

1270798

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 <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)</i> <i>(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: Gerken I-3
 Lease Owner: Triple T

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

Commenced Spudding:
 10/29/2015

WELL LOG

Thickness of Strata	Formation	Total Depth
0-6	Soil-Clay	6
28	Lime	34
8	Shale	42
20	Lime	62
4	Shale	66
3	Lime	69
4	Shale	73
6	Lime	79
23	Shale	102
22	Sand	124
20	Sandy Shale	144
139	Shale	283
5	Lime	288
10	Shale	298
2	Lime	300
9	Shale	309
6	Lime	315
16	Shale	331
4	Lime	335
5	Shale	340
8	Sand	348
29	Lime	377
5	Shale	382
2	Lime	384
54	Shale	438
5	Sandy Shale	443
4	Sand	447
4	Sand	451
11	Sandy Shale	462
2	Sand	464
3	Shale	467
2	Sand	469
10	Shale	479
2	Coal	481
3	Lime	484
76	Shale	560-TD

Log Book

Well No. I-3

Farm Cresken

KS Miami
(State) (County)

29 18 24
(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	
28	Lime	34	
8	Shale	42	
20	Lime	62	
4	Shale	66	
3	Lime	69	
4	Shale	73	
6	Lime	79	Heathy
23	Shale	102	
22	sand	124	gas odor
20	sandy shale	144	
139	Shale	283	
5	Lime	288	
10	Shale	298	
2	Lime	300	
9	Shale	309	
6	Lime	315	
16	Shale	331	
4	Lime	335	
5	Shale	340	
8	sand	348	no Oil
29	Lime	377	
5	Shale	382	
2	Lime	384	
54	Shale	438	
5	sandy shale	443	
4	sand	447	no Oil



CONSOLIDATED
Oil Well Services, LLC

44888 / 4594

TICKET NUMBER 49891

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
10-30-15	7966	Gorken # I.3	NE 29	18	24	MI
CUSTOMER			TRUCK # DRIVER TRUCK # DRIVER			
Triple T - Oil			712	Fred Mad		
MAILING ADDRESS			495	Nor Ba		
P.O. Box 339			675	Kel Day		
CITY STATE ZIP CODE			548	Tro Nor		
Louisburg KS 66053						

JOB TYPE Longstring HOLE SIZE _____ HOLE DEPTH 560 CASING SIZE & WEIGHT 2 7/8 EUE
 CASING DEPTH 544' DRILL PIPE Baffle m TUBING @ 5 1/2" OTHER _____
 SLURRY WEIGHT _____ SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT in CASING 30' x Plug
 DISPLACEMENT 3 BA DISPLACEMENT PSI _____ MIX PSI _____ RATE 4 BPM

REMARKS: Hold Safety Meeting Establish Circulation. Mix Pump 100'
Get Flush. Mix & Pump 74 sks Por Blend I A Cement 270 Gal.
Cement to surface. Flush pump & line clean. Displace
2 1/2" Rubber plug to baffle in casing. Pressure to 600 PSI.
Monitor pressure for 30 minute M.I.T. Release pressure to
set float valve. Shut in Casing.

TOS Drilling (was)

Fred Maden

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
CA0450	1	PUMP CHARGE	495	1500 ⁰⁰
CE0002	-	MILEAGE		NIC
CE0711	1/3 Minimum	Ten Miles Delivery	545	220 ⁰⁰
WE0853	1 hr	60 BBL Vac Truck	475	100 ⁰⁰
		Sub Total		1820 ⁰⁰
		less 46%		- 837 ⁰⁰
				982 ⁰⁰
CC5840	74.5 sks	Por Blend I A Cement		999 ⁰⁰
CC5965	224 ⁰⁰	Bentonite Gel		67 ⁰⁰
CP8176	1	2 1/2" Rubber Plug		45 ⁰⁰
		Sub Total		1111 ⁰⁰
		less 46%		- 511 ⁰⁰
				600 ⁰⁰
			8%	SALES TAX
				48 ⁰⁰
				ESTIMATED
				TOTAL
				1630 ⁰⁰

Revin 3737

AUTHORIZATION [Signature]

TITLE _____

DATE 3020.10

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 for