



Confidentiality Requested:

Yes  No

KANSAS CORPORATION COMMISSION 1070553  
OIL & GAS CONSERVATION DIVISION

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 # \_\_\_\_\_

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
- Plug Back       Conv. to GSW       Conv. to Producer
- Commingled      Permit #: \_\_\_\_\_
- Dual Completion      Permit #: \_\_\_\_\_
- SWD      Permit #: \_\_\_\_\_
- ENHR      Permit #: \_\_\_\_\_
- GSW      Permit #: \_\_\_\_\_

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

GPS Location: Lat: \_\_\_\_\_, Long: \_\_\_\_\_  
(e.g. xx.xxxxx)      (e.g. -xxx.xxxxx)

Datum:  NAD27       NAD83       WGS84

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

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

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

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

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

Total Vertical 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

- Confidentiality Requested  
Date: \_\_\_\_\_
- Confidential Release Date: \_\_\_\_\_
- Wireline Log Received
- Geologist Report Received
- UIC Distribution
- ALT  I  II  III Approved by: \_\_\_\_\_ Date: \_\_\_\_\_

1070553

Operator Name: \_\_\_\_\_ 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 <i>(Attach Additional Sheets)</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Log	Formation (Top), Depth and Datum	<input type="checkbox"/> Sample
Samples Sent to Geological Survey	<input type="checkbox"/> Yes <input type="checkbox"/> No	Name	Top	Datum
Cores Taken	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Electric Log Run	<input type="checkbox"/> Yes <input type="checkbox"/> No			
List All E. Logs Run:				

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
<input type="checkbox"/> Perforate				
<input type="checkbox"/> Protect Casing				
<input type="checkbox"/> Plug Back TD				
<input type="checkbox"/> Plug Off Zone				

Did you perform a hydraulic fracturing treatment on this well?  Yes  No *(If No, skip questions 2 and 3)*

Does the volume of the total base fluid of the hydraulic fracturing treatment exceed 350,000 gallons?  Yes  No *(If No, skip question 3)*

Was the hydraulic fracturing treatment information submitted to the chemical disclosure registry?  Yes  No *(If No, fill out Page Three of the ACO-1)*

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

<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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Conservation Division  
Finney State Office Building  
130 S. Market, Rm. 2078  
Wichita, KS 67202-3802



Phone: 316-337-6200  
Fax: 316-337-6211  
<http://kcc.ks.gov/>

Mark Sievers, Chairman  
Ward Loyd, Commissioner  
Thomas E. Wright, Commissioner

Sam Brownback, Governor

December 19, 2011

Glenna Lowe  
Trans Pacific Oil Corporation  
100 S MAIN STE 200  
WICHITA, KS 67202-3735

Re: ACO1  
API 15-063-21956-00-00  
BRIGGS 'C' 1-18  
SE/4 Sec.18-14S-27W  
Gove 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,  
Glenna Lowe



**GEOLOGIST'S REPORT**  
**DRILLING TIME AND SAMPLE LOG**

Geologist on Well: Cristina Goodrich  
 LEASE: Briggs "C" #1-18  
 FIELD: Briggs "C" #1-18  
 LOCATION: 1650 FSL & 1320 FEL  
 SEC: 18 T1SW 14S R0E 27W  
 COUNTY: Garve STATE: Kansas  
 CONTRACTOR: Duke Drilling Rig #4  
 SPUD: 12/01/2011 CONM: 12/8/2011

RD: 4400 LTD: 4402  
 MUD UP: 3600 TYPE MUD: CHEMICAL  
 DRILLING TIME KEPT FROM: 3650' TO: TD  
 SAMPLES EXAMINED FROM: 3650' TO: TD  
 GEOLOGICAL SUPERVISION FROM: 3650' - TD

REFERENCE WELL: Briggs "B" #3-18  
 Formation: Sample Tops E-log Tops  
 Anhydrite 1888 (+543) 1989 (+542) -13  
 Base Anhydrite 2024 (+507) 2023 (+508) -7  
 Heebner 3712 (-181) 3714 (-183) -14  
 Lanning 3792 (-1281) 3792 (-1221) -20  
 Stark Shale 3892 (-1461) 3994 (-1453) -20  
 Marmaton 4080 (-1549) 4081 (-1550) -19  
 Cherokee Shale 4238 (-1708) 4213 (-1742) -16  
 Linnbrook Shale 4269 (-1738) 4273 (-1742) -17  
 Mississippi Dol 4338 (-1807) 4340 (-1809) -22

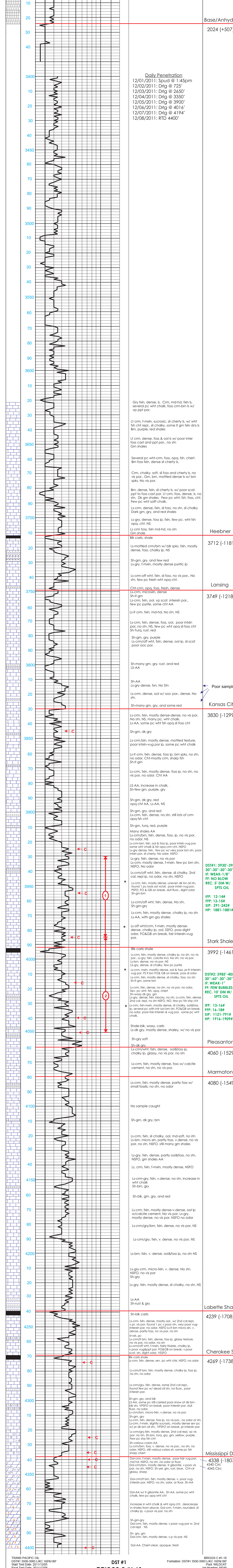
CONDUCTOR	CONDUCTION
SURFACE: 8 8/8" @ 225'	PRODUCTION:
ELECTRICAL SURVEYS	Superior Well Services
CND DIL	Diamond Tool Bit Log

REMARKS: The Briggs "C" #1-18 was drilled to further develop the Mississippi and Lansing production to the north. Due to the low structural position and negative DST results, it was decided to plug and abandon this well.

