



1247581

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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PO Box 884, Chanute, KS 66720
620-431-9210 or 800-457-8878

271200

TICKET NUMBER 48143
LOCATION Chanute KS
FOREMAN Casey Kennedy

FIELD TICKET & TREATMENT REPORT
CEMENT

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
9/12/14	7752	Sloan # E-3	SW 25	17	22	M1
CUSTOMER			TRUCK #			
JCF Resources			DRIVER			
MAILING ADDRESS			TRUCK #			
8614 Cedarspur Dr			DRIVER			
CITY			TRUCK #			
Houston			DRIVER			
STATE			TRUCK #			
TX			DRIVER			
ZIP CODE			TRUCK #			
77055			DRIVER			

JOB TYPE Logging HOLE SIZE 5 7/8" HOLE DEPTH 670' CASING SIZE & WEIGHT 2 7/8" EUS
 CASING DEPTH 669' DRILL PIPE _____ TUBING _____ OTHER _____
 SLURRY WEIGHT _____ SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT in CASING _____
 DISPLACEMENT 3.84 bbls DISPLACEMENT PSI _____ MIX PSI _____ RATE 5 bpm

REMARKS: held safety meeting, established circulation, mixed + pumped 200 # Premium Gel followed by 40 bbls city water, mixed + pumped 84 sts OWC cement w/ 5 # Kolsol per st, cement to surface, flushed pump down, pumped 2 1/2" rubber plug to casing TD w/ 3.84 bbls city water, pressured to 800 PSI, released pressure, shut in casing.

Casey Kennedy

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401	1	PUMP CHARGE		1085.00
5406	on lease	MILEAGE		
5402	669'	casing footage		
5407	minimum	top mileage		368.00
5502C	1 hr	SD Vac		100.00
1126	84 sts	OWC cement	1659.00	
1118B	200 #	Premium Gel	44.00	
1110A	420 #	Kolsol	193.20	
1123	2.52	City Water	43.60	
		materials	1939.80	
		-30%	581.94	
		subtotal		1357.86
4402	1	2 1/2" rubber plug		29.50
				3672.95
			7.65%	106.14
			ESTIMATED TOTAL	3046.59

AUTHORIZATION *Michael Brochner* 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.

HAT DRILLING
 12371 KS HWY 7
 MOUND CITY, KS 66056
 LICENSE # 33734

Sloan E3
 API # 15-121-30662-00-00
 SPUD DATE 9-16-14

Footage	Formation	Thickness	Set 21' of 7"
1	Topsoil	1	TD 670'
5	clay	4	Ran 664' of 2 7/8 on 9-17-14
7	lime	2	
9	shale	2	
25	lime	16	
38	shale	13	
46	lime	8	
72	shale	26	
87	lime	15	
98	shale	11	
127	lime	29	
136	shale	9	
161	lime	25	
166	shale	5	
174	lime	8	
319	shale	145	
325	sand	6	wayside good odor, good bleed
329	lime	4	
341	shale	12	
351	lime	10	
358	sand	7	weiser good odor, good bleed
405	shale	47	
410	lime	5	
425	shale	15	
428	lime	3	
445	shale	17	
448	lime	3	
471	shale	23	
476	lime	5	
522	shale	46	
523	sandy shale	1	upper squirrel slight odor
558	sandy shale	35	
568	sand	10	lower squirrel good bleed and odor
608	shale	40	
610	sand	2	cattleman slight bleed, good odor
612	shale	2	
629	sand	17	
670	shale	41	