



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

OPERATOR: License # \_\_\_\_\_

Name: \_\_\_\_\_

Address 1: \_\_\_\_\_

Address 2: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ + \_\_\_\_\_

Contact Person: \_\_\_\_\_

Phone: ( \_\_\_\_\_ ) \_\_\_\_\_

CONTRACTOR: License # \_\_\_\_\_

Name: \_\_\_\_\_

Wellsite Geologist: \_\_\_\_\_

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 (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 #: \_\_\_\_\_

Spud Date or Recompletion Date      Date Reached TD      Completion Date or Recompletion Date

API No. 15 - \_\_\_\_\_

Spot Description: \_\_\_\_\_

\_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Sec. \_\_\_\_\_ Twp. \_\_\_\_\_ S. R. \_\_\_\_\_  East  West

\_\_\_\_\_ Feet from  North /  South Line of Section

\_\_\_\_\_ Feet from  East /  West Line of Section

Footages Calculated from Nearest Outside Section Corner:

- NE       NW       SE       SW

County: \_\_\_\_\_

Lease Name: \_\_\_\_\_ Well #: \_\_\_\_\_

Field Name: \_\_\_\_\_

Producing Formation: \_\_\_\_\_

Elevation: Ground: \_\_\_\_\_ Kelly Bushing: \_\_\_\_\_

Total Depth: \_\_\_\_\_ Plug Back Total Depth: \_\_\_\_\_

Amount of Surface Pipe Set and Cemented at: \_\_\_\_\_ Feet

Multiple Stage Cementing Collar Used?  Yes  No

If yes, show depth set: \_\_\_\_\_ Feet

If Alternate II completion, cement circulated from: \_\_\_\_\_

feet depth to: \_\_\_\_\_ w/ \_\_\_\_\_ sx cmt.

**Drilling Fluid Management Plan**

(Data must be collected from the Reserve Pit)

Chloride content: \_\_\_\_\_ ppm Fluid volume: \_\_\_\_\_ bbls

Dewatering method used: \_\_\_\_\_

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: \_\_\_\_\_ Date: \_\_\_\_\_



1049650

Operator Name: \_\_\_\_\_ Lease Name: \_\_\_\_\_ Well #: \_\_\_\_\_

Sec. \_\_\_\_\_ Twp. \_\_\_\_\_ S. R. \_\_\_\_\_  East  West County: \_\_\_\_\_

**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 type="checkbox"/> No <i>(Attach Additional Sheets)</i>  Samples Sent to Geological Survey <input type="checkbox"/> Yes <input type="checkbox"/> No  Cores Taken <input type="checkbox"/> Yes <input type="checkbox"/> No Electric Log Run <input type="checkbox"/> Yes <input type="checkbox"/> No Electric Log Submitted Electronically <input type="checkbox"/> Yes <input type="checkbox"/> No <i>(If no, Submit Copy)</i>  List All E. Logs Run: _____	<input type="checkbox"/> Log Formation (Top), Depth and Datum <input type="checkbox"/> Sample  Name Top Datum
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CASING RECORD <input 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

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 <i>(Amount and Kind of Material Used)</i>	Depth

TUBING RECORD:      Size: \_\_\_\_\_ Set At: \_\_\_\_\_ Packer At: \_\_\_\_\_ Liner Run:  Yes  No

Date of First, Resumed Production, SWD or ENHR. \_\_\_\_\_ Producing Method:  Flowing  Pumping  Gas Lift  Other *(Explain)* \_\_\_\_\_

Estimated Production Per 24 Hours	Oil Bbls.	Gas Mcf	Water Bbls.	Gas-Oil Ratio	Gravity
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<b>DISPOSITION OF GAS:</b> <input type="checkbox"/> Vented <input type="checkbox"/> Sold <input type="checkbox"/> Used on Lease <i>(If vented, Submit ACO-18.)</i>	<b>METHOD OF COMPLETION:</b> <input type="checkbox"/> Open Hole <input type="checkbox"/> Perf. <input type="checkbox"/> Dually Comp. <input type="checkbox"/> Commingled <i>(Submit ACO-5)</i> <input type="checkbox"/> Other <i>(Specify)</i> _____ <input type="checkbox"/> Other <i>(Specify)</i> _____	<b>PRODUCTION INTERVAL:</b> _____ _____
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Form	ACO1 - Well Completion
Operator	OXY USA Inc.
Well Name	McMILLAN B 1
Doc ID	1049650

