

## Oil & Gas Well Drilling Water Wells Geo-Loop Installation

Phone: 913-557-9083 Fax: 913-557-9084

Paola, KS 66071

## **WELL LOG**

Tailwater, Inc. Winfrey #2-T API#15-003-25,638

December 17 - December 18, 2012

Thickness of Strata	<b>Formation</b>	<u>Total</u>
1	soil & clay	1
4	clay & gravel	5
90	shale	95
28	lime	123
70	shale	193
10	lime	203
7	shale	210
35	lime	245
5	shale	250
21	lime	271
3	shale	274
23	lime	297 base of the Kansas City
170	shale	467
2	lime	469
4	shale	473
4	lime	477
4	shale	481
8	lime	489 oil show
9	shale	498
13	oil sand	511 green, good bleeding
1	coal	512
3	shale	515
18	oil sand	533 green, good bleeding
5	shale	538
1	coal	539
7	shale	546
6	lime	552
15	shale	567
8	lime	575
33	shale	608
7	lime	615
33	shale	648
8	broken sand	656 brown, green, good bleeding
31	shale	687
2	lime & shells	689
8	oil sand	697 brown, good bleeding
4	shale	701
3	sand	704 black, no oil show

Winfrey #2-T	Page 2				
67	shale	771			
6	broken sand	777 brown & grey, light oil show			
4	silty shale	781			
9	broken sand	790 brown & grey, ok bleeding			
7	silty shale	797			
3	sand	800 black, no oil show			
5	silty shale	805			
6.	oil sand	811 brown, good bleeding			
29	shale	840			
19	sand	859 white, no oil			
		859 TD			

Drilled a 9 7/8" hole to 22.6' Drilled a 5 5/8" hole to 859'

Set 22.6' of 7" surface casing cemented with 6 sacks of cement.

Set 849.3' of 2 7/8" threaded and coupled 8 round upset tubing with 3 centralizers, 1 float shoe and 1 clamp.

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## CONSOLIDATED

Oil Well Services, LLC

TICKET NUMBER	39029				
LOCATION DXX	Je G				
FOREMAN Alox	MARCHAIL				

PO Box 884, Chanute, KS 66720

FIELD TICKET & TREATMENT REPORT

620-431-9210	or 800-467-8676			CEME	NT				
DATE	CUSTOMER#	WEL	L NAME & NUM	IBER	SECT	ION	TOWNSHIP	RANGE	COUNTY
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CUSTOMER	. to		, /			مه			17.70
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JOB TYPE / O		HOLE SIZE	<u> 578 </u>	_ HOLE DEP	TH_ <u>&amp;\5</u>	<b>7</b> (	CASING SIZE &	WEIGHT 3	8
CASING DEPTH	• •	DRILL PIPE		_TUBING		<del></del>		OTHER	
SLURRY WEIGH	11 ~	SLURRY VOL_	90>	WATER ga		(	CEMENT LEFT I	n CASING 1/2	25
DISPLACEMENT	, , ,	DISPLACEMEN		MIX PSI_				pm	
100 th		U Mee	t. #570	ablishe	d va	te_	Mixed	Dann	Del
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plus	TO Cay	5145 1	D. W	<u>e [[i</u>	neld'	<u>807</u>	2157	SET	Float
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ACCOUNT				_		<i>:/</i>	XXXX		
CODE	QUANITY o	r UNITS	DE	SCRIPTION	of SERVICES	or PROD	DUCT	UNIT PRICE	TOTAL
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Ravin 3737					CAN	NE	<b>D</b>	SALES TAX ESTIMATED	10433
	11.1			, s.,				TOTAL	278195
AUTHORIZTION	- Hour			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.