

1162786

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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PLEASE REFER
TO THIS ACCOUNT
NUMBER WHEN
MAKING INQUIRIES

CONSOLIDATED OIL WELL SERVICES, INC.

P. O. Box 884

Chanute, Kansas 66720

PHONE (316) 431-9210

Account No. 7839	Invoice No. 50594	Invoice Date 9/5/80	Job Ticket No. 27346		Nearest Town
Lease and Well No. Stockebrank #10			County	State	

TO: **Tec Drilling**
Box 693
El Dorado, Ks. 66720

TERMS: Net 30 Days.
A Finance Charge computed at
1½% per month (annual per-
centage rate of 18%) will be
added to balances over 30 days.

Description	Quantity		Unit Price	Code	Amount
	Number	Unit			
Services:					\$
Pumping Charge — Cementing				12	322.00
Pumping Charge — Other				13	
				13	
Cement:					
Bulk Cement	101	Sack	4.10	19	414.10
				19	
Ton Mileage				20	80.80
Additives:					
Premium Gel	2	Sack	6.35	16	12.70
Flo Seal		Sack		15	
Calcium Chloride		Sack		15	
Other				15	
Equipment:					
Cementing Plug 2½"	1	Each		21	6.00
Float Shoe		Each		21	
Centralizers		Each		21	
				21	
				21	
Transport and Vacuum:					
Transport Truck		Hour		17	
Vacuum Truck		Hour		18	
Fuel Surcharge				18	
Hauling		Hour		22	
		Hour		22	
				23	
				23	
				23	
Sales Tax				76	\$.21
Total					\$ 835.81

THANK YOU

White Copy—Keep for Your Records

Yellow Copy—Please Return with Your Remittance