Sincerely,  
 Cristina Goodrich, Geologist

**LEGEND**

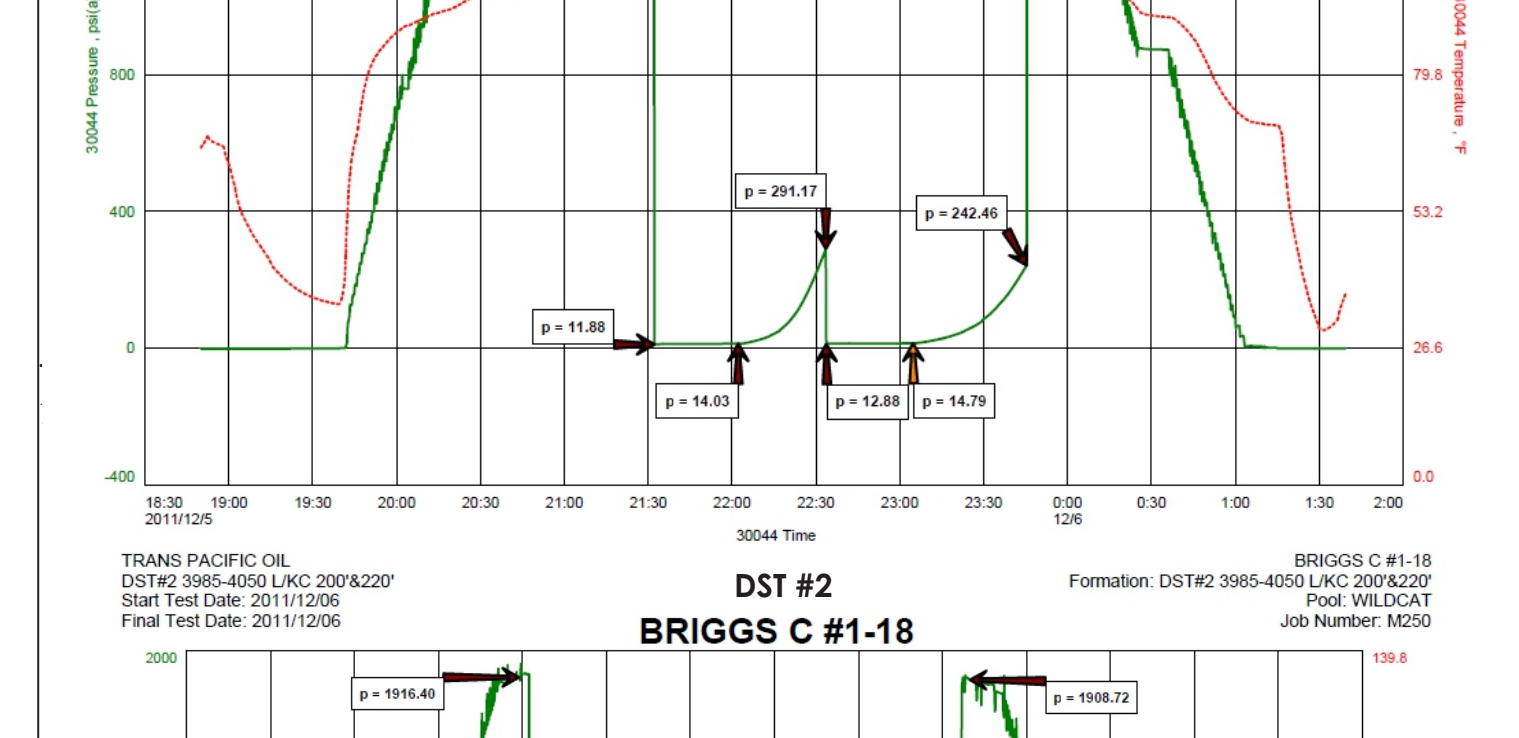
	Anhydrite		Sandstone		Limestone		Shale		Carb Sh		Cherty LS		Chert		Dolomite
--	-----------	--	-----------	--	-----------	--	-------	--	---------	--	-----------	--	-------	--	----------



TRANS PACIFIC OIL  
 DST#1 3930-3985 LK/C 167&180'  
 Start Test Date: 2011/12/05  
 Final Test Date: 2011/12/06

