Confidentiality Requested:

CORRECTION #1

KANSAS CORPORATION COMMISSION OIL & GAS CONSERVATION DIVISION 1231316

Form ACO-1 August 2013 Form must be Typed Form must be Signed All blanks must be Filled

WELL COMPLETION FORM

WELL H	HISTORY -	DESCRIP	TION OF	WELL &	LEASE

OPERATOR: License #	API No. 15
Name:	Spot Description:
Address 1:	Sec TwpS. R East West
Address 2:	Feet from Dorth / South Line of Section
City: State: Zip:+	Feet from East / West Line of Section
Contact Person:	Footages Calculated from Nearest Outside Section Corner:
Phone: ()	
CONTRACTOR: License #	GPS Location: Lat:, Long:
Name:	(e.g. xx.xxxxx) (e.gxxx.xxxxxx)
Wellsite Geologist:	Datum: NAD27 NAD83 WGS84
Purchaser:	County:
Designate Type of Completion:	Lease Name: Well #:
New Well Be-Entry Workover	Field Name:
	Producing Formation:
	Elevation: Ground: Kelly Bushing:
	Total Vertical Depth: Plug Back Total Depth:
CM (Coal Bed Methane)	Amount of Surface Pipe Set and Cemented at: Feet
Cathodic Other (Core, Expl., etc.):	Multiple Stage Cementing Collar Used?
If Workover/Re-entry: Old Well Info as follows:	If yes, show depth set: Feet
Operator:	If Alternate II completion, cement circulated from:
Well Name:	feet depth to:w/sx cmt.
Original Comp. Date: Original Total Depth:	
Deepening Re-perf. Conv. to ENHR Conv. to SWD	Drilling Fluid Management Plan
Plug Back Conv. to GSW Conv. to Producer	(Data must be collected from the Reserve Pit)
	Chloride content: ppm Fluid volume: bbls
Commingled Permit #:	Dewatering method used:
Dual Completion Permit #:	
	Location of fluid disposal if hauled offsite:
	Operator Name:
	Lease Name: License #:
	Quarter Sec Twp S. R East West
Recompletion Date Accord ID Completion Date or Recompletion Date	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
Confidentiality Requested
Date:
Confidential Release Date:
Wireline Log Received
Geologist Report Received
UIC Distribution
ALT I II III Approved by: Date:

CORRECTION #1

1231316

Operator Nar	ne:			Lease Name:	_ Well #:
Sec	Twp	_S. R	East West	County:	

INSTRUCTIONS: Show important tops 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.

Final Radioactivity Log, Final Logs run to obtain Geophysical Data and Final Electric Logs must be emailed to kcc-well-logs@kcc.ks.gov. Digital electronic log files must be submitted in LAS version 2.0 or newer AND an image file (TIFF or PDF).

Drill Stem Tests Taken		Yes No	L	og Formatic	on (Top), Depth an	d Datum	Sample
Samples Sent to Geological Survey		Yes No	Nam	е		Тор	Datum
Cores Taken Electric Log Run		☐ Yes ☐ No ☐ Yes ☐ No					
List All E. Logs Run:							
		CASING Report all strings set-c	RECORD Ne	w Used ermediate, producti	on, 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
	·	ADDITIONAL	CEMENTING / SQL	JEEZE RECORD	1		·
Purpose:	Depth Top Bottom	Type of Cement	# Sacks Used		Type and Pe	ercent Additives	
Protect Casing							
Plug Off Zone							
Did you perform a hydraulic fracturing treatment on this well? Does the volume of the total base fluid of the hydraulic fracturing treatment exceed 350,00 Was the hydraulic fracturing treatment information submitted to the chemical disclosure reg		ceed 350,000 gallons' lisclosure registry?	│ Yes │ ? │ Yes │ │ Yes │	No (If No, skip No (If No, skip No (If No, fill d	o questions 2 an o question 3) out Page Three o	d 3) of the ACO-1)	
Shots Per Foot PERFORATION Specify Fo		ON RECORD - Bridge Plugs Footage of Each Interval Perf	s Set/Type orated	Acid, Frac (Ar	cture, Shot, Cement	Squeeze Record terial Used)	d Depth

