

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. 7-1

Farm North Hanson

KS Miami
(State) (County)

20 16 24
(Section) (Township) (Range)

For Somerset Energy
(Well Owner)

Town Oilfield Services, Inc.

1207 N. 1st East

Louisburg, KS 66053

913-710-5400

Thickness of Strata	Formation	Total Depth	Remarks
4	soil + clay	4	
31	lime	35	
42	shale	77	
15	lime	92	
10	shale	102	
5	lime	107	
37	shale	144	
14	lime	158	
15	shale	173	
16	lime	199	
9	shale	208	
18	lime	226	
4	shale	230	
3	lime	233	
6	shale	239	
5	lime	244	
5	shale	249	
4	sandy shale	253	
3	broken sand	256	very lite bleed
1	sandy shale	257	
20	shale	277	
8	broken sand	285	ok bleed
3	grey sand	288	no oil
32	sandy shale	320	
40	shale	360	TD

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
3-9-15		North Hanson	20	16	24	MT
Customer			Mailing Address			
Somerset Energy						
			City	State	Zip Code	

Job Type long string Hole Size 5 9/8 Hole Depth 360 Casing Size & Weight 2 7/8
 Casing Depth 332.4 Drill Pipe _____ Tubing _____ Other _____
 Displacement 4.6 Displacement PSI 250 Mix PSI 200 Rate 5 ppm

Remarks _____

Account Code	Quantity or Units	Description of Services or Product	Unit Price	Total
		Pump Charge		700
		Cement Truck		250
		Water Truck		150
		Cement	70	595
		Gel		
		Plug		25
			Sales Tax	
				Estimated Total
				1720

Authorization [Signature] Title _____ Date 3-9-15

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.