Confidentiality Requested:

CORRECTION #1

KANSAS CORPORATION COMMISSION OIL & GAS CONSERVATION DIVISION 1231317

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

WELL COMPLETION FORM WELL HISTORY - DESCRIPTION OF WELL & LEASE

OPERATOR: License #			API No. 15				
Name:			Spot Description:				
Address 1:							
Address 2:			F	Feet from 🗌 North / 🗌 South Line of Section			
City: St	ate: Zij	D:+	F	Feet from 🗌 East / 🗌 West Line of Sectior			
Contact Person:			Footages Calculated from	n Nearest Outside Section Corner:			
Phone: ()				W SE SW			
CONTRACTOR: License #			GPS Location: Lat:	, Long:			
Name:				(e.g. xx.xxxxx) (e.gxxx.xxxxx)			
Wellsite Geologist:			Datum: NAD27	NAD83 WGS84			
Purchaser:			County:				
Designate Type of Completion:			Lease Name: Well #:				
	Entry		Field Name:				
New Well	-Entry	Workover ☐ SIOW ☐ SIGW	Producing Formation:				
	SWD		Elevation: Ground:	Kelly Bushing:			
				Plug Back Total Depth:			
OG	GSW	Temp. Abd.		Set and Cemented at: Fee			
CM (Coal Bed Methane)							
Cathodic Other (Core	e, Expl., etc.):			g Collar Used? Yes No			
If Workover/Re-entry: Old Well Int	fo as follows:			Fee			
Operator:			If Alternate II completion,	cement circulated from:			
Well Name:			feet depth to:	w/sx cm			
Original Comp. Date:	Original To	otal Depth:					
Deepening Re-perf.	Conv. to El	NHR Conv. to SWD	Drilling Fluid Manageme	ent Plan			
Plug Back	Conv. to G	SW Conv. to Producer	(Data must be collected from	the Reserve Pit)			
Commingled	Pormit #:		Chloride content:	ppm Fluid volume: bbls			
Dual Completion			Dewatering method used:	:			
			Location of fluid disposal	if hauled offsite.			
			Operator Name:				
			Lease Name:	License #:			
Spud Date or Date Rea	ached TD	Completion Date or	Quarter Sec	TwpS. R 🗌 East 🗌 Wes			
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:					

CORRECTION #1

1231317

Operator Nar	me:			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 (Attach Additional Sheets)			🗌 l	_og Formatio	on (Top), Depth an	d Datum	Sample
Samples Sent to Geol	,	Yes No	Nam	ie		Тор	Datum
Cores Taken Electric Log Run		☐ Yes ☐ No ☐ Yes ☐ No ☐ Yes ☐ No					
List All E. Logs Run:							
		CASING Report all strings set-c		ew Used ermediate, product	ion, 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 / SQU	JEEZE RECORD			
Purpose: Perforate	Depth Top Bottom	Type of Cement	# Sacks Used		Type and Pe	ercent Additives	
Protect Casing							
Plug Off Zone							
Did you perform a hydrau Does the volume of the to		on this well? raulic fracturing treatment ex	ceed 350.000 gallons	Yes [o questions 2 ar o question 3)	nd 3)
Was the hydraulic fractur	ing treatment information	n submitted to the chemical o	lisclosure registry?	Yes		out Page Three	of the ACO-1)
Shots Per Foot		ON RECORD - Bridge Plugs Footage of Each Interval Perf		Acid, Fra (A	cture, Shot, Cement mount and Kind of Mar	Squeeze Record terial Used)	d Depth

Estimated Production Water Oil Bbls. Gas Mcf Bbls. Gas-Oil Ratio Gravity Per 24 Hours **DISPOSITION OF GAS:** METHOD OF COMPLETION: PRODUCTION INTERVAL: Open Hole Perf. Dually Comp. Commingled Vented Sold Used on Lease (Submit ACO-5) (Submit ACO-4) (If vented, Submit ACO-18.) Other (Specify)

Packer At:

Pumping

Producing Method:

Flowing

Liner Run:

Gas Lift

No

Yes

Other (Explain)

TUBING RECORD:

Size:

Date of First, Resumed Production, SWD or ENHR.

