



1061499

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 ☐ Yes ☐ No
 (Attach Additional Sheets)

 Samples Sent to Geological Survey ☐ Yes ☐ No

 Cores Taken ☐ Yes ☐ No

 Electric Log Run ☐ Yes ☐ No

 Electric Log Submitted Electronically ☐ Yes ☐ No
 (If no, Submit Copy)

List All E. Logs Run:

☐ Log Formation (Top), Depth and Datum ☐ Sample
 Name Top Datum
CASING RECORD ☐ New ☐ 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 (Amount and Kind of Material Used)	Depth

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 (If vented, Submit ACO-18.)	METHOD OF COMPLETION: <input type="checkbox"/> Open Hole <input type="checkbox"/> Perf. <input type="checkbox"/> Dually Comp. (Submit ACO-5) <input type="checkbox"/> Commingled (Submit ACO-4) <input type="checkbox"/> Other (Specify) _____	PRODUCTION INTERVAL: _____ _____
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LEASE NAME BLUNK OPERATOR _____ START DATE: _____
WELL # 22 LOCATION: _____ API # _____
SURFACE PIPE: 41.6 Ft 7" Cement(#bags) 12
PRODUCTION: 562.6 PIPE: 1 3/8 SIZE: _____ #FT 562.6

Thickness	Formation	Comment	Depth	Thickness	Formation	Comment	Depth
38	CLAY		38	1	SHALE	WHITE	517
2	GRAVEL		40	1	SHALE	WHITE	518
27	SHALE		67	1	SAND	Bleed oil	519
17	Lime		84	9'	SAND	Solid cored	528
1	SHALE		85	5	SAND	Broken cored	533
1	Lime		86	2	SHALE	cored	535
12	SHALE		98	47	SHALE	T. D.	582
1	Lime		99				
25	SHALE		124				
7	Lime		131				
14	SHALE		145				
15	Lime		160				
14	SHALE		174				
7	Lime		181				
7	SHALE		188				
35	Lime		223				
6	SHALE		229				
12	LIME	BASE R.C.	241				
140	SHALE		381				
10	LIME		391				
5	SHALE		396				
2	LIME		398				
60	SHALE	WHITE	458				
10	LIME		468				
8	SHALE		476				
3	LIME		479				
5	SHALE		484				
3	LIME		482				
7	SHALE		494				
3	LIME		497				
6	SHALE		503				
5	Lime	Bleed oil	508				
4	SHALE	Circulate	512				
3	SHALE	" "	515				
1	SHALE	" "	516				

UTAH OIL

BRAD LEACH
785-214-9472

DEAN SPRATT
785-241-3923

CORE LOG

[illegible]

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

TICKET NUMBER 32645
LOCATION Ottawa KS
FOREMAN Fred Mader

FIELD TICKET & TREATMENT REPORT CEMENT

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
7/1/11	3132	Blunk 22	NW 18	17	21	FR
CUSTOMER						
Guinotte Co. LLC						
MAILING ADDRESS						
1526 willow						
CITY		STATE	ZIP CODE			
Ottawa		KS	66067			

JOB TYPE <u>Long string</u>	HOLE SIZE <u>5 7/8</u>	HOLE DEPTH <u>582'</u>	CASING SIZE & WEIGHT <u>2 1/8 EUE</u>
CASING LENGTH <u>562'</u>	DRILL PIPE _____	TUBING _____	OTHER _____
SLURRY WEIGHT _____	SLURRY VOL _____	WATER gal/sk _____	CEMENT LEFT in CASING <u>2 1/2" PLG</u>
DISPLACEMENT <u>3.27</u>	DISPLACEMENT PSI _____	MIX PSI _____	RATE <u>4 BPM</u>

REMARKS: Establish circulation Mix + Pump 100th Premium Gel Flush.
Mix + Pump 82 sks 50/50 Poz Mix Cement 2³/₄ Gel. Cement
to Surface. Flush. Pump + lines clean. Displace 2³/₄" Rubber
plug to casing TD w/ 3.27 BBL Fresh water. Pressure to
600th PSI. Release pressure to set float valve. Shut in
casing.

Brad Leach Drills,

Fred Meyer

[illegible]

Ravin 3737

AUTHORIZATION

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.