**DST #1**  
**BRIGGS C #1-18**

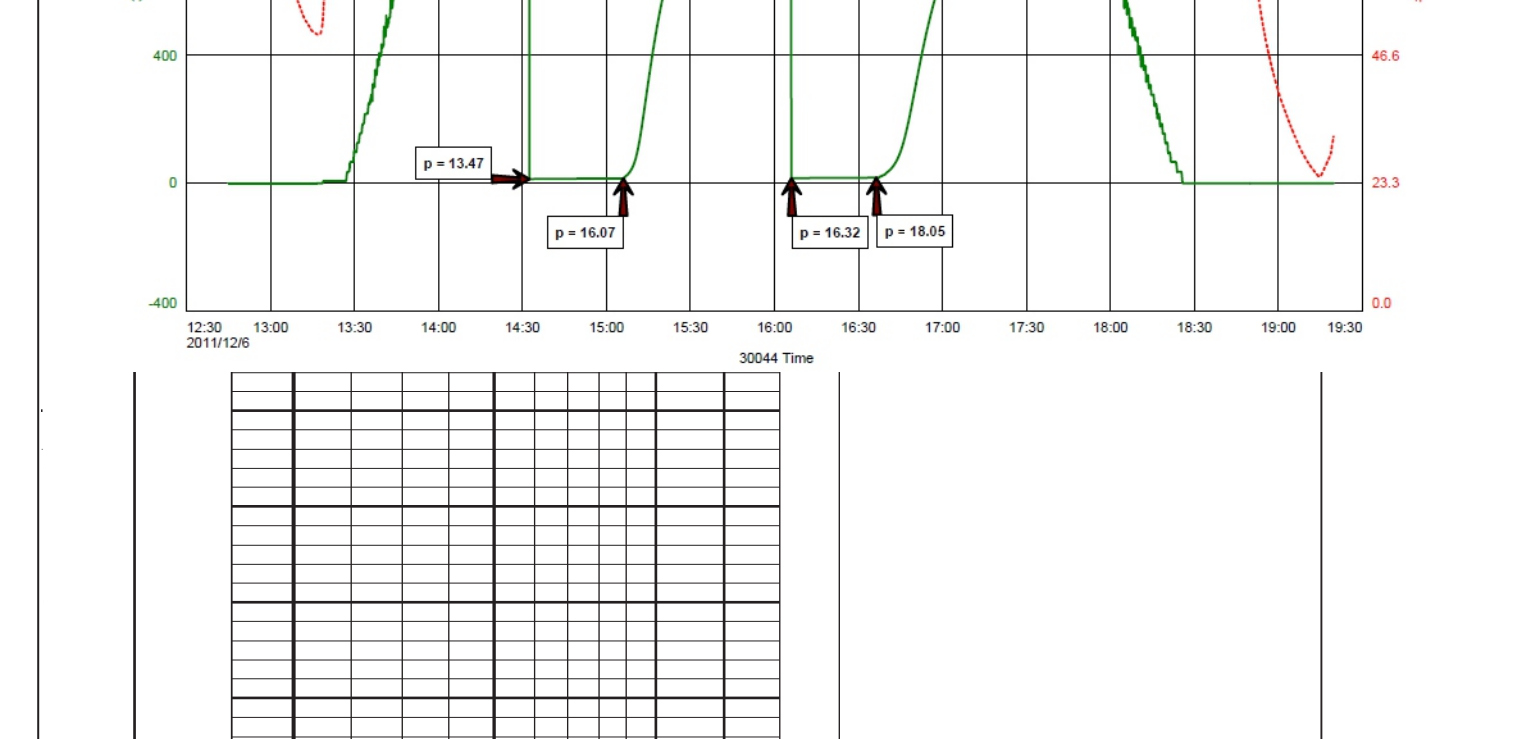
Formation: DST#1 3930-3985 LK/C 167&180'  
 Prod. WILDCAT  
 Job Number: 1629



TRANS PACIFIC OIL  
 DST#2 3985-4050 LK/C 200&220'  
 Start Test Date: 2011/12/06  
 Final Test Date: 2011/12/06

**DST #2**  
**BRIGGS C #1-18**

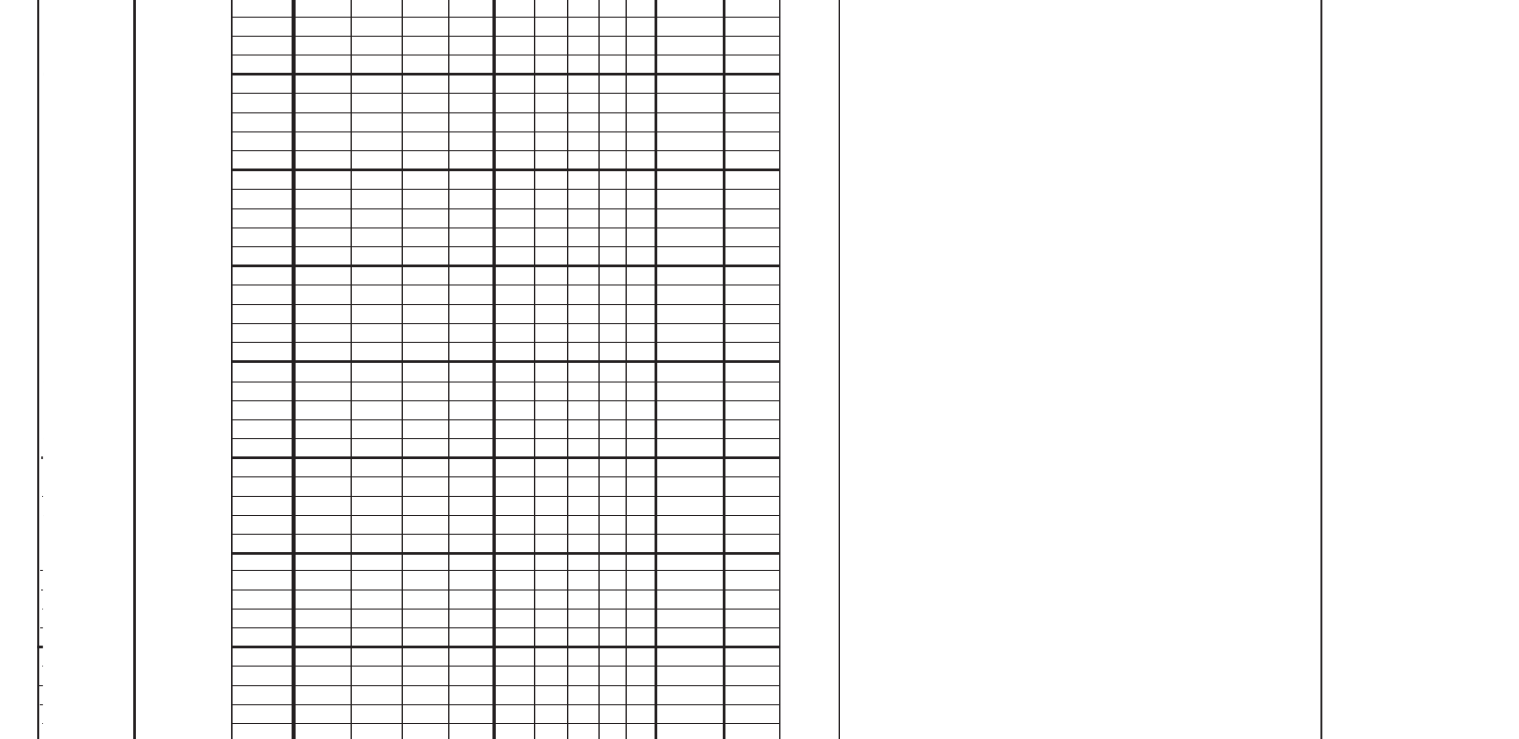
Formation: DST#2 3985-4050 LK/C 200&220'  
 Prod. WILDCAT  
 Job Number: 1629



