

1271906

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 Yes No

(Attach Additional Sheets)

Samples Sent to Geological Survey Yes No

TCores aken Yes No

Electric Log Run Yes No

Geologist Report / Mud Logs Yes No

List All E. Logs Run:

Log Formation (Top), Depth and Datum Sample

Name Top Datum

CASING RECORD New 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 (Explain) _____				
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 (If vented, Submit ACO-18.)	METHOD OF COMPLETION: <input type="checkbox"/> Open Hole <input type="checkbox"/> Perf. <input type="checkbox"/> Dually Comp. <input type="checkbox"/> Commingled (Submit ACO-5)	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 (Amount and Kind of Material Used)

TUBING RECORD:	Size:	Set At:	Packer At:
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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. 6

Farm John Flake

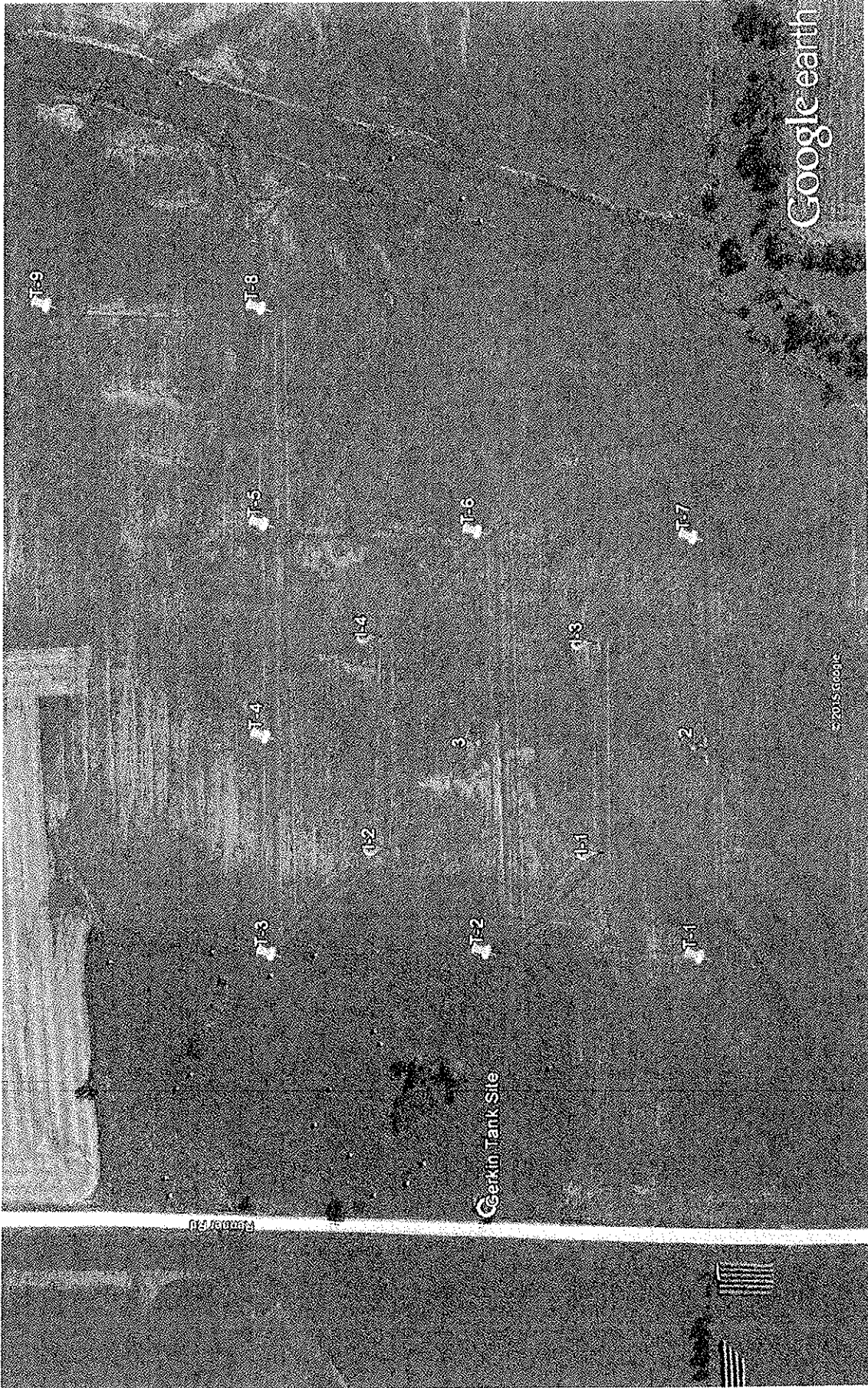
KS Miami
 (State) (County)

