



1231653

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

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> _____ <input type="checkbox"/> Other <i>(Specify)</i> _____	PRODUCTION INTERVAL: _____ _____
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269932

TICKET NUMBER 47479

LOCATION Ottawa

FOREMAN Alan Madec

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

FIELD TICKET & TREATMENT REPORT
CEMENT

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
7-25-14	3554	LOWE 24	NE 30	17	22	MI

CUSTOMER	TRUCK #	DRIVER	TRUCK #	DRIVER
John Herrick	370	Al Madec	368	Safety Max
MAILING ADDRESS	368	Mik Hag		
3553 Oregon	370	Mat Coc		
CITY	558	Br/Bir		
Ottawa				
STATE				
KS				
ZIP CODE				
66067				

JOB TYPE	HOLE SIZE	HOLE DEPTH	CASING SIZE & WEIGHT
log string	3 5/8	650	2 1/8 Prod
CASING DEPTH	DRILL PIPE	TUBING	OTHER
638			624 p/n
SLURRY WEIGHT	SLURRY VOL	WATER gal/sk	CEMENT LEFT in CASING
			yes
DISPLACEMENT	DISPLACEMENT PSI	MIX PSI	RATE
3.6	800	200	4 bpm

REMARKS: Held meeting established rate. Mixed + pumped 100# gel followed by 77 sk 50/50 cement plus 28 gel. Circulated cement. Flushed pump. Pumped plug to pin. Well held 800 PSI. Closed valve.

Hughes Drilling
Alan Madec

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401	1	PUMP CHARGE	368	1080.00 ✓
5406	20	MILEAGE	368	7360.00 ✓
5402	638	Casing footage	368	234784.00 ✓
5407	min	you miles	538	368.00 ✓
5502C	2	80 gal	370	740.00 ✓
1124	77	50/50 cement	885.50 ✓	
118B	229#	gel	50.38 ✓	
		material sub	935.88	
		less 30% -	280.76 ✓	
		material total	655.12	
4402	1	2 1/2 plug		29.50 ✓
			2776.23	
			SALES TAX	52.37 ✓
			ESTIMATED TOTAL	2473.99 ✓

Rev. 3/07
AUTHORIZATION John Herrick 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 ticket.