Set At:

Form	ACO1 - Well Completion
Operator	Triple T Oil, LLC
Well Name	South Beckmeyer 61
Doc ID	1231317

Casing

Purpose Of String	Size Hole Drilled	Size Casing Set		Setting Depth	Type Of Cement		Type and Percent Additives
Surface	9	7	10	21	Porltand	3	50/50 POZ
Completio n	5.6250	2.8750	8	821.80	Portland	134	50/50 POZ

Summary of Changes

Lease Name and Number: South Beckmeyer 61 API/Permit #: 15-059-26560-00-00 Doc ID: 1231317 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 17926	//kcc/detail/operatorE ditDetail.cfm?docID=12 31317



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION OIL & GAS CONSERVATION DIVISION

1217926

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

CONFIDENTIAL WELL COMPLETION FORM WELL HISTORY - DESCRIPTION OF WELL & LEASE

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.xxxx)				
Wellsite Geologist:	Datum: NAD27 NAD83 WGS84				
Purchaser:	County:				
Designate Type of Completion:	Lease Name: Well #:				
New Well Re-Entry Workover	Field Name:				
	Producing Formation:				
	Elevation: Ground: Kelly Bushing:				
Gas D&A ENHR SIGW	Total Vertical Depth: Plug Back Total Depth:				
OG GSW Temp. Abd. CM (Coal Bed Methane)	Amount of Surface Pipe Set and Cemented at: Feet				
Cathodic Other (Core, Expl., etc.):	Multiple Stage Cementing Collar Used? Yes No				
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)				
Commingled Permit #:	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: 1217926

Operator Nam	ne:			Lease Name:	Well #:
Sec	Twp	S. 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 (Attach Additional Sh	acate)	Y	′es 🗌 No			og Formatio	n (Top), Depth a	and Datum	Sample
Samples Sent to Geolo			⁄es 🗌 No	1	Name	Э		Тор	Datum
Cores Taken Electric Log Run Geologist Report / Mud List All E. Logs Run:		□ Y □ Y	Yes ☐ No Yes ☐ No Yes ☐ No						
		Rep	CASING ort all strings set-c] Ne	w Used rmediate, productio	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
[ADDITIONAL	CEMENTING /	SQU	EEZE RECORD			
Purpose:	Depth Top Bottom	Туре	e of Cement	# Sacks Use	Used Type			e and Percent Additives	
Protect Casing Plug Back TD Plug Off Zone									
2. Does the volume of the	1. Did you perform a hydraulic fracturing treatment on this well? Yes No (If No, skip questions 2 and 3) 2. Does the volume of the total base fluid of the hydraulic fracturing treatment exceed 350,000 gallons? Yes No (If No, skip question 3) 3. Was the hydraulic fracturing treatment information submitted to the chemical disclosure registry? Yes No (If No, skip question 3)								
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
DISPOSITIO	N OF GAS:		Ν	IETHOD OF COM	MPLE	TION:		PRODUCTIC Top	DN INTERVAL: Bottom
Vented Sold (If vented, Subn	Used on Lease		Open Hole		-	·	nit ACO-4)	юр	Bollom
	foration Perform Top Botto		Bridge Plug Type	Bridge Plug Set At		Acid,		ementing Squeezend of Material Used)	
TUBING RECORD:	Size:	Set At:		Packer At:					

Form	ACO1 - Well Completion
Operator	Triple T Oil, LLC
Well Name	South Beckmeyer 61
Doc ID	1217926

Perforations

Shots Per Foot	Perforation Record	Material Record	Depth
3	766-772	2" DML RTG	6

Form	ACO1 - Well Completion
Operator	Triple T Oil, LLC
Well Name	South Beckmeyer 61
Doc ID	1217926

Casing

Purpose Of String	Size Hole Drilled	Size Casing Set		Setting Depth	Type Of Cement		Type and Percent Additives
Surface	9	7	10	21	Porltand	3	50/50 POZ
Completio n	5.6250	2.8750	8	821.80	Portland	134	50/50 POZ

Franklin County, KS Well:S. Breckmeyer 61 Lease Owner: Triple T

WELL LOG

Thickness of Strata	Formation	Total Depth
30	soil/clay	30
6	shale	36
5	lime	41
2	shale	43
15	lime	58
7	shale	65
10	lime	75
4	sand	79
4	shale	83
14	sandy lime	97
23	shale	120
8	sand	128
16	sandy shale	144
20	lime	164
75	shale	239
21	lime	260
25	shale	285
7	lime	292
23	shale	215
1	lime	316
19	shale	335
1	lime	336
15	shale	351
23	lime	374
8	shale	382
23	lime	405
5	shale	410
4	lime	414
4	shale	418
5	lime	423
4	shale	427
6	sandy shale	433
17	shale	450
55	sandy shale and shale	505
40	shale	545
2	sand	547
2	sand	549
1	sand	550
2	sand	552
1	sand	553