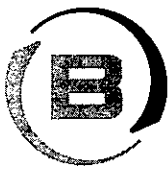
All Electric Logs Run

CBL
SPECTRAL DENSITY DUAL SPACED NEUTRON LOG
MICROLOG
ARRAY COMPENSATED RESISTIVITY LOG
BOREHOLE SONIC ARRAY LOG

Form	ACO1 - Well Completion
Operator	OXY USA Inc.
Well Name	McMILLAN B 1
Doc ID	1049650

Tops

Name	Top	Datum
HEEBNER	3897	-619
LANSING	3936	-658
SWOPE	4255	-977
MARMATON	4550	-1272
CHEROKEE	4800	-1522
ATOKA	5331	-2053
MORROW	5432	-2154
CHESTER	5976	-2698
ST. GENEVIEVE	6031	-2753



**BASIC**<sup>SM</sup>  
ENERGY SERVICES  
PRESSURE PUMPING & WIRELINE

1700 S. Country Estates Rd.  
P.O. Box 129  
Liberal, Kansas 67905  
Phone 620-624-2277

FIELD SERVICE TICKET  
1717 01092 A

DATE \_\_\_\_\_ TICKET NO. \_\_\_\_\_

DATE OF JOB <u>9/24/10</u> DISTRICT <u>1717</u>	NEW WELL <input checked="" type="checkbox"/> OLD WELL <input type="checkbox"/> PROD <input type="checkbox"/> INJ <input type="checkbox"/> WDW <input type="checkbox"/> CUSTOMER ORDER NO.:
CUSTOMER <u>Oxy USA</u>	LEASE <u>McMillan "B"</u> WELL NO. <u>1</u>
ADDRESS	COUNTY <u>Morton</u> STATE <u>KS</u>
CITY STATE	SERVICE CREW <u>Royce R. Martinez, Victor</u>
AUTHORIZED BY <u>Tyce Davis IRB</u>	JOB TYPE: <u>5/8 Surface E42</u>
EQUIPMENT# HRS	EQUIPMENT# HRS
<u>19588</u> <u>4.5</u>	<u>19578</u> <u>4.5</u>
<u>30463</u> <u>4.5</u>	
<u>19543</u> <u>4.5</u>	
<u>19527</u> <u>4.5</u>	
<u>19566</u> <u>4.5</u>	
<u>14354</u> <u>4.5</u>	
TRUCK CALLED	DATE <u>9:00</u> TIME <u>PM</u>
ARRIVED AT JOB	<u>11:43</u> <u>AM</u>
START OPERATION	<u>1:53</u> <u>AM</u>
FINISH OPERATION	<u>3:27</u> <u>AM</u>
RELEASED	<u>4:30</u> <u>AM</u>
MILES FROM STATION TO WELL	<u>65</u>

CONTRACT CONDITIONS: (This contract must be signed before the job is commenced or merchandise is delivered).

The undersigned is authorized to execute this contract as an agent of the customer. As such, the undersigned agrees and acknowledges that this contract for services, materials, products, and/or supplies includes all of and only those terms and conditions appearing on the front and back of this document. No additional or substitute terms and/or conditions shall become a part of this contract without the written consent of an officer of Basic Energy Services LP.

SIGNED: P.M. Wyl  
(WELL OWNER, OPERATOR, CONTRACTOR OR AGENT)

~~1108~~ 1105080-0202

ITEM/PRICE REF. NO.	MATERIAL, EQUIPMENT AND SERVICES USED	UNIT	QUANTITY	UNIT PRICE	\$ AMOUNT
CL101	A-Con Blend	SK	480		8928 00
CL110	Premium Plus	SK	200		3260 00
CC109	Calcium Chloride	lb	1732		1818 60
CC102	Celloflake	lb	291		1076 70
CC130	C-51	lb	91		2275 00
CF1453	Flapper Float Valve 5 5/8"	EA	1		280 00
CF253	Guide Shoe 5 5/8"	EA	1		380 00
CF1793	Centralizer 5 5/8"	EA	5		725 00
CF1903	5 5/8" Basket	EA	1		315 00
E101	Heavy Equip Mileage	mi	195		1365 00
CE240	Blending & mixing Charge	SK	680		952 00
CF105	TOP Plug 5 5/8"	EA	1		225 00
E113	Bulk Delivery Charge	Tm	3,080		3328 00
CE202	Depth Charge 1001' to 2000'	4hr	1		1500 00
CE504	Plug Container	Job	1		250 00
E100	Pickup Mileage	mi	65		276 25
5003	Service Super U1302	EA	1		175 00
SUB TOTAL					16,566.48

CHEMICAL / ACID DATA:			

SERVICE & EQUIPMENT	%TAX ON \$	
MATERIALS	%TAX ON \$	
TOTAL		

SERVICE REPRESENTATIVE <u>Chad Hinz</u>	THE ABOVE MATERIAL AND SERVICE ORDERED BY CUSTOMER AND RECEIVED BY <u>P.M. Wyl</u> (WELL OWNER OPERATOR CONTRACTOR OR AGENT)
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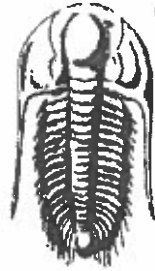
FIELD SERVICE ORDER NO.