TRANS PACIFIC OIL  
 DST#1 4338-1807 LK/C 4340 & 4345 Circ  
 Start Test Date: 2011/12/06  
 Final Test Date: 2011/12/06

**DST #1**  
**BRIGGS C #1-18**

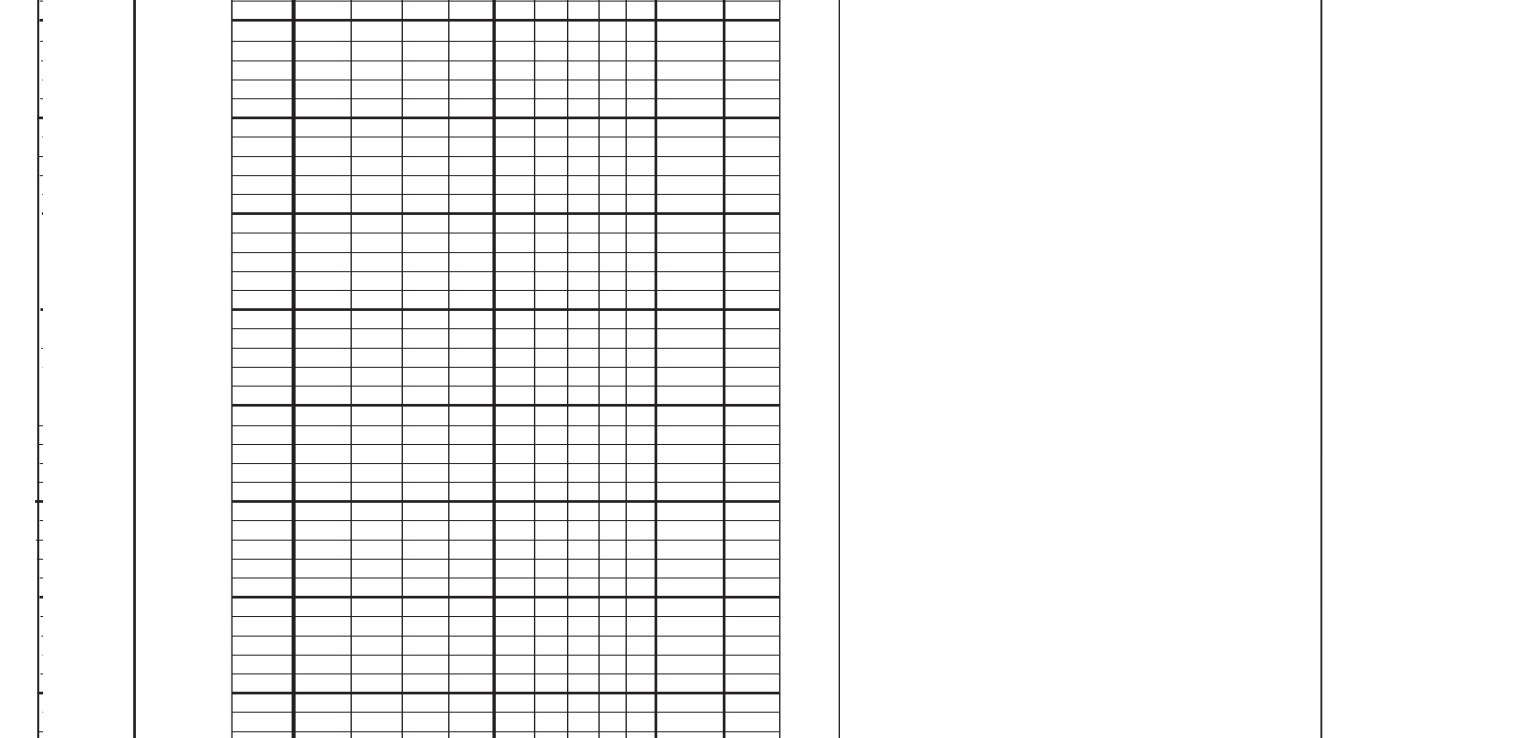
Formation: DST#1 4338-1807 LK/C 4340 & 4345 Circ  
 Prod. WILDCAT  
 Job Number: 1629



TRANS PACIFIC OIL  
 DST#2 4338-1807 LK/C 4340 & 4345 Circ  
 Start Test Date: 2011/12/06  
 Final Test Date: 2011/12/06

**DST #2**  
**BRIGGS C #1-18**

Formation: DST#2 4338-1807 LK/C 4340 & 4345 Circ  
 Prod. WILDCAT  
 Job Number: 1629



**Well:** Briggs C 1-18

**STR:** 18-14S-27W

**Cty:** Gove

**State:** Kansas

Log Tops:

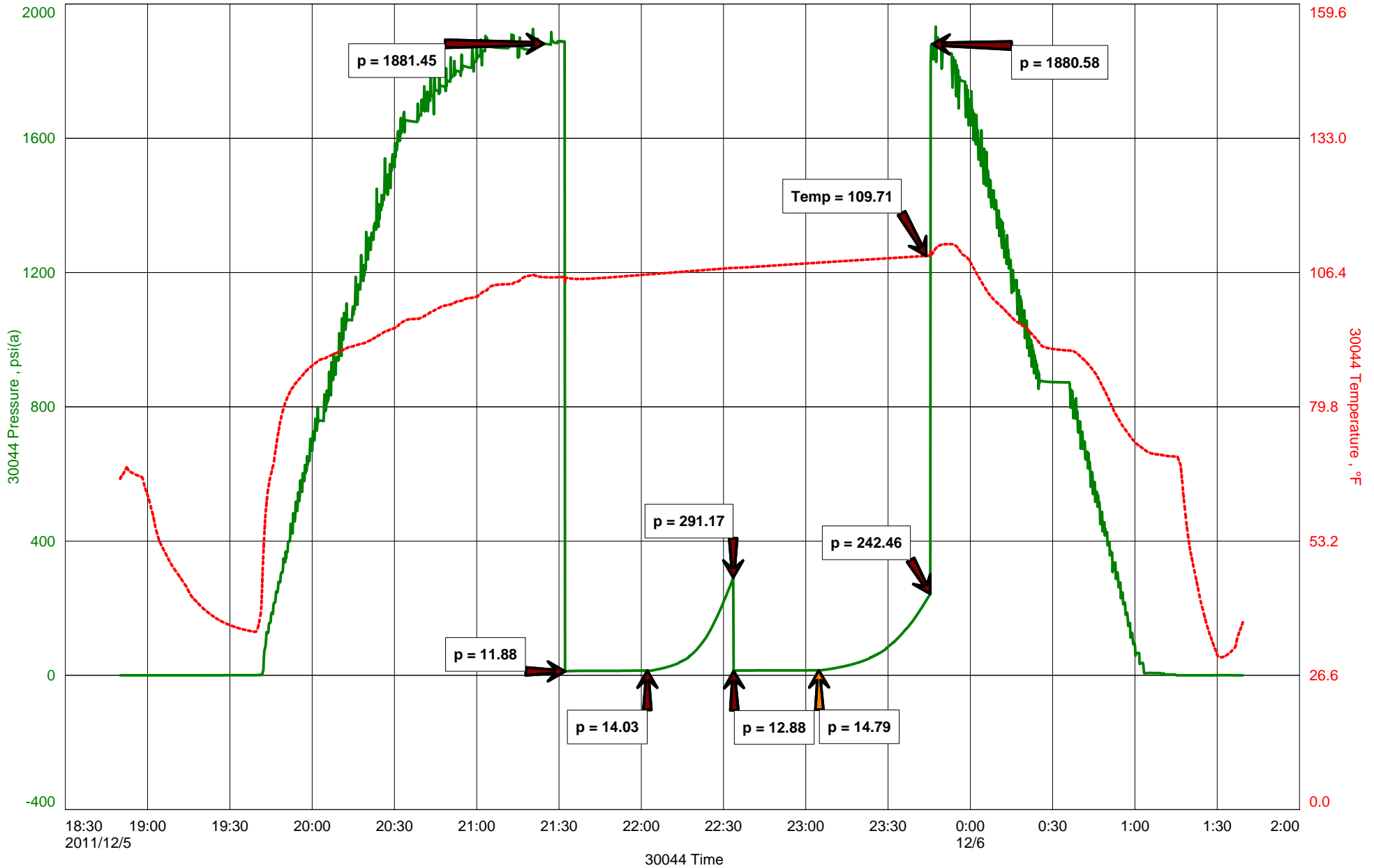
Anhydrite	1989' ( +542) -13'
B/Anhydrite	2023' ( +508) -7'
Heebner	3714' (-1183) -14'
Lansing	3752' (-1221) -14'
Kansas City	3832' (-1301) -14'
Stark	3994' (-1463) -20'
Pleasanton	4061' (-1530) -19'
Marmaton	4080' (-1549) -20'
Labette	4243' (-1712) -16'
Cherokee Shale	4273' (-1742) -17'
Mississippi	4340' (-1809) -22'
RTD	4400' (-1869)



TRANS PACIFIC OIL  
DST#1 3930-3985 L/KC 160'&180'  
Start Test Date: 2011/12/05  
Final Test Date: 2011/12/06

BRIGGS C #1-18  
Formation: DST#1 3930-3985 L/KC 160'&180'  
Pool: WILDCAT  
Job Number: M249

# BRIGGS C #1-18



# DIAMOND TESTING

## Pressure Survey Report

### General Information

Company Name	TRANS PACIFIC OIL	Job Number	M249
Well Name	BRIGGS C #1-18	Representative	MIKE COCHRAN
Unique Well ID	DST#1 3930-3985 L/KC 160'&180'	Well Operator	TRANS PACIFIC OIL
Surface Location	SEC.18-14S-27W GOVE CO.KS.	Report Date	2011/12/06
Field	WILDCAT	Prepared By	MIKE COCHRAN
Well Type	Vertical	Qualified By	CRISTINA GOODRICH
		Test Unit	NO. 1

### Test Information

Test Type	CONVENTIONAL		
Formation	DST#1 3930-3985 L/KC 160'&180'		
Test Purpose (AEUB)	Initial Test		
Start Test Date	2011/12/05	Start Test Time	18:50:00
Final Test Date	2011/12/06	Final Test Time	01:40:00
		Well Fluid Type	01 Oil
Gauge Name	30044		
Gauge Serial Number			

### Test Results

#### Remarks

RECOVERED:  
5' DM 100% MUD W/ A FEW SPOTS OF OIL  
5' TOTAL FLUID

TOOL SAMPLE: 100% MUD W/ A FEW SPOTS OF OIL





**DIAMOND TESTING**  
 P.O. Box 157  
**HOISINGTON, KANSAS 67544**  
 (800) 542-7313  
**DRILL-STEM TEST TICKET**  
 FILE: \_\_\_\_\_

TIME ON: \_\_\_\_\_  
 TIME OFF: \_\_\_\_\_

Company \_\_\_\_\_ Lease & Well No. \_\_\_\_\_  
 Contractor \_\_\_\_\_ Charge to \_\_\_\_\_  
 Elevation \_\_\_\_\_ Formation \_\_\_\_\_ Effective Pay \_\_\_\_\_ Ft. Ticket No. \_\_\_\_\_  
 Date \_\_\_\_\_ Sec. \_\_\_\_\_ Twp. \_\_\_\_\_ S Range \_\_\_\_\_ W County \_\_\_\_\_ State **KANSAS**  
 Test Approved By \_\_\_\_\_ Diamond Representative \_\_\_\_\_