TUBING RECORD:	Size	2	Set At:		Packer	At:	Liner Ru	in:	No	
Date of First, Resumed	Productio	n, SWD or ENHR		Producing M	ethod:	ping	Gas Lift	Other (Explain)	
Estimated Production Per 24 Hours		Oil Bbl	S.	Gas	Mcf	Wate	er	Bbls.	Gas-Oil Ratio	Gravity
		1								
DISPOSITI	ON OF G	AS:			METHOD	OF COMPLE	TION:		PRODUCTION	INTERVAL:
Vented Solo	U 🗌 k	sed on Lease		Open Hole	Perf.	Dually (Submit A	Comp. 1 <i>CO-5)</i>	Commingled (Submit ACO-4)		
(If vented, Su	bmit ACO-	18.)		Other (Specify)				. ,		

Form	ACO1 - Well Completion
Operator	Triple T Oil, LLC
Well Name	South Beckmeyer 60
Doc ID	1231316

Casing

Purpose Of String	Size Hole Drilled	Size Casing Set	Weight	Setting Depth	Type Of Cement	Number of Sacks Used	Type and Percent Additives
Surface	9	7	10	21	Portland	3	50/50 POZ
Completio n	5.6250	2.8750	8	821	Portland	138	50/50 POZ

Summary of Changes

Lease Name and Number: South Beckmeyer 60 API/Permit #: 15-059-26559-00-00 Doc ID: 1231316 Correction Number: 1 Approved By: NAOMI JAMES

Field Name	Previous Value	New Value
Approved Date	09/22/2014	11/10/2014
Producing Formation	Bartlesville	Squirrel
Save Link	//kcc/detail/operatorE ditDetail.cfm?docID=12 16391	//kcc/detail/operatorE ditDetail.cfm?docID=12 31316



Confidentiality Requested:

CONFIDENTIAL

KANSAS CORPORATION COMMISSION OIL & GAS CONSERVATION DIVISION 1216391

Form ACO-1 August 2013 Form must be Typed Form must be Signed All blanks must be Filled

WELL COMPLETION FORM

OPERATOR: License #	API No. 15
Name:	Spot Description:
Address 1:	
Address 2:	Feet from Dorth / South Line of Section
City: State: Zip:+	Feet from East / West Line of Section
Contact Person:	Footages Calculated from Nearest Outside Section Corner:
Phone: ()	
CONTRACTOR: License #	GPS Location: Lat:, Long:
Name:	(e.g. xx.xxxx) (e.gxxx.xxxxx)
Wellsite Geologist:	Datum: NAD27 NAD83 WGS84
Purchaser:	County:
Designate Type of Completion:	Lease Name: Well #:
	Field Name:
	Producing Formation:
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	Total Vertical Depth: Plug Back Total Depth:
CM (Cool Red Mathema)	Amount of Surface Pipe Set and Cemented at: Feet
$\Box \text{ Cathodic } \Box \text{ Other (Core, Expl., etc.)};$	Multiple Stage Cementing Collar Used? Yes No
If Workover/Be-entry: Old Well Info as follows:	If ves, show depth set:
Operator:	If Alternate II completion, cement circulated from:
Well Name:	feet depth to:w/sx cmt
Original Comp. Date: Original Total Depth:	
Deepening Re-perf. Conv. to ENHR Conv. to SWD	Drilling Eluid Management Plan
Plug Back Conv. to GSW Conv. to Producer	(Data must be collected from the Reserve Pit)
Commingled Bormit #:	Chloride content: ppm Fluid volume: bbls
Dual Completion Permit #:	Dewatering method used:
SWD Permit #:	Location of fluid disposal if hauled offsite:
ENHR Permit #:	
GSW Permit #:	Operator Name:
	Lease Name: License #:
Spud Date or Date Reached TD Completion Date or	Quarter Sec Twp S. R East West
Recompletion Date Recompletion Date	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
Confidentiality Requested
Date:
Confidential Release Date:
Wireline Log Received
Geologist Report Received
UIC Distribution
ALT I II III Approved by: Date:

KOLAR Document ID: 1216391

Operator Name:	Lease Name:	. Well #:
Sec TwpS. R East 🗌 West	County:	

Page Two

INSTRUCTIONS: Show important tops 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.

Final Radioactivity Log, Final Logs run to obtain Geophysical Data and Final Electric Logs must be emailed to kcc-well-logs@kcc.ks.gov. Digital electronic log files must be submitted in LAS version 2.0 or newer AND an image file (TIFF or PDF).