Customer <b>Oxy USA</b>	Lease No.	Date <b>9/24/10</b>
Lease <b>McMillan "B"</b>	Well # <b>1</b>	
Field Order #	Station <b>Liberal</b>	Casing <b>4 5/8"</b> Depth <b>1743'</b> County <b>Morton</b> State <b>KS</b>
Type Job <b>8 5/8" surface</b>	Formation	Legal Description <b>13-32-40</b>

PIPE DATA		PERFORATING DATA		FLUID USED		TREATMENT RESUME	
Casing Size <b>4 5/8"</b>	Tubing Size	Shots/Ft		Acid <b>2450 SKS A-Con</b>	RATE <b>320 gal/sk</b>	PRESS <b>14 #</b>	ASYP <b>Cellflake - 2% WGA</b>
Depth <b>1736.74'</b>	Depth	From	To	Pre Pad <b>2.41 cuft/sk</b>	Max <b>14.00 gal/sk @ 12.1 #</b>		
Volume <b>107.66</b>	Volume	From	To	Post <b>300 SKS Prem Plus</b>	Min <b>1.34 cuft/sk</b>	10 Min.	<b>33 gal/sk</b>
Max Press <b>1000 #</b>	Max Press	From	To	Fract <b>2% CaCl<sub>2</sub>, 1/4 # Cellflake</b>		15 Min.	
Well Connection <b>P.C.</b>	Annulus Vol.	From	To		HHP Used		Annulus Pressure
Plug Depth	Packer Depth	From	To	Flush <b>Fresh</b>	Gas Volume		Total Load

Customer Representative <b>Cal Wylie</b>	Station Manager <b>Serry Bennett</b>	Treater <b>Chad Hinz</b>
Service Units <b>19586 30463 19843 19827 19586 14354 19578</b>		
Driver Names <b>Chinz R. Olds R. Martinez V. Vasquez</b>		

Time	Casing Pressure	Tubing Pressure	Bbls. Pumped	Rate	Service Log
11:43					on loc, spot Equip, safety mtg, Rig up
13:00					safety mtg, Break Circ
13:53	2500 #				Psi test
13:57	250 #		0	4.8	Start mix A-Con @ 12.1 #
14:35	250 #		206	4.8	switch to tail @ 14.8 #
14:47	100 #		46	4	Finish mixing
14:50	0		48	-	Shutdown, drop plug
14:57	0		0	4	Start disp, washup on plug
15:21	500 #		90	2	slow rate
15:27	600 # - 1000 #		104	0	Plug down
15:28	1000 - 0				Release Psi float held.
					Job Complete
					Thank You
					Chad & Crew



