

1372817

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
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:				

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 _____	

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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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. 2-3

Farm Zummulen

Kansas Crowford
(State) (County)

36 28 21
(Section) (Township) (Range)

For Town Oil Co
(Well Owner)

Town Oil Company, Inc.

16205 W. 287th St.

Paola, KS 66071

913-294-2125

Thickness of Strata	Formation	Total Depth	Remarks
8	soil & clay	8	
4	shale	12	
10	Lime	22	
5	shale	27	
5	Lime	32	Hertha
21	shale	53	
6	sandy lime	59	
4	shale	63	
2	Lime	65	
43	shale	108	
1	Lime	109	
1	slate	110	
7	shale	117	
30	Lime	147 147	
67	shale	214	
21	Lime	235	
11	shale	246	
3	Lime	249	
164	shale	413	
18	sand	431	Broken good oil shows & bleed
11	shale	442	T.O.



PRESSURE PUMPING LLC
 O Box 884, Chanute, KS 66720
 620-431-9210 or 800-467-8676

9357
 9251

TICKET NUMBER 53908
 LOCATION Ottawa KS
 FOREMAN Fred Maden

FIELD TICKET & TREATMENT REPORT
 CEMENT

Invoice #811636

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
10/31/17	7823	Zumwalt # 2-3	NW 36	21	28	CR
CUSTOMER Town Oil Co.			TRUCK # DRIVER TRUCK # DRIVER			
MAILING ADDRESS 16205 W 287th St.			712 / Fre Mad			
CITY Paola			495 / Har Boc			
STATE KS			804 / Mik Hon			
ZIP CODE 66071						

JOB TYPE long string HOLE SIZE 6 3/4 HOLE DEPTH 430' CASING SIZE & WEIGHT 4 1/2
 CASING DEPTH 413' DRILL PIPE _____ TUBING _____ OTHER _____
 SLURRY WEIGHT 6.30 Bls SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT IN CASING 25'
 DISPLACEMENT 4.6 Bls DISPLACEMENT PSI _____ MIX PSI _____ RATE 3 BPM

REMARKS: Hold Safety meeting. Rig run 4 1/2" casing open ended.
 Establish circulation. Mix Pump 80 SKs Per Blend JA
 Cement 2% Cel. Cement to surface. Displace 4" casing clean
 w/ 6.3 Bls water. Shut in casing.

Customer Supplied Water

Fred Maden

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
CE0450	1	PUMP CHARGE	495	1500.00
CE0002	-	MILEAGE	NIC	
CE0711	1/2 Minimum	Ten Miles Delivery	804	602.00
		Sub Total		1802.00
		less 47%		-860.00
				969.00
CE0450	80 SKs	Per Blend JA Cement	1080.00	1080.00
CC5965	135	Bentonite Cel.	40.00	40.00
		Sub Total		1120.00
		less 47%		-526.64
				593.36
		7.5%		44.51
		SALES TAX		445.11
		ESTIMATED TOTAL		1608.36

Ravin 3737

AUTHORIZATION _____ TITLE _____ DATE (303454)

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.