



KANSAS CORPORATION COMMISSION 1100815
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 #: _____
11/6/2012 11/7/2012 11/7/2012
Spud Date or Date Reached TD Completion Date or
Recompletion Date Recompletion Date

API No. 15 - 15-059-26272-00-00
Spot Description: _____
_____ SW SE Sec. 32 Twp. 15 S. R. 21 East West
660 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: South Beckmeyer Well #: I-55
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



1100815

Operator Name: Triple T Oil, LLC Lease Name: South Beckmeyer Well #: I-55
 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	799	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 (Amount and Kind of Material Used)	Depth
2	728-748	2" DML RTG	20

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) (Submit ACO-4)</i> <input type="checkbox"/> Other (Specify) _____	PRODUCTION INTERVAL: _____ _____
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Franklin County, KS
Well: S. Beckmeyer I-55
Lease Owner: Triple T

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

Commenced Spudding:
11/6/2012

WELL LOG

Thickness of Strata	Formation	Total Depth
37	Soil-Clay	37
8	Shale	45
5	Lime	50
3	Shale	53
15	Lime	68
7	Shale	75
10	Lime	85
2	Shale	87
2	Lime	89
3	Shale	92
14	Lime	106
31	Shale	137
3	Lime	140
16	Shale	156
19	Lime	195
75	Shale	250
22	Lime	272
25	Shale	297
7	Lime	304
20	Shale	324
2	Lime	326
20	Shale	346
3	Lime	349
11	Shale	360
22	Lime	382
9	Shale	391
23	Lime	414
3	Shale	417
5	Lime	422
4	Shale	426
5	Lime	431
4	Shale	435
7	Sand	442
4	Sandy Shale	446
16	Shale	462
8	Sandy Shale	470
10	Shale	480
53	Sandy Shale	533
20	Shale	553
2	Sand	555

Franklin County, KS
 Well: S. Beckmeyer I-55
 Lease Owner: Triple T

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

Commenced Spudding:
 11/6/2012

6	Sand	561
4	Sandy Shale	565
22	Shale	587
4	Sand	591
12	Shale	603
3	Sand	606
5	Shale	611
7	Lime	618
5	Shale	623
4	Lime	627
2	Shale	629
5	Lime	634
4	Coal	638
5	Shale	643
4	Lime	647
3	Shale	650
12	Shale	662
3	Lime	665
9	Shale	674
9	Lime	683
2	Lime	685
41	Shale	726
4	Sand	730
2	Sand	732
1	Sand	733
3	Sand	736
12	Sand	748
2	Broken Sand	750
69	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

1-55

Well No. South Beckmeyer

Farm South Beckmeyer

KS
(State)

Franklin
(County)

22
(Section)

15
(Township)

21
(Range)

For Triple T Oil
(Well Owner)

Town Oilfield Services, Inc.

1207 N. 1st East

Louisburg, KS 66053

913-710-5400

South Rockwell, Franklin County

KS State; Well No. 1-55

Elevation 1014

Commenced Spuding 11-6 2012

Finished Drilling 11-7 2012

Driller's Name Grand Weaver

Driller's Name

Driller's Name

Tool Dresser's Name Brandon Stone

Tool Dresser's Name Dale Adams

Tool Dresser's Name

Contractor's Name JDS

32 15 21

(Section) (Township) (Range)

Distance from S line, 600 ft.

Distance from E line, 1950 ft.

0622 - 0630 - 8 hrs

3 - Sacks
CASING AND TUBING
RECORD

10" Set _____ 10" Pulled _____
6 3/4" Set 21' 8" Pulled _____
6 1/4" Set _____ 6 1/4" Pulled _____
4" Set _____ 4" Pulled _____
2 7/8" Set 7' 7" 20' 20' Pulled _____

79912
81970

Thickness of Strata	Formation	Total Depth	Remarks
37	soil layer	37	
8	shale	45	
5	lime	50	
3	shale	53	
15	lime	68	
7	shale	75	
10	lime	85	Dark
2	shale	87	
2	lime	89	
3	shale	92	
14	lime	106	
31	shale	137	red bed "119-131"
3	lime	140	
16	shale	156	
19	lime	175	
75	shale	250	
22	lime	272	
25	shale	297	
7	lime	304	
20	shale	324	red bed "320-324"
2	lime	326	
20	shale	346	
3	lime	349	
11	shale	360	
22	lime	382	
9	shale	391	
23	lime	414	

414

Thickness of Strata	Formation	Total Depth	Remarks
3	shale	417	
5	lime	422	
4	shale	426	
5	lime	431	Merthla
4	shale	435	
7	sand	442	
4	sandy shale	446	grey, no oil
16	shale	462	
8	sandy shale	470	
10	shale	480	
53	sandy shale	533	
20	shale	553	
2	sand	555	no oil
6	sand	561	odor, oil, ok bleed
4	sandy shale	565	
22	shale	587	
4	sand	591	odor, no oil
12	shale	603	
3	sand	606	no oil
5	shale	611	
7	lime	618	
5	shale	623	
4	lime	627	
2	shale	629	
5	lime	634	
4	coal	638	
5	shale	643	



CONSOLIDATED
Oil Well Services, LLC

TICKET NUMBER 35194

LOCATION Ottawa KS

FOREMAN Fre d. Madar

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
11/7/12	7966	So Beckmyer # 158	SE 32	15	21	FR
CUSTOMER Triple T			TRUCK#	DRIVER	TRUCK#	DRIVER
MAILING ADDRESS 105 E Amity			506	Fre Mad	Safety	WJ
CITY Louisburg			495	Nov Bar	NB	J
STATE KS			548	Mik Hoa	MH	
ZIP CODE 66058						

JOB TYPE Longevity HOLE SIZE 5 7/8 HOLE DEPTH 819' CASING SIZE & WEIGHT 2 7/8 EOE
 CASING DEPTH 799' DRILL PIPE Bottle in TUBING @ .767 OTHER _____
 SLURRY WEIGHT _____ SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT in CASING _____
 DISPLACEMENT 4.46 DISPLACEMENT PSI _____ MIX PSI _____ RATE 5.8 BPM

REMARKS: Establish pump rate. Mix + Pump 100 # Gal Flush. Mix + Pump 105 sks 50/50 for Mix Cement 270 Gal. Cement to surface. Flush pump + lines clean. Displace 2 7/8" Rubber plug to Bottle in casing. Pressure to 800 # PSI. Hold + Monitor pressure for 30 min MIT. Release pressure to set Flood Valve. Shut in casing.

Customer Supplied water
Gas Drilling - Chad

Fre d. Madar

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	49.5	80 ⁰⁰
5402	799	Casing footage		N/C
5407	Minimum	Ten Miles	548	350 ⁰⁰
1124	105 sks	50/50 Por Mix Cement		114975
118B	277 th	Pressure Gel		587
4402	1	2 7/8" Rubber plug		28 ⁰⁰
SCANNED				
			7.8%	SALES TAX
				ESTIMATED
				TOTAL
				9640
				2792 ³³

Rev'n 3737

AUTHORIZATION Stephen S. AS

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