Formation Test No. \_\_\_\_\_ Interval Tested from \_\_\_\_\_ ft. to \_\_\_\_\_ ft. Total Depth \_\_\_\_\_ ft.  
 Packer Depth \_\_\_\_\_ ft. Size 6 3/4 in. Packer depth \_\_\_\_\_ ft. Size 6 3/4 in.  
 Packer Depth \_\_\_\_\_ ft. Size 6 3/4 in. Packer depth \_\_\_\_\_ ft. Size 6 3/4 in.  
 Depth of Selective Zone Set \_\_\_\_\_

Top Recorder Depth (Inside) \_\_\_\_\_ ft. Recorder Number \_\_\_\_\_ Cap. \_\_\_\_\_ P.S.I.  
 Bottom Recorder Depth (Outside) \_\_\_\_\_ ft. Recorder Number \_\_\_\_\_ Cap. \_\_\_\_\_ P.S.I.  
 Below Straddle Recorder Depth \_\_\_\_\_ ft. Recorder Number \_\_\_\_\_ Cap. \_\_\_\_\_ P.S.I.

Mud Type \_\_\_\_\_ Viscosity \_\_\_\_\_ Drill Collar Length \_\_\_\_\_ ft. I.D. 2 1/4 in.  
 Weight \_\_\_\_\_ Water Loss \_\_\_\_\_ cc. Weight Pipe Length \_\_\_\_\_ ft. I.D. 2 7/8 in.  
 Chlorides \_\_\_\_\_ P.P.M. Drill Pipe Length \_\_\_\_\_ ft. I.D. 3 1/2 in.  
 Jars: Make STERLING Serial Number \_\_\_\_\_ Test Tool Length \_\_\_\_\_ ft. Tool Size 3 1/2-IF in.  
 Did Well Flow? \_\_\_\_\_ Reversed Out \_\_\_\_\_ Anchor Length \_\_\_\_\_ ft. Size 4 1/2-FH in.  
 Main Hole Size 7 7/8 Tool Joint Size 4 1/2 in. Surface Choke Size 1 in. Bottom Choke Size 5/8 in.

Blow: 1st Open: \_\_\_\_\_  
 2nd Open: \_\_\_\_\_

Recovered _____ ft. of _____	Price Job Other Charges Insurance Total
Recovered _____ ft. of _____	
Recovered _____ ft. of _____	
Recovered _____ ft. of _____	
Recovered _____ ft. of _____	
Recovered _____ ft. of _____	
Remarks: _____	

Time Set Packer(s) \_\_\_\_\_ A.M. P.M. Time Started Off Bottom \_\_\_\_\_ A.M. P.M. Maximum Temperature \_\_\_\_\_  
 Initial Hydrostatic Pressure..... (A) \_\_\_\_\_ P.S.I.  
 Initial Flow Period..... Minutes \_\_\_\_\_ (B) \_\_\_\_\_ P.S.I. to (C) \_\_\_\_\_ P.S.I.  
 Initial Closed In Period..... Minutes \_\_\_\_\_ (D) \_\_\_\_\_ P.S.I.  
 Final Flow Period..... Minutes \_\_\_\_\_ (E) \_\_\_\_\_ P.S.I. to (F) \_\_\_\_\_ P.S.I.  
 Final Closed In Period..... Minutes \_\_\_\_\_ (G) \_\_\_\_\_ P.S.I.  
 Final Hydrostatic Pressure..... (H) \_\_\_\_\_ P.S.I.

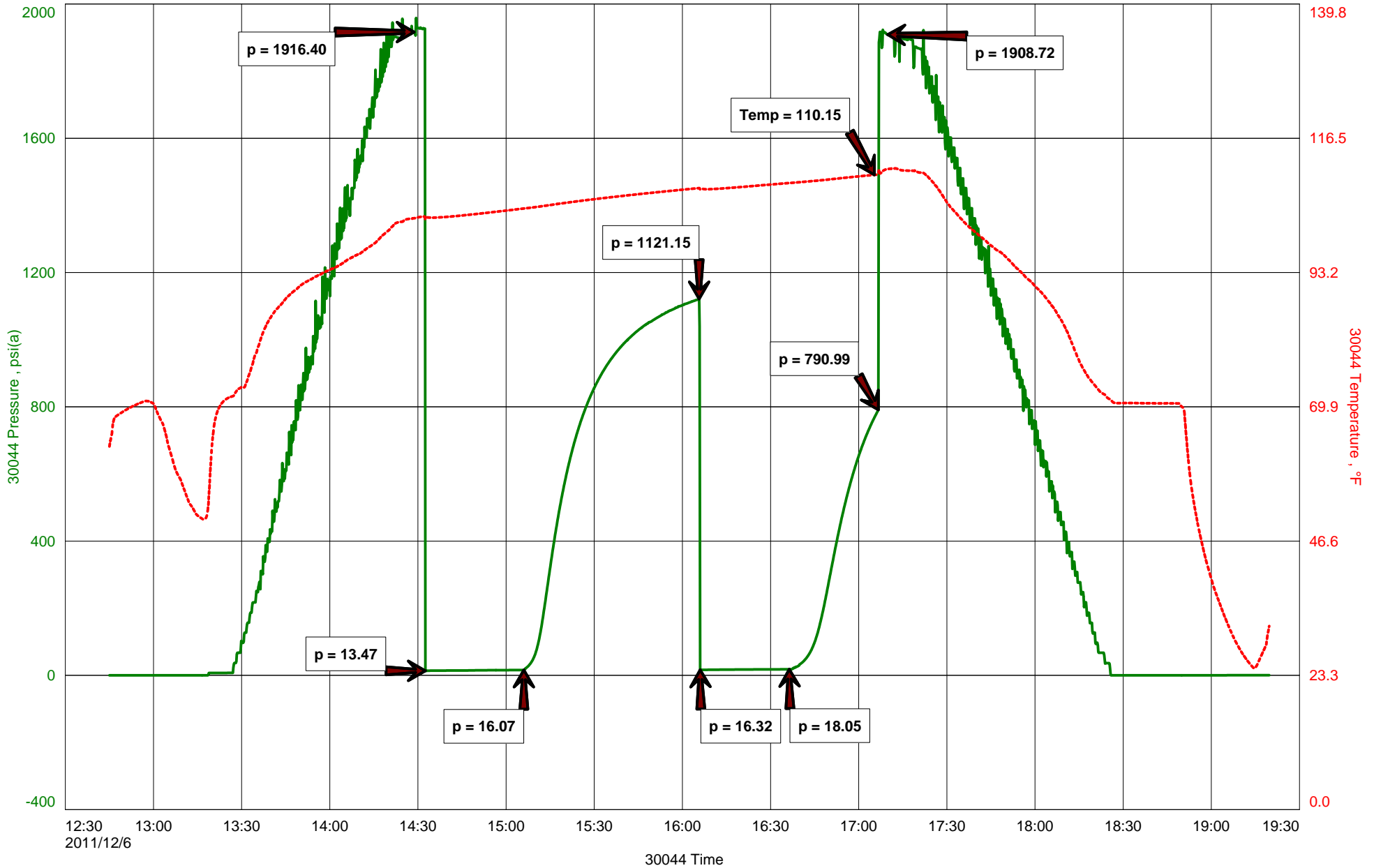
Diamond Testing shall not be liable for damages of any kind to the property or personnel of the one for whom a test is made or for any loss suffered or sustained, directly or indirectly, through the use of its equipment, or its statement or opinion concerning the result of any test. Tools lost or damaged in the hole shall be paid for at cost by the party for whom the test is made.



