



# TRILOBITE TESTING INC.

1515 Commerce Parkway • Hays, Kansas 67601

## Test Ticket

NO. \_\_\_\_\_

4/10

Well Name & No. _____	Test No. _____	Date _____
Company _____	Elevation _____	KB _____ GL _____
Address _____		
Co. Rep / Geo. _____	Rig _____	
Location: Sec. _____	Twp. _____	Rge. _____ Co. _____ State _____

Interval Tested _____	Zone Tested _____
Anchor Length _____	Drill Pipe Run _____ Mud Wt. _____
Top Packer Depth _____	Drill Collars Run _____ Vis _____
Bottom Packer Depth _____	Wt. Pipe Run _____ WL _____
Total Depth _____	Chlorides _____ ppm System _____ LCM _____
Blow Description _____	

Rec _____	Feet of _____	%gas _____	%oil _____	%water _____	%mud _____
Rec _____	Feet of _____	%gas _____	%oil _____	%water _____	%mud _____
Rec _____	Feet of _____	%gas _____	%oil _____	%water _____	%mud _____
Rec _____	Feet of _____	%gas _____	%oil _____	%water _____	%mud _____
Rec _____	Feet of _____	%gas _____	%oil _____	%water _____	%mud _____

Rec Total \_\_\_\_\_ BHT \_\_\_\_\_ Gravity \_\_\_\_\_ API RW \_\_\_\_\_ @ \_\_\_\_\_ ° F Chlorides \_\_\_\_\_ ppm

(A) Initial Hydrostatic _____	<input type="checkbox"/> Test _____	T-On Location _____
(B) First Initial Flow _____	<input type="checkbox"/> Jars _____	T-Started _____
(C) First Final Flow _____	<input type="checkbox"/> Safety Joint _____	T-Open _____
(D) Initial Shut-In _____	<input type="checkbox"/> Circ Sub _____	T-Pulled _____
(E) Second Initial Flow _____	<input type="checkbox"/> Hourly Standby _____	T-Out _____
(F) Second Final Flow _____	<input type="checkbox"/> Mileage _____	Comments _____
(G) Final Shut-In _____	<input type="checkbox"/> Sampler _____	_____
(H) Final Hydrostatic _____	<input type="checkbox"/> Straddle _____	<input type="checkbox"/> Ruined Shale Packer _____
Initial Open _____	<input type="checkbox"/> Shale Packer _____	<input type="checkbox"/> Ruined Packer _____
Initial Shut-In _____	<input type="checkbox"/> Extra Packer _____	<input type="checkbox"/> Extra Copies _____
Final Flow _____	<input type="checkbox"/> Extra Recorder _____	Sub Total _____
Final Shut-In _____	<input type="checkbox"/> Day Standby _____	Total _____
	<input type="checkbox"/> Accessibility _____	MP/DST Disc't _____
	Sub Total _____	

Approved By \_\_\_\_\_ Our Representative \_\_\_\_\_

Trilobite Testing Inc. shall not be liable for damaged of any kind of the property or personnel of the one for whom a test is made, or for any loss suffered or sustained, directly or indirectly, through the use of its equipment, or its statements or opinion concerning the results of any test, tools lost or damaged in the hole shall be paid for at cost by the party for whom the test is made.