

1128357

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: _____ _____
--	--	--

Operator License #: 31955	API #: 15-207-28452-00-00
Operator: Mark Oil, Inc	Lease: Albert-Lair
Address: 21825 Greenwood Rd Chanute, KS 66720	Well #: 08-12
Phone: 620-431-3002	Spud Date: 12/10/12 Completed: 12/12/12
Contractor License: 32079	Location: SE-NW-NW-NE of 8-24-17E
T.D. : 1283 T.D. of Pipe: 1280 Size: 2 7/8"	700 Feet From North
Surface Pipe Size: 7" Depth: 40'	2220 Feet From East
Kind of Well: Oil	County: Woodson

LOG

Thickness	Strata	From	To	Thickness	Strata	From	To
21	Soil & Clay	0	21	2	Lime	834	836
9	Sand & Gravel	21	30	38	Shale	836	874
48	Lime	30	78	2	Lime	874	876
81	Shale	78	159	3	Shale	876	879
129	Lime	159	288	2	Lime	879	881
60	Shale	288	348	13	Oil Sand	881	894
6	Lime	348	354	307	Shale	864	1201
13	Shale	354	367	1	Coal	1201	1202
64	Lime	367	431	13	Dark Shale	1202	1215
4	Shale	431	435	15	Sand and Shale	1215	1230
3	Black Shale	435	438	5	Lime	1230	1235
44	Lime	438	462	7	Lime/Oil/Bleed	1235	1242
3	Black Shale	462	465	41	Broken Lime	1242	1283
25	Lime	465	490				
148	Shale	490	638				
4	Lime	638	642				
18	Shale	642	660				
4	Lime	660	664				
11	Shale	664	675				
10	Lime	675	685				
67	Shale	685	752				
2	Lime	752	754				
8	Shale	754	762				
3	Lime	762	765				
12	Shale	765	777		T.D.		1283
2	Lime	777	779		T.D. of pipe		1280
18	Shale	779	797				
23	Lime	797	820				
14	Shale	820	834				



CONSOLIDATED
Oil Well Services, LLC

ENTERED

TICKET NUMBER 38363

LOCATION Eureka

FOREMAN Steve Mead

PO Box 884, Chanute, KS 66720
620-431-9210 or 800-467-8576

FIELD TICKET & TREATMENT REPORT

CEMENT APX 13-267-28452

620-431-9210 or 800-467-8576			CEMENT		APR 15 2017 2845		
DATE	CUSTOMER #	WELL NAME & NUMBER		SECTION	TOWNSHIP	RANGE	COUNTY
12-10-12	5350	ALBERT-Lair #8-12		8	24S	17E	Wardson
CUSTOMER							
Mark Oil Inc							
MAILING ADDRESS							
P.O. Box 511							
CITY	STATE	ZIP CODE					
Cheney	KS	66730					
				TRUCK #	DRIVER	TRUCK #	DRIVER
				485	Alan m.		
				513	m.cla		

JOB TYPE Surface @ 0 HOLE SIZE 9 5/8 HOLE DEPTH 35' CASING SIZE & WEIGHT 2"
 CASING DEPTH 34' DRILL PIPE _____ TUBING _____ OTHER _____
 SLURRY WEIGHT _____ SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT In CASING _____
 DISPLACEMENT 1.17 bbls DISPLACEMENT PSI _____ MIX PSI _____ RATE _____

DISPLACEMENT 1.17 bbls DISPLACEMENT PSI _____ MIX PSI _____
REMARKS: Soft meeting Rig up To 2" casing. Break circulation w/ Fresh water.
Mix 40 skc Class Cement w/ 2% Gels, 2% Gel 1st perf/sk. Displace with
1.17 bbls Freshwater. Shut well in Good Cement Return to surface.
Job complete Rig down.

Thank You

[illegible]

Baylin 3727

ବିଚାରଦିନ

AUTHORIZATION

TITLE

DATE _____

AUTHORIZATION Signature

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.



CONSOLIDATED
Oil Well Services, LLC

ENTERED

TICKET NUMBER 38367

LOCATION Kurako

FOREMAN Steve Mead

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

FIELD TICKET & TREATMENT REPORT CEMENT

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
12-12-12	5350	Albert - 1 air #8-12	8	24s	17E	Woodson
CUSTOMER						
Mack Oil Inc.						
MAILING ADDRESS						
P.O. Box 511						
CITY	STATE	ZIP CODE	TRUCK #	DRIVER	TRUCK #	DRIVER
Chaparral	Ks	66720	485	Alan m		
			667	Chris B		
			637	Marla		

JOB TYPE <u>Long String</u>	HOLE SIZE <u>5 1/2"</u>	HOLE DEPTH <u>1284'</u>	CASING SIZE & WEIGHT _____
CASING DEPTH <u>1280'</u>	DRILL PIPE _____	TUBING <u>2 3/8"</u>	OTHER _____
SLURRY WEIGHT _____	SLURRY VOL _____	WATER gal/sk _____	CEMENT LEFT In CASING _____
DISPLACEMENT <u>24666</u>	DISPLACEMENT PSI <u>500</u>	<u>13.4 MP</u> MAX PSI <u>plus 1200</u>	RATE _____

REMARKS: SAFETY Meeting. Rig up to 2 7/8 Tubing. Breaks circulation w/ 5 bbls Fresh water. Pump 300# Gel Flush, & 5 bbls Water spacer. Mix 150 SAs OWC Cement w/ 1st Phenoseal per/SK. Shut down. Wash out pump & lines stuff & plugs. Displace with 2 bbls Fresh water. Final Pumping Pressure 300# Bump Plug 1200#. Bleed Pressure down to 300# Shut well in. Good Cement Return to surface. 6 bbls Tapir. Job Complete Rig down

Thank you

[illegible]

Flavin 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.