

1226642

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 <input type="checkbox"/> Yes <input type="checkbox"/> No <i>(Attach Additional Sheets)</i> Samples Sent to Geological Survey <input type="checkbox"/> Yes <input type="checkbox"/> No 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: _____	<input type="checkbox"/> Log Formation (Top), Depth and Datum <input type="checkbox"/> Sample Name Top Datum
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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

DISPOSITION OF GAS: <input type="checkbox"/> Vented <input type="checkbox"/> Sold <input type="checkbox"/> Used on Lease <i>(If vented, Submit ACO-18.)</i>	METHOD OF COMPLETION: <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> _____	PRODUCTION INTERVAL: _____ _____
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Miami County, KS
 Well: Weaver 15
 Lease Owner: Triple T Oil

Town Oilfield Service, Inc.
 (913) 837-8400

Commenced Spudding:
 9/25/2014

WELL LOG

Thickness of Strata	Formation	Total Depth
13	Soil / Clay	13
7	Lime	14
4	Sandstone	18
5	Lime	23
19	Shale & Sandy Shale	42
22	Lime	64
70	Shale	134
15	Lime	149
13	Shale	162
9	Lime	171
35	Shale & Sandy Shale	206
6	Lime	212
34	Shale	246
10	Lime	256
16	Shale	272
24	Lime	296
7	Shale	303
20	Lime	323
4	Shale	327
3	Lime	330
2	Shale	332
11	Lime	343
7	Shale	350
5	Sand	355
108	Sandy Shale & Shale	463
3	Sand	466
4	Sandy Shale	470
52	Shale	522
4	Lime	526
4	Shale	530
3	Lime	533
7	Shale	540
6	Lime	546
2	Shale	548
7	Lime	555
2	Coal	557
5	Shale	562
5	Lime	567
2	Shale & Lime	569
5	Broken Sand	574

Short Cuts

TANK CAPACITY

BBLs. (42 gal.) equals $D^2 \times 14 \times h$
 D equals diameter in feet.
 h equals height in feet.

BARRELS PER DAY

Multiply gals. per minute x 34.2

HP equals BPH x PSI x .0004

BPH - barrels per hour

PSI - pounds square inch

TO FIGURE PUMP DRIVES

- * D - Diameter of Pump Sheave
- * d - Diameter of Engine Sheave
- SPM - Strokes per minute
- RPM - Engine Speed
- R - Gear Box Ratio
- *C - Shaft Center Distance

D - $RPM \times d$ over $SPM \times R$

d - $SPM \times R \times D$ over RPM

SPM - $RPM \times D$ over $R \times d$

R - $RPM \times D$ over $SPM \times d$

BELT LENGTH - $2C + 1.57(D + d) + \frac{(D-d)^2}{4C}$

* Need these to figure belt length

TO FIGURE AMPS: $\frac{WATTS}{VOLTS} = AMPS$

746 WATTS equal 1 HP

Log Book

Well No. 15

Farm Weaver

KS Miami
 (State) (County)

18 16 24
 (Section) (Township) (Range)

For Triple T O.I
 (Well Owner)

Town Oilfield Services, Inc.

1207 N. 1st East
 Louisburg, KS 66053
 913-710-5400

Thickness of Strata	Formation	Total Depth	Remarks
13	soil/clay	13	
1	lime	14	
4	sandstone	18	
5	lime	23	
19	shale/sandy shale	42	
22	lime	64	
70	shale	134	
15	lime	149	
13	shale	162	
9	lime	171	
35	shale/sandy shale	206	
6	lime	212	
34	shale	246	
10	lime	256	
16	shale	272	
24	lime	296	
7	shale	303	
20	lime	323	
4	shale	327	
3	lime	330	
2	shale	332	
11	lime	343	Merthyr
7	shale	350	
5	sand	355	odor, little oil
108	sandy shale/shale	463	
3	sand	466	grey, no oil
4	sand, shale	470	

Thickness of Strata	Formation	Total Depth	Remarks
52	shale	522	
4	Lime	526	
4	shale	530	
2	Lime	533	
7	shale	540	red bed 534' 536'
6	Lime	546	
2	shale	548	
7	Lime	555	
2	coal	557	
5	shale	562	
5	Lime	567	
2	shales Lime	569	
5	Broken sand	574	along little oil
14	shale	588	
4	Lime	592	
2	slate	594	
6	shale	600	
2	Lime	602	
3	shales Lime	605	
6	shale	611	
4	limes shale	615	
4	Lime	619	
9	shale	628	
1	Lime	629	
28	shale	657	
5	sand	662	
28	shale	690	

Town Oilfield Service

P.O Box 339 Louisburg, Ks 66053
913-837-8400

Ticket Number _____
Location _____
Foreman _____

Field Ticket & Treatment Report Cement

Date	Customer#	Well Name & Number	Section	Township	Range	County
9-26-14		Weaver 15	18	16	24	Miami
Customer: Triple T Oil		Mailing Address				
		City	State	Zip Code		

Job Type Logging Hole Size 5 5/8 Hole Depth 780 Casing Size & Weight 2 7/8
 Casing Depth 761 Drill Pipe _____ Tubing _____ Other _____
 Displacement 4.6 Displacement PSI 500 Mix PSI 200 Rate 4 BPM

Remarks _____

Account Code	Quantity or Units	Description of Services or Product	Unit Price	Total
		Pump Charge		700
		Cement Truck		250
		Water Truck		150
	115 5x	Cement	10	1150
		Gel		
		Plug		25
			Sales Tax	
Estimated Total				2275

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.