**TRILOBITE  
TESTING, INC.**

## DRILL STEM TEST REPORT

Prepared For: **Oxy USA**

PO Box 27570  
Houston Tx, 77227

ATTN: Cal Wylie

**13/32s/39w**

**McMillian B-1**

Start Date: 2010.09.28 @ 16:44:53

End Date: 2010.09.29 @ 05:07:38

Job Ticket #: 37394                      DST #: 1

Trilobite Testing, Inc

PO Box 362 Hays, KS 67601

ph: 785-625-4778 fax: 785-625-5620

Oxy USA

McMillian B-1

13/32s/39w

DST # 1

Lower Marmaton

2010.09.28



**TRILOBITE TESTING, INC**

# DRILL STEM TEST REPORT

Oxy USA  
 PO Box 27570  
 Houston Tx, 77227  
 ATTN: Cal Wylie

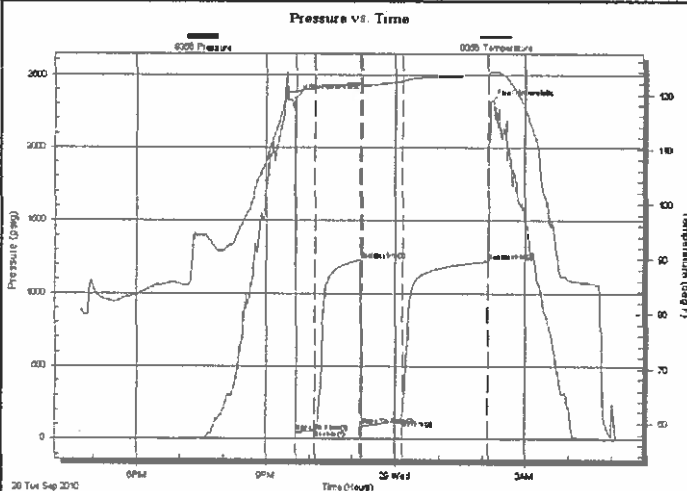
**McMillian B-1**  
**13/32s/39w**  
 Job Ticket: 37394      **DST#: 1**  
 Test Start: 2010.09.28 @ 16:44:53

## GENERAL INFORMATION:

Formation: **Lower Marmaton**  
 Deviated: **No Whipstock:**      **ft (KB)**  
 Time Tool Opened: **21:42:38**  
 Time Test Ended: **05:07:38**  
 Interval: **4784.00 ft (KB) To 4839.00 ft (KB) (TVD)**  
 Total Depth: **5165.00 ft (KB) (TVD)**  
 Hole Diameter: **7.78 inches** Hole Condition: **Good**  
 Test Type: **Conventional Straddle**  
 Tester: **Mike Slemp**  
 Unit No: **53**  
 Reference Elevations: **3278.00 ft (KB)**  
**3266.00 ft (CF)**  
 KB to GR/CF: **12.00 ft**

**Serial #: 8356**      **Inside**  
 Press@RunDepth: **132.32 psig @ 4786.00 ft (KB)**  
 Start Date: **2010.09.28**      End Date: **2010.09.29**  
 Start Time: **16:44:53**      End Time: **05:07:38**  
 Capacity: **8000.00 psig**  
 Last Calib.: **2010.09.29**  
 Time On Btm: **2010.09.28 @ 21:40:53**  
 Time Off Btm: **2010.09.29 @ 02:10:23**

**TEST COMMENT:** IF- BOB in 4 min  
 IS- No blow back  
 FF- BOB in 2 min  
 FS- No blow back



## PRESSURE SUMMARY

Time (Min.)	Pressure (psig)	Temp (deg F)	Annotation
0	2338.74	120.62	Initial Hydro-static
2	44.62	120.52	Open To Flow (1)
28	62.41	121.10	Shut-in(1)
91	1228.46	122.03	End Shut-in(1)
93	90.56	121.75	Open To Flow (2)
149	132.32	122.40	Shut-in(2)
268	1219.17	123.66	End Shut-in(2)
270	2307.66	124.01	Final Hydro-static

## Recovery

Length (ft)	Description	Volume (bbl)

## Gas Rates

Choke (Inches)	Pressure (psig)	Gas Rate (Mcf/d)





**TRILOBITE**  
TESTING, INC

# DRILL STEM TEST REPORT

FLUID SUMMARY

Oxy USA  
PO Box 27570  
Houston Tx, 77227  
ATTN: Cal Wylie

McMillian B-1  
13/32s/39w  
Job Ticket: 37394      DST#: 1  
Test Start: 2010.09.28 @ 16:44:53

## Mud and Cushion Information

Mud Type: Gel Chem	Cushion Type:	Oil API:	deg API
Mud Weight: 9.00 lb/gal	Cushion Length: ft	Water Salinity:	ppm
Viscosity: 46.00 sec/qt	Cushion Volume: bbl		
Water Loss: 8.99 in <sup>3</sup>	Gas Cushion Type:		
Resistivity: ohm.m	Gas Cushion Pressure: psig		
Salinity: 1800.00 ppm			
Filter Cake: inches			

## Recovery Information

Recovery Table

Length ft	Description	Volume bbl

Total Length:                      ft      Total Volume:                      bbl  
 Num Fluid Samples: 0                      Num Gas Bombs: 0                      Serial #:  
 Laboratory Name:                      Laboratory Location:  
 Recovery Comments:

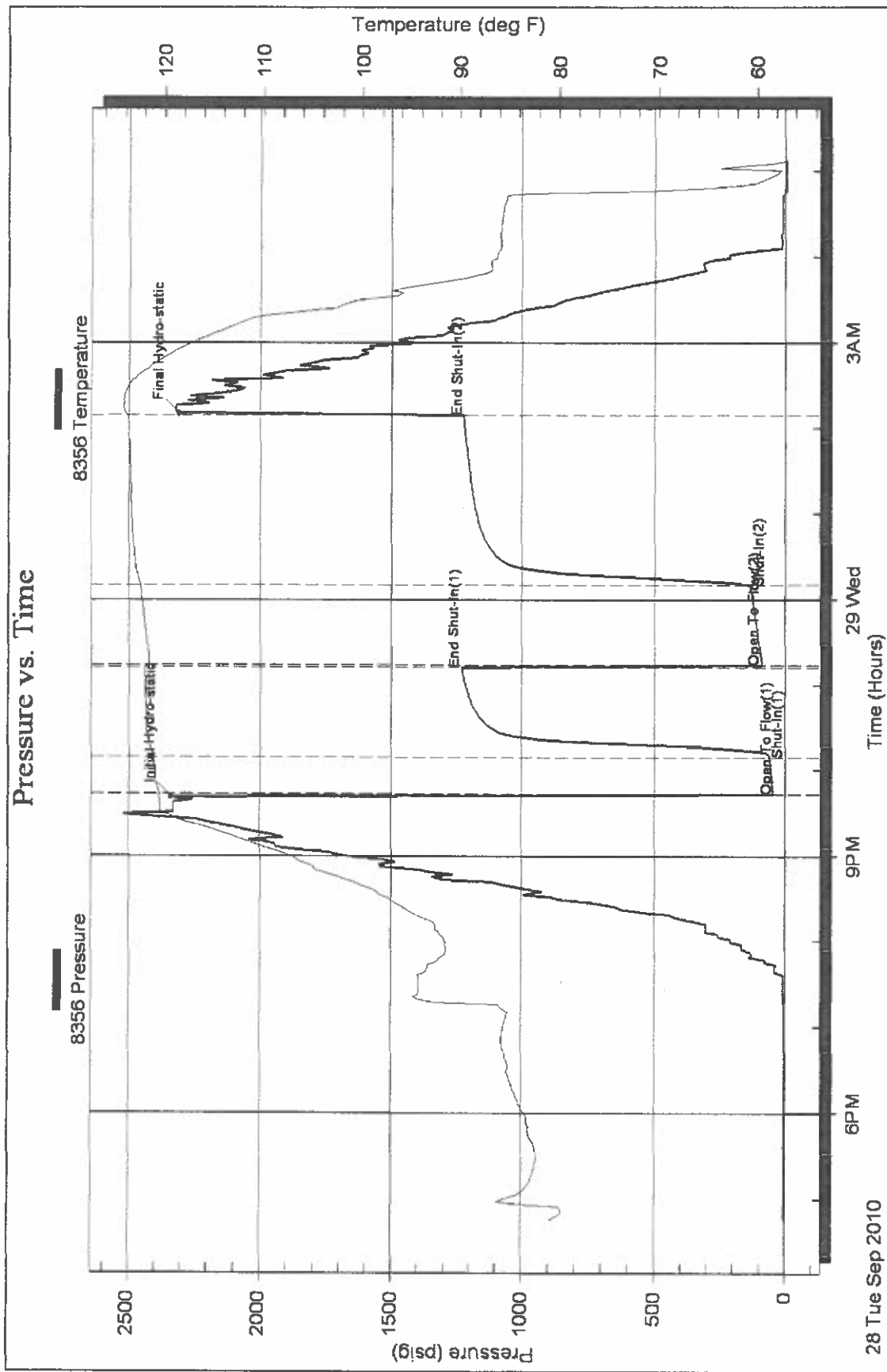
Serial #: 8356

Inside Oxy USA

13/32s/39w

DST Test Number: 1

### Pressure vs. Time

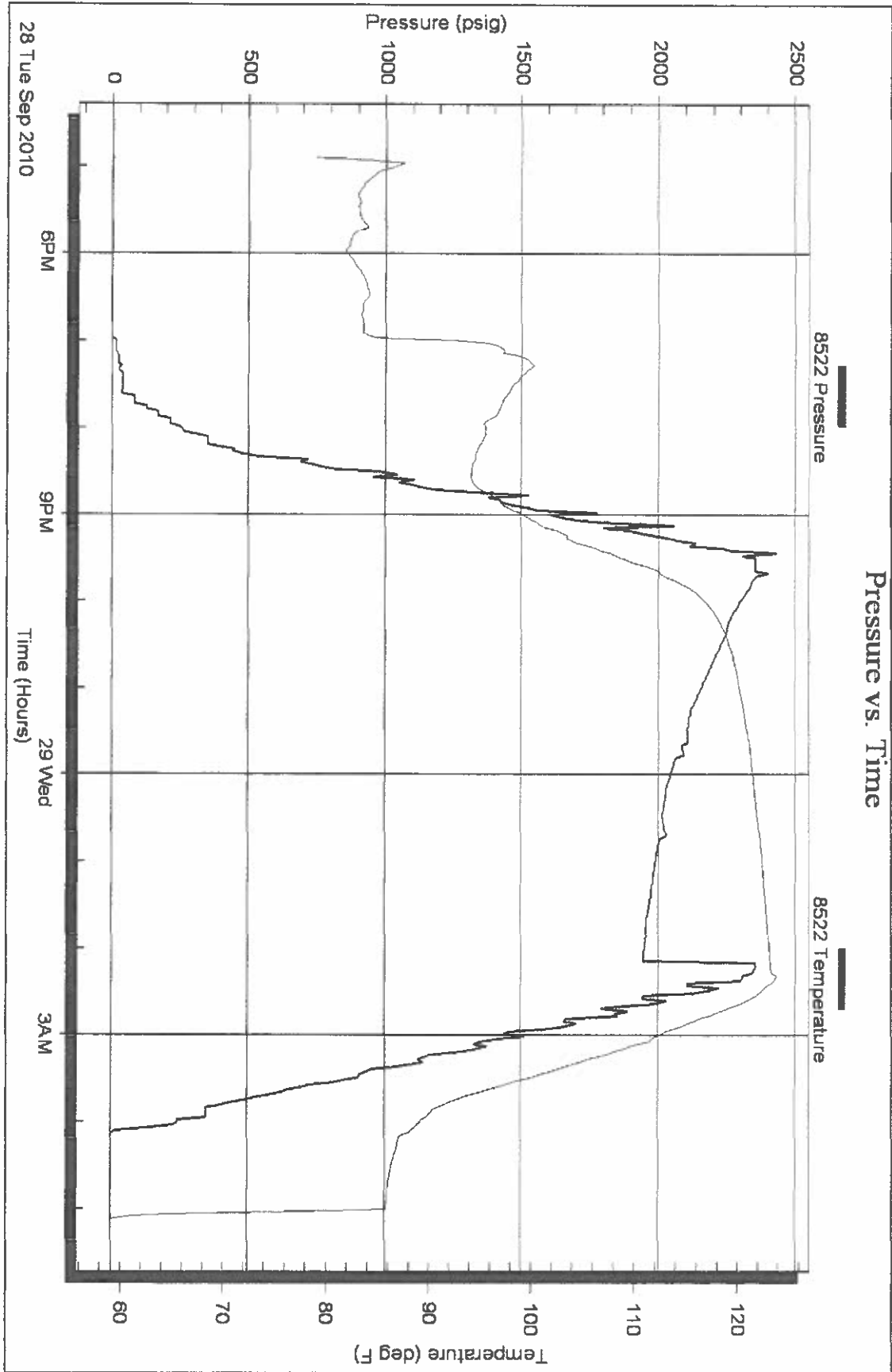


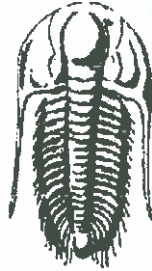
Serial #: 8522

Outside Oxy USA

13/32s/39w

DST Test Number: 1





**TRILOBITE  
TESTING, INC.**

## DRILL STEM TEST REPORT

Prepared For: **Oxy USA**

PO Box 27570  
Houston Tx, 77227

ATTN: Cal Wylie

**13/32s/39w**

**McMillian B-1**

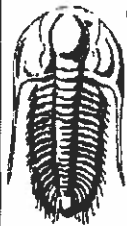
Start Date: 2010.09.29 @ 05:38:24

End Date: 2010.09.29 @ 13:12:09

Job Ticket #: 37395                      DST #: 2

Trilobite Testing, Inc  
PO Box 362 Hays, KS 67601  
ph: 785-625-4778 fax: 785-625-5620

