

1119849

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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DRILLING TIME AND SAMPLE LOG

COMPANY Bryan Marshall

PLEASE Marshall #12-1

FIELD Thall-Aagard

LOCATION 1856 FNL 416 FNL

$$\frac{\text{SEC } 12}{\text{TMS } 245} \text{ RO}$$

COUNTY Sevier STATE K

CONTRACTOR 45 Drilling Rig

SPUD June 4th 2012 COMP June 5th

RTD	23476*	LTD	None
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MUD UP 2150 TYPE MUD S

SAMPLES SAVED FROM: 1500¢

DRILLING TIME KEPT FROM

SAMPLES EXAMINED FROM 15004

GEOLOGICAL SUPERVISION FROM

GEOLOGIST ON WELL 26745

FORMATION TOPS

KC 1597

57441709
8451750

Altman 188

Bachman's S.S.

base 6.125.
10234

[illegible][illegible]

ELEVATIONS
1309.44
KB

DF

130344

Measurements At

FROM _____
CASING _____

SURFACE 5 1/2 400

ELECTRICAL SUPPLY

None.

73446

$$\begin{array}{r} 10 \\ 23444 \times \end{array}$$

23406+

43442

40 pm June 20th

AD#15-073-241

1000 JOURNAL OF DOCUMENTATION

[illegible][illegible]

TREATMENT & REMARKS

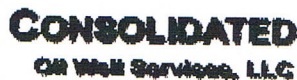
LOG ANALYSIS

% POR	% SW
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PERFORATE
INTERVAL

FORMATION

[illegible]



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



TICKET NUMBER 34837

LOCATION Eureka

FOREMAN Steven M. ...

FIELD TICKET & TREATMENT REPORT

CEMENT AP# 15-073-24178

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
6-21-12	5202	Marshall #12-1	12	24S	9E	Greenwood
CUSTOMER						
Law Marshall						
MAILING ADDRESS						
P.O. Box 306						
CITY	STATE	ZIP CODE				
Eureka	Ks	67043				

TRUCK #	DRIVER	TRUCK #	DRIVER
520	John		
611	Joey		

JOB TYPE <u>PTA</u> <u>0</u>	HOLE SIZE <u>7 7/8</u>	HOLE DEPTH <u>2344</u>	CASING SIZE & WEIGHT _____
CASING DEPTH _____	DRILL PIPE <u>4"</u>	TUBING _____	OTHER _____
SLURRY WEIGHT _____	SLURRY VOL _____	WATER gal/sk _____	CEMENT LEFT in CASING _____
DISPLACEMENT _____	DISPLACEMENT PSI _____	MIX PSI _____	RATE _____

REMARKS: Safety Meeting: Rig up to 4" drill pipe. Play well as follow.

15 sks AT 2260'

155Ks AT 1600'

85 sks 250' to surface

303ks. RATHALE

145 SAs 60/40 portland Cement 4 1/2 Gal

Job Complete Rig down: Thank you

[illegible]

Ravin 3737

AUTHORIZATION 1525

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.