Franklin County, KS Well:S. Breckmeyer 61 Lease Owner: Triple T

Town Oilfield Service, Inc. Commenced Spudding: (913) 837-8400 07/22/2014

4	sandy shale	558
41	shale	599
6	lime	605
7	shale	612
6	lime and shale	618
4	lime	622
2	shale and coal	624
4	shale	628
4	lime and shale	632
15	shale	647
3	lime	650
10	shale	660
9	lime and shale	669
2	lime	671
29	shale	700
3	sandy shale	703
1	broken sand	704
4	broken sand	708
2	sand	710
1	broken sand	711
3	broken sand	714
2	sand	716
1	broken sand	717
4	sand	721
1	broken sand	722
8	sandy shale	730
27	shale	757
8	sandy shale	765
1	shale	766
2	broken sand	768
1	broken sand	769
2	broken sand	771
1	broken sand	772
1	broken sand	773
6	sandy shale	779
61	shale	840-TD

Short Cuts

BBLS. (42 gal.) equals D²x.14xh 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

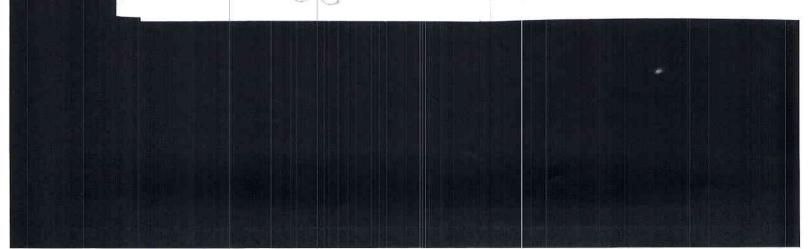
D - RPMxd over SPMxR d - SPMxRxD over RPM SPM - RPMXD over RxD R - RPMXD over SPMxD

BELT LENGTH - 2C + 1.57(D + d) + $(D-d)^{2}$ * Need these to figure belt length WATTS = AMPS VOLTS 746 WATTS equal 1 HP

Log Book

Well No		
	0	
Farm Scuth	Backn	Leyer_
		1
XS	C	realing
(State)		(County)
CE.	12	31
(Section)	(Township)	(Range)
1947		
For Two ple	T.O.1	
	(Well Owner)	

Town Oilfield Services, Inc. 1207 N. 1st East Louisburg, KS 66053 913-710-5400

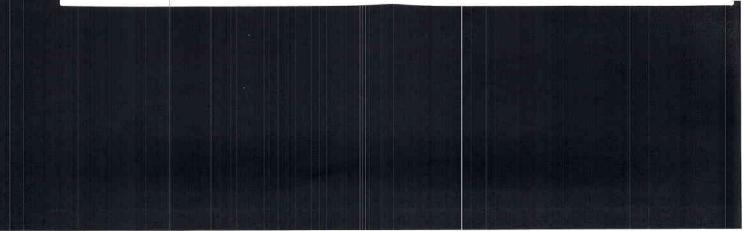


KS_ State; V	Well No. <u> </u>		-	East	1.				
Elevation_1017			-	Feet	In.				
Commenced Spuding	g <u>7-22</u>	20 14	-11						
Finished Drilling	7-23	. 20).4							
Driller's Name	and W.	0000							
Driller's Name			fé						
Driller's Name			-0.						
Tool Dresser's Name	Cole 1	tolcom	- :						
Tool Dresser's Name	lyon i	vard_	-			i i			
Tool Dresser's Name			-						
Contractor's Name	705		-						1
32	15	21						C.	er er
(Section)	(Township)	(Range)				-			*
Distance from	2 line,	1 <u>(5</u>		2					
Distance from	line,	1155 #							
	(C)								
	3- Sack	5					r i		T
	G AND TU								
	RECORD								
			1						
10'' Set	10″ Pu	lled	1						
8″ Set	8″ Pu	lled							
675 Set _21'					1				
4" Set	4" Pu	lled							
4" Set 2"みSet <u>ちんち</u> っぺい ちんん	C 2″ Pu	lled							
790	10 Rada	le				-1-			

Thickness of Strata	Formation	Total Depth	Remarks
30	init / alar	30	-
6	shale	36	
5	Lime.	41	
2	shalle	:43	
15	Lime	SB	
7	dicito	65	Durk
00	Lime	75	
4	sand	79	
4	shale	\$3	
14 5	and hime	97	
23	shale	120	
8	cend	128	- me on
16	sendy shale	144	sver, No or
20	Lime	164	
75	diala	239	_
21	Lime	240	-
25	shalle	285	
7	Lime	292	-
23	esherila	215	[med bad 309'312']
)	Lime	316	
14	sheeta	335	-
١	Lime	336	1
15	shale	351	
23	Lime	374	
8	shalo	342	-
23	Lime	405	
S	-2-	410	

