





1218968

Operator Name: Triple T Oil, LLC Lease Name: Trinkle Well #: 2W  
 Sec. 12 Twp. 19 S. R. 24  East  West County: Miami

**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 checked="" 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 checked="" type="checkbox"/> No	Name Gamma Ray	Top	Datum
Cores Taken	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Electric Log Run	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
List All E. Logs Run:				
Gamma Ray Neutron Completion Log				

CASING RECORD <input checked="" 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
Surface	9	7	12	21	Portland	4	50/50 POZ
Completion	5.625	2.875	10	283.1	Portland	75	50/50 POZ

ADDITIONAL CEMENTING / SQUEEZE RECORD				
Purpose:	Depth Top Bottom	Type of Cement	# Sacks Used	Type and Percent Additives
___ Perforate				
___ Protect Casing	-			
___ Plug Back TD				
___ 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)*

Shots Per Foot	PERFORATION RECORD - Bridge Plugs Set/Type Specify Footage of Each Interval Perforated	Acid, Fracture, Shot, Cement Squeeze Record <i>(Amount and Kind of Material Used)</i>	Depth
2	240 - 250 21 Shots	Acid 500 gal. 7.5% HCL	
2	253 - 258 11 Shots	Acid 500 gal. 7.5% HCL	

TUBING RECORD: Size: \_\_\_\_\_ Set At: \_\_\_\_\_ Packer At: \_\_\_\_\_ Liner Run:  Yes  No

Date of First, Resumed Production, SWD or ENHR. \_\_\_\_\_ Producing Method:  
 Flowing  Pumping  Gas Lift  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 <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> <input type="checkbox"/> Other <i>(Specify)</i> _____	PRODUCTION INTERVAL: _____ _____
---	--	--

# 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
8/5/14		Trinkle 2-w	12	19	24	Miami
Customer Triple T Oil		Mailing Address				
		City	State	Zip Code		

Job Type longstring Hole Size 5 5/8 Hole Depth 300 Casing Size & Weight 2 7/8  
 Casing Depth 283 Drill Pipe \_\_\_\_\_ Tubing \_\_\_\_\_ Other \_\_\_\_\_  
 Displacement 4.6 Displacement PSI 800 Mix PSI 200 Rate 4 BPM

Remarks \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Account Code	Quantity or Units	Description of Services or Product	Unit Price	Total
		Pump Charge	700	700
		Cement Truck	250	250
		Water Truck	150	150
	75x	Cement	8.50	637.50
		Gel		0
		Plug	25	25
			Sales Tax	
Estimated Total				1762.50

Authorization [Signature] Title Owner Date 8-7-14

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.

Miami County, KS  
 Well:Trinkle 2W  
 Lease Owner:Triple T

Town Oilfield Service, Inc.  
 (913) 837-8400

Commenced Spudding:  
 08/04/2014

WELL LOG

Thickness of Strata	Formation	Total Depth
6	soil/clay	6
31	lime	37
9	shale	46
6	sandy lime	52
12	lime	64
6	shale	70
3	lime	73
5	shale	78
6	lime	84
4	shale	88
3	sandy shale and lime	91
8	shale	99
12	sand	111
1	sand	112
5	sand	117
1	sand	118
2	sand	120
1	sand	121
1	broken sand	122
2	broken sand	124
36	sandy shale and lime	160
51	shale	211
6	sandy shale and lime	217
23	shale	240
1	sand	241
2	sand	243
4	sand	247
1	sand	248
2	sand	250
3	lime	253
3	ssand	256
2	broken sand	258
1	lime	259
12	shale	271
1	sand	272
3	broken sand	275
4	broken sand	279
15	shale	294
6	lime	300-TD