*Handwritten:* \$ 2980  
# 37395



**TRILOBITE**  
**TESTING, INC**

## DRILL STEM TEST REPORT

Oxy USA  
PO Box 27570  
Houston Tx, 77227  
ATTN: Cal Wylie

**McMillian B-1**  
**13/32s/39w**  
Job Ticket: 37395 **DST#: 2**  
Test Start: 2010.09.29 @ 05:38:24

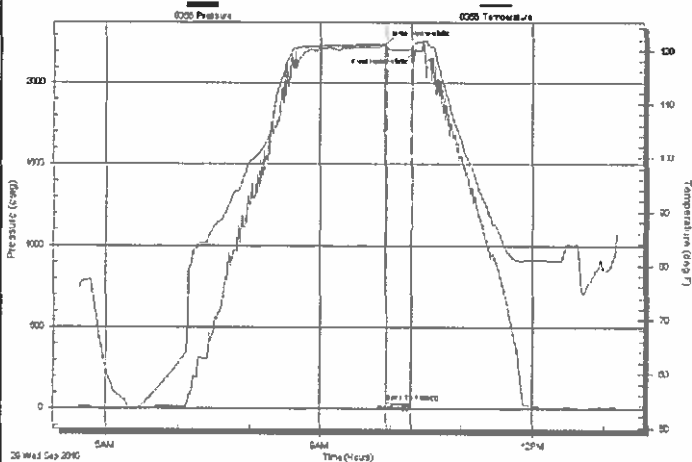
### GENERAL INFORMATION:

Formation: **Upper Marmaton**  
Deviated: **No Whipstock:** ft (KB)  
Time Tool Opened: **09:56:39**  
Time Test Ended: **13:12:09**  
Interval: **4650.00 ft (KB) To 4660.00 ft (KB) (TVD)**  
Total Depth: **5165.00 ft (KB) (TVD)**  
Hole Diameter: **7.78 inches** Hole Condition: **Good** *tail pipe 505' tail pipe.*  
Test Type: **Conventional Straddle**  
Tester: **Mike Slemp**  
Unit No: **53**  
Reference Elevations: **3278.00 ft (KB)**  
**3266.00 ft (CF)**  
KB to GR/CF: **12.00 ft**

Serial #: **8356** Inside  
Press@RunDepth: psig @ **4651.00 ft (KB)** Capacity: **8000.00 psig**  
Start Date: **2010.09.29** End Date: **2010.09.29** Last Calib.: **2010.09.29**  
Start Time: **05:38:24** End Time: **13:12:09** Time On Btm: **2010.09.29 @ 09:55:39**  
Time Off Btm: **2010.09.29 @ 10:20:24**

TEST COMMENT: Hole wouldn't stay full before tool opened, Tried to open tool and run test but still losing mud -Pulled tool.  
IF- Weak surface blow died at 10 min

Pressure vs Time



PRESSURE SUMMARY

Time (Min.)	Pressure (psig)	Temp (deg F)	Annotation
0	2240.33	121.14	Initial Hydro-static
1	40.33	120.41	Open To Flow (1)
22	26.54	120.15	Shut-in(1)
25	2201.14	121.31	Final Hydro-static

Recovery

Length (ft)	Description	Volume (bbl)

Gas Rates

Choke (Inches)	Pressure (psig)	Gas Rate (Mcf/d)



**TRILOBITE  
TESTING, INC**

# DRILL STEM TEST REPORT

**FLUID SUMMARY**

Oxy USA  
PO Box 27570  
Houston Tx, 77227  
ATTN: Cal Wylie

McMillian B-1  
13/32s/39w  
Job Ticket: 37395      DST#: 2  
Test Start: 2010.09.29 @ 05:38:24

## Mud and Cushion Information

Mud Type: Gel Chem	Cushion Type:	Oil API:	deg API
Mud Weight: 9.00 lb/gal	Cushion Length: ft	Water Salinity:	ppm
Viscosity: 46.00 sec/qt	Cushion Volume: bbl		
Water Loss: 9.19 in <sup>3</sup>	Gas Cushion Type:		
Resistivity: ohm.m	Gas Cushion Pressure: psig		
Salinity: 1800.00 ppm			
Filter Cake: inches			

## Recovery Information

Recovery Table

Length ft	Description	Volume bbl

Total Length:                      ft      Total Volume:                      bbl

Num Fluid Samples: 0                      Num Gas Bombs: 0                      Serial #:

Laboratory Name:                      Laboratory Location:

Recovery Comments:

Serial #: 8356

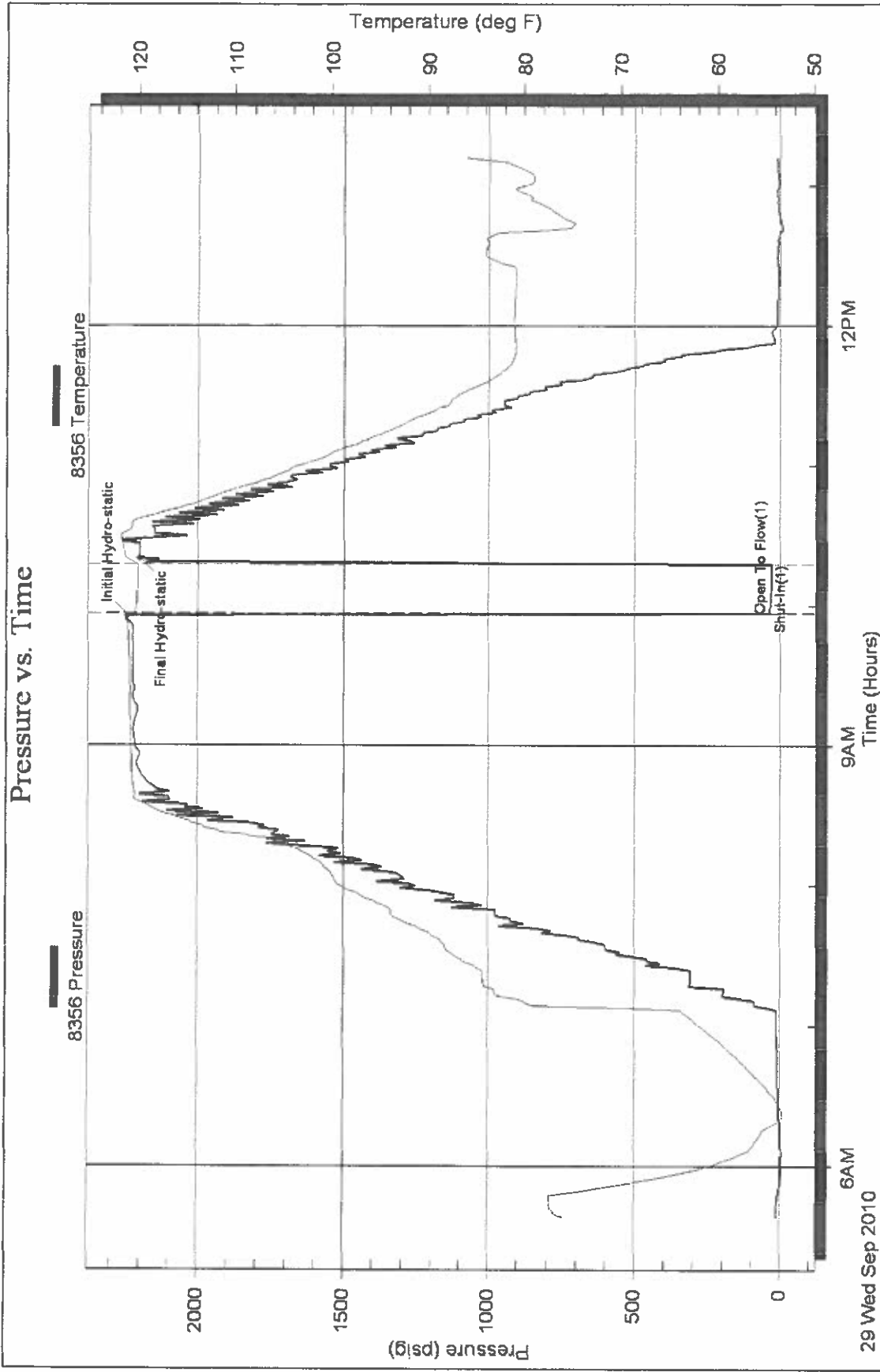
Inside

Oxy USA

13/32s/39w

DST Test Number: 2

# Pressure vs. Time



**Attachment to McMillan B-1 (API # 15-129-21922)**

**Cement & Additives**

String	Type	# of Sacks Used	Type and Percent Additives
Surface	A-Con	Lead: 480	3% CC, 1/2# Cellflake, 0.2% WCA1
	Prem Plus	Tail: 200	2% CC, 1/4# Cellflake





*Mark Parkinson, Governor  
Thomas E. Wright, Chairman  
Joseph F. Harkins, Commissioner  
Ward Loyd, Commissioner*

January 19, 2011

LAURA BETH HICKERT  
OXY USA Inc.  
5 E GREENWAY PLZ  
PO BOX 27570  
HOUSTON, TX 77227-7570

Re: ACO1  
API 15-129-21922-00-00  
McMILLAN B 1  
SW/4 Sec.13-32S-40W  
Morton County, Kansas

Dear Production Department:

We are herewith requesting that the Well Completion Form ACO-1 and attached information for the subject well be held confidential for a period of two years.

Should you have any questions or need additional information regarding subject well, please contact our office.

Respectfully,  
LAURA BETH HICKERT