Thickness of	Formation	HIO Total	
Strata	Formation	Depth	Remarks
14	Lime	414	
4	shale	418	
S	Lime	423	Harthe
Ľ	shele	-427	
Lo	sendy chale	133	
57	shale	450	
55	and shale have	FEOS	
40	shale	545	
2	sen d	547	no cil
2	sicer d	<u> 549</u>	odon, 10%- 20% or
1	send	550	SOPO-60% cond bleed
2	sand	552	106-20% p.1
)	sand	533	296-5% 0,1
14	sendy chale	558	
141	shalo	299	
6	Lime	665	
7	shale	<u> </u>	
6	Lime 1 shale	418	
9	Lime	622	*
2	shules coal	L24	
14	Ancile	628	
24	Limed shall	632	
15	sherle	647	
3	Lime	650	
10	shale	660	
G	2 mot chall		
à	Lime	671	
	-4-		-5-

nickness of Strata	Formation	Total Depth	Remarks
24	shale	700	
3	and, chale	703	
5	Briten ourd	704	oder, Sto-Elle
Ц	Bucken trend	708	10%-20%
2	sund	710	basic up alle aller alle
)	Brokan sind	711	5%- 10%
3	Anoka sound	714	30%- 40%
2	Sund	716	SOND-LOOPE, ok black
1	Broken and	717	2090
4	sand	721	75%
1 199	Broken sound	722	scole
4	sandy shale	730	
27	shale	757	
8	send, drele	765	
)	Soula	760	
.2	Ouoban sand	768	edon, 75% or , ak blacd
)	Curobin yourd	764	xoloc,1
2	Broken sund	771	30% -1
)	Broken sund	233	50%-60%00.1
	Broken send	773	240-506
5	andy suche	779	
ωı	shale	440	CIT
		1 100	
	-6-	48.0	-7-



Town Oilfield Service

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

Ticket Number	
Location	
Foreman	

Field Ticket & Treatment Report

Cement

Date	Customer#	Well Name & Nu	Imber	Section	Township	Range	Cour
17-23-14	TTT	Beckmeyen	Le1	32	15	21	FI
Customer			Mailing A	ddress			
			City		State	Zip Code	
Job Type <u>low</u> g	String Hole	Size 5 - 5 - F	lole Dept	h_\$40	Casing Size &	Weight 2	18
Casing Depth_	<u>821.8</u> 0 Drill Pip	pe Tub	ing				
Displacement	۲. Displac	cement PSIN	/lix PSI	200	Rate 4	BPM	
Remarks							
					1		
						112	
Account Code	Quantity o	r Units Desc	ription o	of Services o	r Product	Unit Price	Tota
		Pum	o Charge	2			700
		Cem	ent Truc	k			250
		Wate	er Truck				150
	134	Cem	ent			8.5	113
		Gel					
		Plug					25
B						Sales Tax	
						Estimated Tot	226
						Latinateu 10t	
zation		Title				7-23-1	111

account records, at our office, and conditions of service on the back of this form are in effect for services identified on this form.

Town Oilfield Service

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

Ticket Number	
Location	
Foreman	

Field Ticket & Treatment Report

Cement

Date						
	Customer#	Well Name & Nu	Imber Section	Township	Range	Cour
17-23-14	1 777	Beckmeyer	lel 32	15	21	FI
Customer			Mailing Address			
			City	State	Zip Code	
Job Type 100	E String H	ole Size 5 5/8-	iole Depth40	Casing Size	e & Weight_ 2 🏅	7/5
-	-	Pipe Tub		Other		
Displacement_	4.6 Disp	placement PSIN	Aix PSI		HBPM	
Remarks				••••••••••••••••		
ccount Code	Quantity	or Units Desc	ription of Services	orProduct	Unit Price	Tota
account Code	Quantity		ription of Services p Charge	or Product	Unit Price	Tota /7<i>0</i>0
account Code	Quantity	Pum		orProduct	Unit Price	
Account Code	Quantity	Pum Cem	p Charge	or Product	Unit Price	1700
Account Code		Pum Cem Wate	p Charge ent Truck er Truck	or Product	Unit Price	1700 230 150
Account Code	Quantity	Pum Cem Wate	p Charge ent Truck er Truck	orProduct		250
sccount Code		Pum Cem Wate Cem Gel	p Charge ent Truck er Truck ent	or Product		1700 2350 150 113
Account Code		Pum Cem Wate Cem	p Charge ent Truck er Truck ent	or Product		1700 230 150
Account Code		Pum Cem Wate Cem Gel	p Charge ent Truck er Truck ent	or Product		1700 2350 150 113
Account Code		Pum Cem Wate Cem Gel	p Charge ent Truck er Truck ent	or Product		1700 2350 150 113
Account Code		Pum Cem Wate Cem Gel	p Charge ent Truck er Truck ent	or Product	8.5	1700 2350 150 113 25

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.