Drill Stem Tests Taken	acate)	Y	′es 🗌 No	[og Formatio	n (Top), Depth a	and Datum	Sample
Samples Sent to Geolo	aical Survey			1	Name	Э		Тор	Datum
Cores Taken Electric Log Run Geologist Report / Mud List All E. Logs Run:	Logs	□ Y □ Y □ Y	és ☐ No és ☐ No és ☐ No						
		Rep	CASING ort all strings set-c	RECORD] Ne	w Used	on, etc.		
Purpose of String	Size Hole Drilled	Siz	ze Casing et (In O.D.)	Weight Lbs. / Ft.		Setting Depth	Type of Cement	# Sacks Used	Type and Percent Additives
[1		ADDITIONAL	CEMENTING /	SQU	EEZE RECORD			
Purpose: Depth Perforate		Туре	e of Cement	# Sacks Used					
Protect Casing Plug Back TD Plug Off Zone									
 Did you perform a hydra Does the volume of the Was the hydraulic fractu 	aulic fracturing treatme total base fluid of the uring treatment informa	ent on this v hydraulic fr ation submi	vell? acturing treatment tted to the chemic	exceed 350,000 al disclosure regi	gallo stry?	Nes Yes	 No (If No, s No (If No, s No (If No, f 	kip questions 2 ar kip question 3) ill out Page Three	nd 3) of the ACO-1)
Date of first Production/Inj Injection:	jection or Resumed Pr	oduction/	Producing Meth	iod:		Gas Lift 🗌 O	ther <i>(Explain)</i>		
Estimated Production Per 24 Hours	Oil	Bbls.	Gas	Mcf	Wate	er Bb	ls.	Gas-Oil Ratio	Gravity
DISPOSITION	N OF GAS:		METHOD OF			TION:		PRODUCTIO	ON INTERVAL:
Vented Sold Used on Lease Ope		Open Hole	_ Perf C <i>(S</i>	ually ubmit	Comp. Com ACO-5) (Subn	nit ACO-4)			
Shots Per Perforation Perforation Bridge Plug I Foot Top Bottom Type I		Bridge Plug Set At		Acid,	Fracture, Shot, C (Amount and Ki	ementing Squeezend of Material Used)	Record		
TUBING RECORD:	Size:	Set At:		Packer At:					

Form	ACO1 - Well Completion
Operator	Triple T Oil, LLC
Well Name	South Beckmeyer 60
Doc ID	1216391

Perforations

Shots Per Foot	Perforation Record	Material Record	Depth
2	763-772	2" DML RTG	9

Form	ACO1 - Well Completion	
Operator	Triple T Oil, LLC	
Well Name	South Beckmeyer 60	
Doc ID	1216391	

Casing

Purpose Of String	Size Hole Drilled	Size Casing Set	Weight	Setting Depth	Type Of Cement	Number of Sacks Used	Type and Percent Additives
Surface	9	7	10	21	Portland	3	50/50 POZ
Completio n	5.6250	2.8750	8	821	Portland	138	50/50 POZ

Franklin County, KS Well:S. Beckmeyer 60 Lease Owner:Triple T Town Oilfield Service, Inc. Commenced Spudding: (913) 837-8400 07/23/2014

WELL LOG

Thickness of Strata	Formation	Total Depth
27	soil/clay	27
6	shale	33
5	lime	38
3	shale	41
15	lime	56
7	shale	63
10	lime	73
4	sand	77
3	shale	80
16	sandy lime	96
20	shale	116
11	sand	127
10	sandy shale	137
6	shale	143
20	lime	163
74	shale	237
20	lime	257
25	shale	282
7	lime	289
24	shale	313
10	lime	314
19	shale	333
1	lime	334
15	shale	349
22	lime	371
10	shale	381
23	lime	404
4	shale	408
3	lime	411
4	shale	415
6	lime	421
4	shale	425
10	sandy shale	435
12	shale	447
59	sandy shale	506
37	shale	543
2	sand	545
2	sand	547
2	sand	549
5	sandy shale	554

Franklin County, KS Well:S. Beckmeyer 60 Lease Owner:Triple T

Town Oilfield Service, Inc. Commenced Spudding: (913) 837-8400 07/23/2014

30	abala	
	snale	584
4	sand	588
<u>0</u>	shale	596
6	lime	602
6	shale	608
3	lime	611
4	shale	615
5	lime and shale	620
2	shale and coal	622
6	shale	628
2	lime and shale	630
14	shale	644
3	lime	647
8	shale	655
10	lime and shale	665
1	lime	666
30	shale	696
2	Broken sand	698
1	broken sand	699
4	sand	703
2	sand	705
2	broken sand	707
4	Broken sand	711
2	Broken sand	713
3	Broken sand	715
1	Broken sand	717
1	Broken sand	718
10	sandy shale	728
24	shale	752
2	Broken sand	754
6	sandy shale	760
3	shale	763
1	Broken sand	764
1	Broken sand	765
1	Broken sand	766
3	Broken sand	760
	Broken sand	770
1	Broken sand	770
7		771
62	shalo	
02	Silale	840-1D
		n



