

1271825

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
TCores aken	<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:				

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)*

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>	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: Ed Flake I-2
 Lease Owner: Triple T

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

Commenced Spudding:
 11/3/2015

WELL LOG

Thickness of Strata	Formation	Total Depth
0-26	Soil-Clay	26
9	Shale	35
8	Lime	43
12	Shale	55
31	Lime	86
8	Shale	94
20	Lime	114
4	Shale	118
3	Lime	121
3	Shale	124
7	Lime	131
21	Shale	152
34	Sand	186
20	Sandy Shale	206
86	Shale	292
9	Sand	301
40	Shale	341
5	Lime	346
20	Shale	366
7	Lime	373
17	Shale	390
4	Lime	394
11	Shale	405
20	Lime	425
10	Shale	435
3	Lime	438
9	Shale	447
3	Lime	450
48	Shale	498
4	Sandy Shale	502
8	Sand	510
10	Sandy Shale	520
33	Shale	553
1	Lime	554
26	Shale	580-TD

API # 15-121-31165

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 $BPH \times PSI \times .0004$

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 $SPM \times d$

$$\text{BELT LENGTH} = 2C + 1.57(D + d) + \frac{(D-d)^2}{4C}$$

* Need these to figure belt length

$$\text{TO FIGURE AMPS: } \frac{\text{WATTS}}{\text{VOLTS}} = \text{AMPS}$$

746 WATTS equal 1 HP

Log Book

Well No. I-2

Farm Ed Flake

KS Miami
(State) (County)

9 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
0-26	soil-clay	26	
9	Shale	35	
8	Lime	43	
12	Shale	55	
31	Lime	86	
8	Shale	94	
20	Lime	114	
4	Shale	118	
3	Lime	121	
3	Shale	124	
7	Lime	131	
21	Shale	152	Heather
34	sand	186	
20	sandy shale	206	152-162 slight show
86	Shale	292	
9	sand	301	no oil
40	Shale	341	
5	Lime	346	
20	Shale	366	
7	Lime	373	
17	Shale	390	
4	Lime	394	
11	Shale	405	
20	Lime	425	
10	Shale	435	
3	Lime	438	
9	Shale	447	



CONSOLIDATED
Oil Well Services, LLC

PO Box 884, Chanute, KS 66720
620-431-9210 or 800-467-8676

4727
41635

Invoice #806319

FIELD TICKET & TREATMENT REPORT
CEMENT

TICKET NUMBER 49894
LOCATION Ottawa KS
FOREMAN Fred Maden

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
11-4-15	7966	Ed Flake # I-2	S4 9	18	24	M
CUSTOMER			TRUCK #			
Triple T Oil			DRIVER			
MAILING ADDRESS			TRUCK #			
P.O. Box 339			DRIVER			
CITY			TRUCK #			
Louisburg			DRIVER			
STATE			TRUCK #			
KS			DRIVER			
ZIP CODE			TRUCK #			
66053			DRIVER			

JOB TYPE Longstring HOLE SIZE 5 7/8 HOLE DEPTH 580 CASING SIZE & WEIGHT 2 7/8 EUE
 CASING DEPTH 569 DRILL PIPE Bentley TUBING 539 OTHER _____
 SLURRY WEIGHT _____ SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT in CASING 30' + Plug
 DISPLACEMENT 3.1433 DISPLACEMENT PSI _____ MIX PSI _____ RATE 4 BPD

REMARKS: Hold safety meeting. Establish pump rate. Mix Pump 100# Gel
Flush. Mix pump 70 SKs per blend IA Cement 290 Gal. Cement
to surface. Flush pump & lines clean. Displace 2 1/2" Rubber plug
to baffle in casing. Pressure to 800# PSI. Monitor pressure for
30 minute MIT. Release pressure to set float valve. Shut in
Casing.

TAS Drilling. (wes)

Fred Maden

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
CE 0450	1	PUMP CHARGE	475	1500 ⁰⁰
CE 0002	—	MILEAGE		
CE 0711	1/3 Minimum	Ton Miles Delivery	548	220 ⁰⁰
WE 0853	1 hr	80 BBL Vac Truck	675	100 ⁰⁰
		Sub Total		1620 ⁰⁰
		less 46%		- 837 ²⁰
				982 ⁸⁰
CC 5840	78 SKs	Por Blend IA Cement		1053 ⁰⁰
CC 5965	231#	Bentrite Gel		69 ³⁰
CP 8176	1	2 1/2" Rubber Plug		45 ⁰⁰
		Sub Total		1167 ³⁰
		less 46%		- 536 ⁹⁶
				630 ³⁴
			68	SALES TAX
				ESTIMATED
				TOTAL
				50 ⁴³
				1663 ⁵⁷
				3080 ⁶⁸

Ravin 3737

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