



1242532

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> _____ <i>(Submit ACO-4)</i>	PRODUCTION INTERVAL: _____ _____
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272294

TICKET NUMBER 50576 ⁶⁸⁶/₆₅₄
 LOCATION Ottawa KS
 FOREMAN Fred Maden

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
10-29-14	7381	R&M Hooker # 12	NE 20	16	21	FR
CUSTOMER			TRUCK #			
S&B Operating			DRIVER			
MAILING ADDRESS			TRUCK #			
9393 W 110th St			DRIVER			
CITY			TRUCK #			
Overland Park			DRIVER			
STATE			TRUCK #			
KS			DRIVER			
ZIP CODE			TRUCK #			
66210			DRIVER			

JOB TYPE Longstring HOLE SIZE 5 7/8 HOLE DEPTH 707 CASING SIZE & WEIGHT 2 7/8 EUE
 CASING DEPTH 697' DRILL PIPE _____ TUBING _____ OTHER _____
 SLURRY WEIGHT _____ SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT in CASING 2 1/2" Plug
 DISPLACEMENT 4.0588 DISPLACEMENT PSI _____ MIX PSI _____ RATE 5 BPM

REMARKS: Hold Safety Meeting. Establish pump rate. Mix + Pump 100* Gel Flush. Mix + Pump 100 SKS 50/50 Poz Mix Cement 2% Gel 1/2" Pheno Seal/sk. Cement to surface. Flush pump + lines clean. Displace 2 1/2" Rubber Plug to casing TD. Pressure to 800* PSI. Release pressure to set float valve. Shut in casing.

TOS Drilling

Fred Maden

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401	1	PUMP CHARGE	495	1085 ⁰⁰
5406	20mi	MILEAGE	495	84 ⁰⁰
5402	697'	Casing footage		N/C
5407	Minimum	Ton Miles	503	368 ⁰⁰
5502C	2hrs	80 BBL Vac Truck	675	200 ⁰⁰
1124	100 SKS	50/50 Poz Mix Cement	1150 ⁰⁰	
1118B	265*	Premium Gel	58 ⁹⁶	
1107A	50*	Pheno Seal	67 ⁵⁰	
		Material	1276 ⁴⁶	1276⁴⁶
		less	-382 ⁹⁴	
		Total		893 ⁵²
4402	1	2 1/2" Rubber Plug		29 ⁵⁰
			3142 ⁸⁷	
			7.6570	SALES TAX 70 ⁶²
				ESTIMATED TOTAL 2730 ⁶⁴

Ravin 3737

Old J. Green

AUTHORIZATION No Co. Respon Site. 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.

Franklin County, KS
Well: R M Hoehn #12
Lease Owner: S B Operating

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

Commenced Spudding:
10-28-2014

WELL LOG

Thickness of Strata	Formation	Total Depth
0 - 9	Soil - Clay	9
19	Lime	28
6	Shale	34
11	Lime	45
5	Shale	50
18	Lime	68
20	Shale	88
11	Sand	99
17	Lime	116
17	Sand	133
7	Sandy Shale	140
64	Shale	204
21	Lime	225
27	Shale	252
5	Lime	257
30	Shale	287
7	Lime	294
5	Shale	299
2	Lime	301
16	Shale	317
18	Lime	335
1	Shale	336
2	Lime	338
11	Shale	349
19	Lime	368
4	Shale	372
4	Lime	376
3	Shale	379
6	Lime	385
142	Shale	527
6	Shale & Lime	533
6	Lime	539
13	Shale	552
6	Sandy Lime	558
16	Sandy Shale	574
9	Shale	583
6	Lime	589
15	Shale	604
4	Lime	608
2	Coal	610