BELT LENGTH - 2C + 1.57(D + d) + (D-d)²

* Need these to figure belt length WATTS = AMPS VOLTS 746 WATTS equal 1 HP

/ _

24

Log Book



Town Oilfield Services, Inc. 1207 N. 1st East

Louisburg, KS 66053 913-710-5400

south Beckinterm Enculation County					ス限制	
State: Well No. 40	CA	SING AN	D TUBING	MEASU	JREMENTS	
	Feet	ln.	Feet	ln.	Feet	ln.
Commenced Spuding 7 - 23 20 14						
Finished Drilling 2033						
Driller's Name Charles Weaver						
Driller's Name				$\left\ \right\ $		-
Driller's Name				+		
Tool Dresser's Name Cole Holcom						
Tool Dresser's Name						
Tool Dresser's Name						
Contractor's Name TOS						
32 15 21						
(Section) (Township) (Range)						
Distance from line,ft.	-					
Distance from line, 1155ft.						
- #						
3-Eacles						
CASING AND TUBING						
RECORD						
10" Set 10" Pulled						
8" Set 8" Pulled						
6% Set 6%" Pulled	Či-					
4" Set 4" Pulled=						
27/gSet Salling 2" Pulled			-1-			
CALO TO						
-						
2						

T.

sim mind

Thickness of Strata	Formation	Total	
27	soil lake	07	
d_(and the second s		-
	Same and a second secon		
	Lime		
	<u>shale</u>	<u>-41</u>	2
15	Lime	56	- ®
7	Sherto	63	Dark
<u>IC</u>	Lima	73	-
7	sculd	77	-
3	sherke	80	
<u> </u>	sandy ima	Gic.	
96	shale	116-	(red hed 10:-10')
V	scend	127	
	sandychale	137	
<_	cherto	143	
<u> </u>) jone	163	_
- 74	sheels	237	-
30	Line	257	
25	Shale	282	
2	Lime	289	
24	shale	313	
	Lime	314	
×	Shale	333	
)	Lime	334	
15	shale	349	
20	Lime	371	
10	shale.	381	
23	Limes	404	

-3-

		404	
Thickness of Strata	Formation	Total Depth	Remarks
4	shale	408	
3	Line	411	
4	shale	415	
6	Lime	121	
1.4	Shale	425	hard her
10	sandy shale	435	
12	shale	1447	
59	sandy shale	SOC	
37	shale	543	
2	send	SUS	
D	sind	547	
2	sind	544	Not 100 - 1
5	and y shale	554	
30	shale	584	
4	Gand	588	
8	shale	696	
6	Little	602	
4	shale	608	
3	Lime	211-	
4	chale	615	
5	Limed shale	6.20	
2	shale & acul	632	
6-	shalo	628	
2	Linetshalo	630	
14	shale	644	
3	Lime	C47	4
×.	shale	655	

Thisland		655	F
Strata	Formation	Total Depth	Remarks
)6	rimet shale	665	
1	Lime	-66 6	
30	shale	696	
2	Bucken and	698	odon 20/0-50/0 01
5	Bucker and	644	ase
ψ'	sand	703	75% out, ok black
2	sund	705	30% = ; `
3	Broken and	707	No oil
4	Broken send	711	5% -10%
2	Broken sond	215	20/0 (0)
3	Broken send	715	5%-10%0 01
)	Broka cand	717	100.
\	Dooks sind	718	206-5010 0:1
100	employenceles	728	nooil
24	shale	752	
2	Broken and	754	color,
6	and shale	760	(
N	shale	763	
>	Broken sund	764	-don, 2%-5%
<u>\</u>	Broken cand	765	Jothe- 60% oil, ok blacd
)	Broken send	The	309/001
3	Broken send	769	75%001
1	Buckey send	077	15% - 20% 01
)	Broken send	771	2% 51
7	sundy shall	778	ha on
62	shale	540	TD

