



1366566

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
--	---

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
---	--	------------------------------------

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:	
----------------	-------	---------	------------	--



Leavenworth County, KS  
Well: Breshears I-1  
Lease Owner: Town Oil

Town Oilfield Service, Inc.  
(913) 294-2125

Commenced Spudding:  
9/7/17

WELL LOG

Thickness of Strata	Formation	Total Depth
0-10	Soil-Clay	10
16	Sand	26
37	Shale	63
7	Lime	70
7	Shale	77
16	Lime	93
5	Shale	98
7	Lime	105
15	Shale	120
34	Lime	154
5	Shale	159
30	Lime	189
2	Shale	191
39	Lime	230
19	Shale	249
5	Lime	254
3	Shale	257
2	Lime	259
11	Shale	270
16	Lime	286
16	Shale	302
20	Lime	322
1	Shale	323
32	Lime	355
6	Shale	361
25	Lime	386
3	Shale	389
6	Lime	395
2	Shale	397
10	Lime	407
6	Shale	413
11	Sand	424
91	Shale	515
14	Sand	529
22	Shale	551
3	Lime	554
17	Shale	571
6	Lime	577
4	Shale	581
4	Lime	585



# 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  $SPM \times D$

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. I-1

Farm Breshears

KS Leavenworth  
 (State) (County)

16 12 21  
 (Section) (Township) (Range)

For Town Oil Company  
 (Well Owner)

15-103-21455

## Town Oilfield Services, Inc.

1207 N. 1st East  
 Louisburg, KS 66053  
 913-710-5400



Thickness of Strata	Formation	Total Depth	Remarks
0-10	soil-clay	10	
16	sand	26	water
37	Shale	63	
7	Lime	70	
7	Shale	77	
16	Lime	93	
5	Shale	98	
7	Lime	105	
15	Shale	120	
34	Lime	154	
5	Shale	159	
30	Lime	189	
2	Shale	191	
39	Lime	230	
19	Shale	249	
5	Lime	254	
3	Shale	257	
2	Lime	259	
11	Shale	270	redbed
16	Lime	286	
16	Shale	302	
20	Lime	322	
1	Shale	323	
32	Lime	355	
6	Shale	361	
25	Lime	386	
3	Shale	389	



389

Thickness of Strata	Formation	Total Depth	Remarks
6	Lime	395	
2	Shale	397	
10	Lime	407	Heilthg
6	Shale	413	
11	Sand	424	no Oil
91	Shale	515	
14	Sand	529	broken - good oil show
22	Shale	551	redbed
3	Lime	554	
17	Shale	571	
6	Lime	577	
4	Shale	581	
4	Lime	585	
8	Shale	593	
9	Lime	602	
15	Shale	617	
2	Lime	619	
12	Shale	631	
3	Lime	634	
29	Shale	663	
1	Lime	664	
6	Shale	670	
15	Sand	685	broken - mostly solid - good
95	Shale	780	saturation
		JD	

# 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
9-7-17		Breshears I-1	16	12	21	LU
Customer			Mailing Address			
			City	State	Zip Code	

Job Type Long String Hole Size 5 5/8 Hole Depth 780 Casing Size & Weight 2 7/8  
 Casing Depth 761 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		0
	136	Cement	10	1360
		Gel		
		Plug		45
			Sales Tax	
			Estimated Total	2355

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.