

Short Cuts

TANK CAPACITY

BBLs. (42 gal.) equals $D^2 \times 14xh$

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. W-130

Farm S. Moldenhaw

KS Franklin
(State) (County)

(Section) (Township) (Range)

For JBM TERRY Bakou
(Well Owner)

Town Oilfield Services, Inc.

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

S. Moldenbaur Farm: Franklin County
KS State: Wall No. W-130

Elevation _____
 Commenced Spuding 07/03 20 14
 Finished Drilling 07/07 20 14
 Driller's Name Greg Perry
 Driller's Name _____
 Driller's Name _____
 Tool Dresser's Name Kenny Gunn
 Tool Dresser's Name Wes Dollard
 Tool Dresser's Name _____
 Contractor's Name TOS

(Section) (Township) (Range)
 Distance from _____ line, _____ ft.

Distance from _____ line, _____ ft.
3 bag of cement

**CASING AND TUBING
 RECORD**

10" Set _____ 10" Pulled _____
 8" Set _____ 8" Pulled _____
7 1/2" Set 21" 6 1/2" Pulled _____
 4" Set _____ 4" Pulled _____
 2" Set _____ 2" Pulled _____

CASING AND TUBING MEASUREMENTS

Feet	In.	Feet	In.	Feet	In.
769	85	Total		27 1/2	

Thickness of Strata	Formation	Total Depth	Remarks
0-24	Soil-Clay	24	
41	Shale	65	
6	Lime	71	
4	Shale	75	
15	Lime	90	
8	Shale	98	
11	Lime	109	
4	Shale	113	
21	Lime	134	Shells
36	Shale	170	
19	Lime	189	
80	Shale	269	
23	Lime	292	
2	Shale	294	
2	Lime	296	
14	Shale	310	
4	Lime	314	
42	Shale	356	
12	Lime	368	
15	Shale	373	
8	Lime	381	
3	Shale	384	
13	Lime	397	
11	Shale	408	
21	Lime	429	
4	Shale	433	
4	Lime	437	

437

Thickness of Strata	Formation	Total Depth	Remarks
4	Shale	441	
6	Lime	447	
27	Shale	474	Hertha
7	Sand	481	No Oil
14	Shale	495	
15	Shale Sandy Shale	510	
19	Shale	529	
9	Sand	530	No Oil
40	Shale	570	
10	Sand	580	No Oil
44	Shale	624	
6	Lime	630	
40	Shale	670	S. Moldenhawk W-130
4	Lime	674	15-059-26735
15	Shale	689	
3	Lime	692	
19	Shale	711	
1	Lime	712	
7	Shale	719	↪ Top foot washed out
3	Sand	722	Broken - Good Saturation
15	Sand	737	Solid - Good Saturation
3	Sand	740	Broken - Good Saturation
16	Sandy Shale	756	
44	Shale	800	TD



CONSOLIDATED
Oil Well Services, LLC

API# 15-059-26735-00-00

269642

TICKET NUMBER 47408

LOCATION Ottawa

FOREMAN Alan Mader

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
7-7-14	4101	S Moldenhauer W130	NW32	15	21	FR

CUSTOMER		TRUCK #		DRIVER	
JBM Oil LLC		730	Alamad	Safety	Meat
MAILING ADDRESS		368	Arland		
25W Hillside Rd		369	Mik Yee		
CITY		558	Bro Man		
Ottawa	STATE	ZIP CODE			
	KS	66067			

JOB TYPE long string HOLE SIZE 5 7/8 HOLE DEPTH 800 CASING SIZE & WEIGHT 2 1/8
 CASING DEPTH 770 DRILL PIPE _____ TUBING _____ OTHER _____
 SLURRY WEIGHT _____ SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT in CASING yes
 DISPLACEMENT 4.48 DISPLACEMENT PSI 800 MIX PSI 200 RATE 46 bpm

REMARKS: Held meeting. Established rate. Mixed & pumped 100# gel followed by 73 sk OWC cement. Circulated cement. Flushed pump. Pumped plug to casing TD. Well held 800 PSI for 30 minute M.T. Set float. Closed valve.

TDS, Wes/Greg

Alan Mader

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401	1	PUMP CHARGE	368	1085.00
5406	15	MILEAGE	368	63.00
5402	770	casing footage	368	—
5407	min	ton miles	558	368.00
5502L	2	80 val	369	200.00
1126	73	OWC	1441.75	
1188B	100#	gel	22.00	
		material sub	1469.75	
		LESS 30%	-439.13	
		material total		1024.62
4402	1	2 1/2 plug		29.50
			3323.48	
		SALES TAX		80.64
		ESTIMATED TOTAL		2850.76

Ravin 3737

NO COMPANY rep
Jim DKO

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