Town Oilfield Service

P.O Box 339 Louisburg, Ks 66053 913-837-8400

Ticket Number_	
Location	
Foreman	

			Com	ent			
[Cem	ent			
Date	Customer#	Well Name &	Number	Section	Township	Range	Co
7-24-14	TTT	Beckmeyer	60	32	15	21	
Customer			Mailing A	dress			
			City		State	Zip Code	
Job Type	of String +	Hole Size 5 5/8	Hole Dept	n 840	_ Casing Size &	Weight_2	7/8
Casing Depth	821 Dril	ll Pipe	Tubing		Other		
Displacement	4.6 Dis	placement PSI	Mix PSI	200	Rate 4	31200	
Remarks							
	o Ouantit	vor lipits D		f Convicos or	Broduct		T
Account Code	e Quantit	y or Units De	escription o	f Services or	Product	Unit Price	T
Account Code	e Quantit	y or Units De	escription o	f Services or	Product	Unit Price	Ť
Account Code	e Quantit	y or Units De Pu	escription o Imp Charge	f Services or	Product	Unit Price	T 2
Account Code	e Quantit	y or Units De Pu	escription o Imp Charge	f Services or	Product	Unit Price	т 2
Account Code	e Quantit	y or Units De Pu Ce	escription o Imp Charge Iment Truck	f Services or	Product	Unit Price	T 2
Account Code	e Quantit	y or Units De Pu Ce	escription o Imp Charge Iment Truck	f Services or	Product	Unit Price	T. 23
Account Code	e Quantit	y or Units De Pu Ce W	escription o Imp Charge Iment Truck	f Services or	Product	Unit Price	T 7 23 15
Account Code	e Quantit	y or Units De Pu Ce W	escription o Imp Charge Iment Truck	f Services or	Product	Unit Price	T- 23 15
Account Code	e Quantit	y or Units De Pu Ce W	escription o Imp Charge Iment Truck ater Truck	f Services or	Product	Unit Price	T 2 23 15
Account Code	e Quantit	y or Units De Pu Ce W	escription o Imp Charge Iment Truck ater Truck	f Services or	Product	Unit Price	T 2 23 15 117,
Account Code	e Quantit	y or Units De Pu Ce W 38 Ce Ge	escription o Imp Charge ement Truck ater Truck ement	f Services or	Product	Unit Price	T 2 3 15 117,
Account Code	e Quantit	y or Units De Pu Ce W 38 Ce Ge	escription o Imp Charge Iment Truck ater Truck Iment	f Services or	Product	Unit Price	T 23 15 117
Account Code	e Quantit	y or Units De Pu Ce W 38 Ce Ge Plu	escription o Imp Charge Iment Truck ater Truck Iment	f Services or	Product	Unit Price	T 2 2 15 11/1
Account Code	e Quantit	y or Units De Pu Ce W 38 Ce Ge Plu	escription o Imp Charge Iment Truck ater Truck Iment	f Services or	Product	Unit Price	T 2 15 11', 2
Account Code	e Quantit	y or Units De Pu Ce W 38 Ce Ge Plu	escription o Imp Charge ement Truck ater Truck ement el	f Services or	Product	Unit Price	T 2 15 11 ⁷ . 20
Account Code	e Quantit	y or Units De Pu Ce W 38 Ce Ge Plu	escription o imp Charge ement Truck ater Truck ement el	f Services or	Product	Unit Price	T 2 15 117. 20
Account Code	e Quantit	y or Units De Pu Ce W 38 Ce Ge Plu	escription o Imp Charge ement Truck ater Truck ement el	f Services or	Product	Unit Price	T 2 15 117, 20
Account Code	e Quantit	y or Units De Pu Ce W 38 Ce Ge Plu	escription o Imp Charge ement Truck ater Truck ement el	f Services or	Product	Unit Price	T 2 15 117, 20
Account Code	e Quantit	y or Units De Pu Ce W 38 Ce Ge Plu	escription o imp Charge ement Truck ater Truck ement el	f Services or	Product	Unit Price	T 2 15 11/1 20
Account Code	e Quantit	y or Units De Pu Ce W 38 Ce Ge Plu	escription o imp Charge ement Truck ater Truck ement el	f Services or	Product	Unit Price 8.5 Sales Tax	T 2 15 11/1 20
Account Code	e Quantit	y or Units De Pu Ce W 38 Ce Ge Plu	escription o imp Charge ement Truck ater Truck ement el	f Services or	Product	Unit Price 8.5 Sales Tax	T 2 15 11/1 20
Account Code	e Quantit	y or Units De Pu Ce W 38 Ce Ge Ph	escription o imp Charge ement Truck ater Truck ement el	f Services or	Product	Unit Price 8.5 Sales Tax Estimated Tot	Tr 25 157 117

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.