TRANS PACIFIC OIL  
DST#2 3985-4050 L/KC 200'&220'  
Start Test Date: 2011/12/06  
Final Test Date: 2011/12/06

BRIGGS C #1-18  
Formation: DST#2 3985-4050 L/KC 200'&220'  
Pool: WILDCAT  
Job Number: M250

# BRIGGS C #1-18



# DIAMOND TESTING

## Pressure Survey Report

### General Information

Company Name	TRANS PACIFIC OIL	Job Number	M250
Well Name	BRIGGS C #1-18	Representative	MIKE COCHRAN
Unique Well ID	DST#2 3985-4050 L/KC 200'&220'	Well Operator	TRANS PACIFIC OIL
Surface Location	SEC.18-14S-27W GOVE CO.KS.	Report Date	2011/12/06
Field	WILDCAT	Prepared By	MIKE COCHRAN
Well Type	Vertical	Qualified By	CRISTINA GOODRICH
		Test Unit	NO. 1

### Test Information

Test Type	CONVENTIONAL		
Formation	DST#2 3985-4050 L/KC 200'&220'		
Test Purpose (AEUB)	Initial Test		
Start Test Date	2011/12/06	Start Test Time	12:45:00
Final Test Date	2011/12/06	Final Test Time	19:20:00
		Well Fluid Type	01 Oil
Gauge Name	30044		
Gauge Serial Number			

### Test Results

#### Remarks

RECOVERED:  
10' DM 100% MUD  
10' TOTAL FLUID

TOOL SAMPLE: DM W/ SPOTS OF OIL, SLIGHT ODOR





**DIAMOND TESTING**  
P.O. Box 157  
**HOISINGTON, KANSAS 67544**  
(800) 542-7313  
**DRILL-STEM TEST TICKET**  
FILE: \_\_\_\_\_

TIME ON: \_\_\_\_\_  
TIME OFF: \_\_\_\_\_

Company \_\_\_\_\_ Lease & Well No. \_\_\_\_\_  
Contractor \_\_\_\_\_ Charge to \_\_\_\_\_  
Elevation \_\_\_\_\_ Formation \_\_\_\_\_ Effective Pay \_\_\_\_\_ Ft. Ticket No. \_\_\_\_\_  
Date \_\_\_\_\_ Sec. \_\_\_\_\_ Twp. \_\_\_\_\_ S Range \_\_\_\_\_ W County \_\_\_\_\_ State **KANSAS**  
Test Approved By \_\_\_\_\_ Diamond Representative \_\_\_\_\_

Formation Test No. \_\_\_\_\_ Interval Tested from \_\_\_\_\_ ft. to \_\_\_\_\_ ft. Total Depth \_\_\_\_\_ ft.  
Packer Depth \_\_\_\_\_ ft. Size 6 3/4 in. Packer depth \_\_\_\_\_ ft. Size 6 3/4 in.  
Packer Depth \_\_\_\_\_ ft. Size 6 3/4 in. Packer depth \_\_\_\_\_ ft. Size 6 3/4 in.  
Depth of Selective Zone Set \_\_\_\_\_

Top Recorder Depth (Inside) \_\_\_\_\_ ft. Recorder Number \_\_\_\_\_ Cap. \_\_\_\_\_ P.S.I.  
Bottom Recorder Depth (Outside) \_\_\_\_\_ ft. Recorder Number \_\_\_\_\_ Cap. \_\_\_\_\_ P.S.I.  
Below Straddle Recorder Depth \_\_\_\_\_ ft. Recorder Number \_\_\_\_\_ Cap. \_\_\_\_\_ P.S.I.

Mud Type \_\_\_\_\_ Viscosity \_\_\_\_\_ Drill Collar Length \_\_\_\_\_ ft. I.D. 2 1/4 in.  
Weight \_\_\_\_\_ Water Loss \_\_\_\_\_ cc. Weight Pipe Length \_\_\_\_\_ ft. I.D. 2 7/8 in.  
Chlorides \_\_\_\_\_ P.P.M. Drill Pipe Length \_\_\_\_\_ ft. I.D. 3 1/2 in.  
Jars: Make STERLING Serial Number \_\_\_\_\_ Test Tool Length \_\_\_\_\_ ft. Tool Size 3 1/2-IF in.  
Did Well Flow? \_\_\_\_\_ Reversed Out \_\_\_\_\_ Anchor Length \_\_\_\_\_ ft. Size 4 1/2-FH in.  
Main Hole Size 7 7/8 Tool Joint Size 4 1/2 in. Surface Choke Size 1 in. Bottom Choke Size 5/8 in.