8 18 24
 (Section) (Township) (Range)

For Triple T Oil LLC
 (Well Owner)

Town Oilfield Services, Inc.
 1207 N. 1st East
 Louisburg, KS 66053
 913-710-5400

Thickness of Strata	Formation	Total Depth	Remarks
0-15	soil - clay	15	
34	shale	49	
8	lime	57	
12	shale	69	
32	lime	101	
8	shale	109	
21	lime	130	
4	shale	134	
2	lime	136	
4	shale	140	
7	lime	147	
153	shale	300	Hertha
8	sand	308	no oil
45	shale	353	
5	lime	358	
4	shale	362	
7	lime	369	
6	shale	375	
10	lime	385	
15	shale	400	
4	lime	404	
5	shale	409	
4	lime	413	
4	shale	417	
19	lime	436	
24	shale	460	
4	lime	464	



1000
400



Google earth



4730
9636

TICKET NUMBER 49896
 LOCATION Oxkawa KS
 FOREMAN Fred Mader

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

FIELD TICKET & TREATMENT REPORT
 CEMENT

Invoice # **806322**

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
11-6-15	7966	John Flake # 6	SE 8	18	24	MI
CUSTOMER Triple T Oil LLC			TRUCK #	DRIVER	TRUCK #	DRIVER
MAILING ADDRESS P.O. Box 339			712	Fred Mader		
CITY Louisburg			495	Har Bee		
STATE KS			369	Mik Haa		
ZIP CODE 66053			548	Tra Hor		

JOB TYPE Long string HOLE SIZE 5 7/8 HOLE DEPTH 1000 CASING SIZE & WEIGHT 2 7/8 EUE
 CASING DEPTH 560 DRILL PIPE Bufflo. in TUBING @ .540.7 OTHER _____
 SLURRY WEIGHT _____ SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT in CASING _____
 DISPLACEMENT 3.14 BBL DISPLACEMENT PSI _____ MIX PSI _____ RATE 4 BPM

REMARKS: Hold Safety meeting, Establish pump rate. Mix & Pump 100* Gal
 Flush. Mix & Pump 78 SKs Por Blend I A Cement 290 Gal.
 Cement to Surface, Flush pump & lines clean. Displace 2 1/2
 rubber plug to Buffalo in casing. Pressure to 800* PSI.
 Release pressure to set float valve. Shut in casing.

TOS Drilling - (wes) Fred Mader

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
CE0450	1	PUMP CHARGE	495	1500.00
CE0002	30 mi	MILEAGE	495	21450
CF07H	Minimum	Ten Miles Delivery	548	660.00
WE0853	1 hr	80 BBL Vac Truck	369	10080
		Sub Total		247450
		Less 46%		-113827
				133623
CC5842	78 SKs	Por Blend I A Cement	105.30	8213.40
CC5965	231 #	Bentonite Gel	69.20	16084.20
CP8176	1	2 1/2" Rubber Plug	45.00	45.00
		Sub Total		116720
		Less 46%		-53626
				63094
		82	SALES TAX	50.43
			ESTIMATED	2017.00
			TOTAL	3735.18

6903

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.