

DRILL LOG

Operator License# 32428

API # 15-121-31491-00-00

Operator _____ Crawford Oil LLC

Lease Feebeck

Address 30842 Indianapolis Rd.

Well # C-4

Contractor JTC Oil, Inc.

Spud Date 7/9/18 Cement 7/12/18

Contractor License 32834

Location _____ of _____

T.D. 420 T.D. of Pipe 410

_____ feet from _____

Surf. Pipe Size 6.5" Depth ft. 20 ft.

_____ feet from _____

Kind of Well Production

3sy

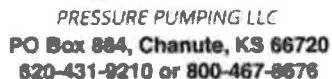
County Miami

Thickness	Strata	From	To	Thickness	Strata	From	To
2	soil	0	2	22	lime	181	203
16	clay	2	18	5	coal	203	208
5	shale	18	23	13	lime	208	221
29	lime	23	52	141	shale	221	362
23	shale	52	75	2	oil sand	362	364 v good
6	lime	75	81	3	oil sand	364	367 v good
42	shale	81	123	3	oil sand	367	370 v good
14	lime	123	137	3	oil sand	370	373 v good
9	shale	137	146	1	oil sand	373	374 good
27	lime	146	173	1	lime oil	374	375 ok
8	coal	173	181	4	sand/shale	375	379 ok

<u>7</u>	<u>shale</u>	<u>379</u>	<u>386</u>
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<u>14</u>	<u>lime</u>	<u>386</u>	<u>400</u>
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<u>20</u>	<u>shale</u>	<u>400</u>	<u>420</u>
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TICKET NUMBER 54056
LOCATION Ottawa, KS
FOREMAN Casey Kennedy

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
7/12/18	2571	Freeback # C-4	SW29	17	22	M1
CUSTOMER Crawford, Keith						
MAILING ADDRESS 30842 Indianapolis Rd						
CITY Paola		STATE KS	ZIP CODE 66071			

TRUCK #	DRIVER	TRUCK #	DRIVER
729	Cas Ken	✓ Safety	Meeting
467	Kei Car	✓	
548	Afa Mad	✓	
675	Har Bec	✓	

JOB TYPE long string HOLE SIZE 5 7/8" HOLE DEPTH 420' CASING SIZE & WEIGHT 2 3/8" EUE
CASING DEPTH 410' DRILL PIPE _____ TUBING _____ OTHER _____
SLURRY WEIGHT _____ SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT in CASING _____
DISPLACEMENT 2.37 bbls DISPLACEMENT PSI _____ MIX PSI _____ RATE 4 bpm
REMARKS: held safety meeting, established circulation, mixed & pumped 100#
Gel followed by 5 bbls fresh water, mixed & pumped, 45 sks thixoided
1 cement w/ 1/4 # Flo-sol per sk, cement to surface, flushed pump
clean, pumped 2 1/2" rubber plug to casing TD w/ 2.37 bbls fresh water,
pressured to 800 PSI, released pressure to set float valve.

Rayin 3737

AUTHORIZATION

TITLE

DATE _____

**ESTIMATED
TOTAL**

58. 106

1949 86

(3249.76)

I acknowledge that the payment terms, unless specifically amended in writing on the front of the form or in the customer's