS
 Well: S. Beckmeyer I-50
 Lease Owner: Triple T

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

Commenced Spudding:
 11/7/2012

WELL LOG

Thickness of Strata	Formation	Total Depth
36	Soil-Clay	36
6	Lime	42
4	Shale	46
16	Lime	62
7	Shale	69
10	Lime	79
3	Shale	82
2	Lime	84
2	Shale	86
14	Lime	100
50	Shale	150
20	Lime	170
80	Shale	250
17	Lime	267
25	Shale	292
6	Lime	298
21	Shale	319
2	Lime	321
21	Shale	342
3	Lime	345
9	Shale	354
7	Lime	361
4	Shale	365
12	Lime	377
10	Shale	387
21	Lime	409
4	Shale	413
4	Lime	417
4	Shale	421
6	Lime	427
3	Shale	430
3	Sand	433
7	Sandy Shale	440
15	Shale	455
9	Sandy Shale	464
14	Shale	478
49	Sandy Shale	527
22	Shale	549
1	Sand	550
5	Sand	555

Franklin County, KS
Well: S. Beckmeyer I-50
Lease Owner: Triple T

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

Commenced Spudding:
11/7/2012

4	Sandy Shale	559
38	Shale	597
4	sand	601
6	Shale	607
8	Lime	615
6	Shale	621
3	Lime	624
3	Shale	627
2	Lime	629
4	Coal	633
5	Shale	638
4	Lime	642
2	Shale and Lime	644
12	Shale	656
3	Lime	659
10	Shale	669
8	Lime and Shale	677
2	Lime	679
26	Shale	705
8	Sand	713
5	Sand	718
3	Sand	721
1	Sand	722
6	Sand	728
7	Sand	735
1	Sand	736
5	Sandy Shale	741
18	Shale	819-TD

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 $SPM \times d$

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

* Need these to figure belt length

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

746 WATTS equal 1 HP

Log Book

Well No. 1-50

Farm South Beckmeyers

KS Franklin
(State) (County)

32 15 26
(Section) (Township) (Range)

For Triple Tool
(Well Owner)

Town Oilfield Services, Inc.

1207 N. 1st East

Louisburg, KS 66053

913-710-5400

Thickness of Strata	Formation	Total Depth	Remarks
36	soil/clay	36	
6	lime	42	
4	shale	46	
16	lime	62	
7	shale	69	Dark
10	lime	79	
3	shale	82	
2	lime	84	
2	shale	86	
14	lime	100	
50	shale	150	
20	lime	170	
80	shale	250	
17	lime	267	
25	shale	292	
6	lime	298	
21	shale	319	
2	lime	321	
21	shale	342	
3	lime	345	
9	shale	354	
7	lime	361	
4	shale	365	
12	lime	377	
10	shale	387	
21	lime	408	
4	shale	413	

Thickness of Strata	Formation	Total Depth	Remarks
		413	
4	Lime	417	
4	shale	421	
6	Lime	427	
3	shale	430	Harder
3	sand	433	
7	sand & shale	440	gray, no oil
15	shale	455	
9	red shale	464	
14	shale	478	
49	sand & shale	527	
22	shale	549	
1	sand	550	
5	sand	555	color, oil, ok bleed
4	sand & shale	559	
38	shale	597	
4	sand	601	gray, no oil
6	shale	607	
8	Lime	615	
6	Shale	621	
3	Lime	624	
3	shale	627	
2	Lime	629	
4	oocal	633	
5	shale	638	
4	Lime	642	
2	shale + Lime	644	
12	shale	656	



CONSOLIDATED
Oil Well Services, LLC

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

FIELD TICKET & TREATMENT REPORT
CEMENT

TICKET NUMBER 35196

LOCATION Ottawa KS

FOREMAN Fred Maden

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
11/8/12	19166	So. Beckmeyer #150	SE 32	15	21	FR
CUSTOMER <u>Triple T</u>			TRUCK#	DRIVER	TRUCK#	DRIVER
MAILING ADDRESS <u>105 E Amity</u>			506	Fred Mad	Safety	Mix
CITY <u>Louisburg</u>			495	Max Bee	HB	
STATE <u>KS</u>			510	Set Tuc	ST	
ZIP CODE						

JOB TYPE Long string HOLE SIZE 5 7/8 HOLE DEPTH 520' CASING SIZE & WEIGHT 2 7/8 EOE
 CASING DEPTH 501' DRILL PIPE Baffle in TUBING @ 770 OTHER _____
 SLURRY WEIGHT _____ SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT in CASING 2 1/2 Plug + 36'
 DISPLACEMENT 4.4800L DISPLACEMENT PSI _____ MIX PSI _____ RATE 5BPM

REMARKS: Establish pump rate - Mix + Pump 100# Gel Flush. Mix + Pump
110 sks 50/50 Por Mix Cement. 290 Gal. Cement to surface
Flush pump + lines clean. Displace 2 1/2" Rubber plug to
baffle in casing. Pressure to 800# PSI. Release pressure
hold + monitor pressure for 30 min MIT. Release
pressure to set float valve. Shut in casing.

Customer Supplied H2O
To S Drilling - Chad

Fred Maden

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401	1	PUMP CHARGE	49.5	1030.00
5406	20 mi	MILEAGE	40.5	80.00
5402	80L	Casing footage		N/C
5407	Minimum	Ten Miles	510	350.00
1124	110 SKS	50/50 Por Mix Cement		1204.50
1150	285#	Premium Gel		159.50
4402	1	2 1/2" Rubber Plug		28.00
SCANNED				
			7.50	100.00
			SALES TAX ESTIMATED TOTAL	2853.50

Rev'n 8737

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