Blow: 1st Open: \_\_\_\_\_  
2nd Open: \_\_\_\_\_

Recovered _____ ft. of _____	
Recovered _____ ft. of _____	
Recovered _____ ft. of _____	
Recovered _____ ft. of _____	
Recovered _____ ft. of _____	Price Job
Recovered _____ ft. of _____	Other Charges
Remarks: _____	Insurance
	Total

Time Set Packer(s) \_\_\_\_\_ A.M. P.M. Time Started Off Bottom \_\_\_\_\_ A.M. P.M. Maximum Temperature \_\_\_\_\_  
Initial Hydrostatic Pressure..... (A) \_\_\_\_\_ P.S.I.  
Initial Flow Period..... Minutes \_\_\_\_\_ (B) \_\_\_\_\_ P.S.I. to (C) \_\_\_\_\_ P.S.I.  
Initial Closed In Period..... Minutes \_\_\_\_\_ (D) \_\_\_\_\_ P.S.I.  
Final Flow Period..... Minutes \_\_\_\_\_ (E) \_\_\_\_\_ P.S.I. to (F) \_\_\_\_\_ P.S.I.  
Final Closed In Period..... Minutes \_\_\_\_\_ (G) \_\_\_\_\_ P.S.I.  
Final Hydrostatic Pressure..... (H) \_\_\_\_\_ P.S.I.

Diamond Testing shall not be liable for damages of any kind to the property or personnel of the one for whom a test is made or for any loss suffered or sustained, directly or indirectly, through the use of its equipment, or its statement or opinion concerning the result of any test. Tools lost or damaged in the hole shall be paid for at cost by the party for whom the test is made.





# ALLIED CEMENTING CO., LLC. 036136

Federal Tax I.D.# 20-5975804

REMIT TO P.O. BOX 31  
RUSSELL, KANSAS 67665

SERVICE POINT:  
Oakley, ks

DATE <u>12-8-11</u>	SEC. <u>18</u>	TWP. <u>14</u>	RANGE <u>27</u>	CALLED OUT	ON LOCATION <u>12:30pm</u>	JOB START <u>2:00pm</u>	JOB FINISH <u>3:00pm</u>
LEASE # <u>B1995C</u>	WELL # <u>1-18</u>	LOCATION <u>Gove SE, 85, 100, 125,</u>			COUNTY <u>Gove</u>	STATE <u>KS</u>	
OLD OR NEW (Circle one) <u>NEW</u>				<u>write</u>			

CONTRACTOR Duke #4

TYPE OF JOB PTA

HOLE SIZE 2 7/8 T.D. 4900'

CASING SIZE \_\_\_\_\_ DEPTH \_\_\_\_\_

TUBING SIZE \_\_\_\_\_ DEPTH \_\_\_\_\_

DRILL PIPE 4 1/2 DEPTH 2000'

TOOL \_\_\_\_\_ DEPTH \_\_\_\_\_

PRES. MAX \_\_\_\_\_ MINIMUM \_\_\_\_\_

MEAS. LINE \_\_\_\_\_ SHOE JOINT \_\_\_\_\_

CEMENT LEFT IN CSG. \_\_\_\_\_

PERFS. \_\_\_\_\_

DISPLACEMENT 24.88

OWNER same

CEMENT AMOUNT ORDERED 205 sks 6.0/40 4% gel  
1/4" # 52 seal

COMMON	<u>123 sks @</u>	<u>16.25</u>	<u>1998.75</u>
POZMIX	<u>82 sks @</u>	<u>8.50</u>	<u>697.00</u>
GEL	<u>75 sks @</u>	<u>2.25</u>	<u>168.75</u>
CHLORIDE	@		
ASC	@		
<u>52 #</u>	@	<u>2.70</u>	<u>140.40</u>
HANDLING	<u>214 sks @</u>	<u>2.25</u>	<u>481.50</u>
MILEAGE	<u>11.5 sks/mile</u>		<u>1177.00</u>
			TOTAL <u>4643.40</u>

EQUIPMENT

PUMP TRUCK CEMENTER Lakone

# 431 HELPER Darren

BULK TRUCK

# 404 DRIVER Tyler

BULK TRUCK

# \_\_\_\_\_ DRIVER \_\_\_\_\_

REMARKS:

Mix 25 sks at 2000'

Mix 100 sks at 1000'

Mix 40 sks at 275'

Mix 10 sks in top of hole with wooden plug.

plug rat hole with .30 sks

SERVICE

DEPTH OF JOB 2000'

PUMP TRUCK CHARGE 1250.00

EXTRA FOOTAGE @ \_\_\_\_\_

MILEAGE 50 @ 7.00 350.00

MANIFOLD @ \_\_\_\_\_

L.V. mileage @ 4.00 200.00

RECEIVED @ \_\_\_\_\_

CHARGE TO: Trow Pacific

STREET \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

DEC 19 2011 TOTAL 1803.00

BY \_\_\_\_\_

PLUG & FLOAT EQUIPMENT

<u>3/8" Teewooden plug</u>	@		
	@		<u>92.00</u>
	@		
	@		
	@		
			TOTAL <u>92.00</u>

To Allied Cementing Co., LLC.  
You are hereby requested to rent cementing equipment and furnish cementer and helper(s) to assist owner or contractor to do work as is listed. The above work was done to satisfaction and supervision of owner agent or contractor. I have read and understand the "GENERAL TERMS AND CONDITIONS" listed on the reverse side.

PRINTED NAME Rich Wheeler

SIGNATURE Rich Wheeler

SALES TAX (If Any) \_\_\_\_\_

TOTAL CHARGES \_\_\_\_\_

DISCOUNT \_\_\_\_\_ IF PAID IN 30 DAYS