



1260834

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](mailto: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 <input type="checkbox"/> Yes <input type="checkbox"/> No <i>(Attach Additional Sheets)</i>  Samples Sent to Geological Survey <input type="checkbox"/> Yes <input type="checkbox"/> No  Cores Taken <input type="checkbox"/> Yes <input type="checkbox"/> No Electric Log Run <input type="checkbox"/> Yes <input type="checkbox"/> No Geologist Report / Mud Logs <input type="checkbox"/> Yes <input type="checkbox"/> No List All E. Logs Run:	<input type="checkbox"/> Log Formation (Top), Depth and Datum <input type="checkbox"/> Sample  Name Top Datum
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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				

1. Did you perform a hydraulic fracturing treatment on this well?  Yes  No *(If No, skip questions 2 and 3)*
2. Does the volume of the total base fluid of the hydraulic fracturing treatment exceed 350,000 gallons?  Yes  No *(If No, skip question 3)*
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)*

Date of first Production/Injection or Resumed Production/Injection:	Producing Method: <input type="checkbox"/> Flowing <input type="checkbox"/> Pumping <input type="checkbox"/> Gas Lift <input type="checkbox"/> Other <i>(Explain)</i> _____			
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) (Submit ACO-4)</i>	PRODUCTION INTERVAL: Top Bottom
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Shots Per Foot	Perforation Top	Perforation Bottom	Bridge Plug Type	Bridge Plug Set At	Acid, Fracture, Shot, Cementing Squeeze Record <i>(Amount and Kind of Material Used)</i>

TUBING RECORD:	Size:	Set At:	Packer At:	
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Miami County, KS  
Well: West Weaver 4  
Lease Owner: Triple T Oil

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

Commenced Spudding:  
7-31-2015

WELL LOG

Thickness of Strata	Formation	Total Depth
0-6	Soil - Clay	6
13	Lime	19
74	Shale	93
14	Lime	107
13	Shale	120
9	Lime	129
4	Shale	133
9	Sand	142
2	Limey Sand	144
18	Shale	162
4	Lime	166
37	Shale	203
11	Lime	214
14	Shale	228
25	Lime	253
7	Shale	260
20	Lime	280
3	Shale	283
3	Lime	286
2	Shale	288
11	Lime	299
6	Shale	305
9	Sand	314
11	Shale	325
19	Sand	344
56	Sand	400
20	Shale	420
11	Sandy Shale	431
73	Shale	504
5	Lime	509
3	Shale	512
5	Lime	517
6	Shale	523
8	Lime	531
19	Shale	550
3	Lime	553
9	Shale	562
5	Lime	567
10	Shale	577
5	Lime	582



# Short Cuts

## TANK CAPACITY

BBLS. (42 gal.) equals  $D^2 \times .14 \times h$

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. 4

Farm West Weaver

KS Miami  
(State) (County)

24 16 23  
(Section) (Township) (Range)

For Triple T Oil  
(Well Owner)

## Town Oilfield Services, Inc.

1207 N. 1st East

Louisburg, KS 66053

913-710-5400



Thickness of Strata	Formation	Total Depth	Remarks
0-6	soil-clay	6	
13	Lime	19	
74	Shale	93	
14	LIME	107	
13	Shale	120	
9	Lime	129	
4	Shale	133	
9	Sand	142	good bleed - Heavy O.I
2	limy sand	144	
18	Shale	162	
4	Lime	166	
37	Shale	203	
11	Lime	214	
14	Shale	228	
25	Lime	253	
7	Shale	260	
20	Lime	280	
3	Shale	283	
3	Lime	286	
2	Shale	288	
11	Lime	299	Hertha
6	Shale	305	
9	Sand	314	broken - slight show
11	Shale	325	
19	sand	344	gas odor - brown
56	sand	400	grey
20	Shale	420	





# Town Oilfield Service

P.O Box 339 Louisburg, Ks 66053  
913-837-8400

Ticket Number \_\_\_\_\_  
Location \_\_\_\_\_  
Foreman \_\_\_\_\_

## Field Ticket & Treatment Report Cement

Date	Customer#	Well Name & Number	Section	Township	Range	County
8-7-15		West Weaun #4	24	16	23	MI
Customer		Mailing Address				
		City	State	Zip Code		

Job Type Long String Hole Size 5 5/8 Hole Depth 760 Casing Size & Weight 2 7/8  
 Casing Depth 750 Drill Pipe \_\_\_\_\_ Tubing \_\_\_\_\_ Other \_\_\_\_\_  
 Displacement \_\_\_\_\_ Displacement PSI \_\_\_\_\_ Mix PSI \_\_\_\_\_ Rate \_\_\_\_\_

Remarks \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Account Code	Quantity or Units	Description of Services or Product	Unit Price	Total
		Pump Charge		700
		Cement Truck		250
		Water Truck		125
	110	Cement	<del>8</del> 8	880
		Gel		
		Plug		25
			Sales Tax	
Estimated Total				1980

Authorization [Signature] 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.