



WELL COMPLETION FORM  
WELL HISTORY - DESCRIPTION OF WELL & LEASE

OPERATOR: License # \_\_\_\_\_

Name: \_\_\_\_\_

Address 1: \_\_\_\_\_

Address 2: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ + \_\_\_\_\_

Contact Person: \_\_\_\_\_

Phone: ( \_\_\_\_\_ ) \_\_\_\_\_

CONTRACTOR: License # \_\_\_\_\_

Name: \_\_\_\_\_

Wellsite Geologist: \_\_\_\_\_

Purchaser: \_\_\_\_\_

Designate Type of Completion:

- New Well       Re-Entry       Workover
- Oil       WSW       SWD       SIOW
- Gas       D&A       ENHR       SIGW
- OG       GSW       Temp. Abd.
- CM (Coal Bed Methane)
- Cathodic       Other (Core, Expl., etc.): \_\_\_\_\_

If Workover/Re-entry: Old Well Info as follows:

Operator: \_\_\_\_\_

Well Name: \_\_\_\_\_

Original Comp. Date: \_\_\_\_\_ Original Total Depth: \_\_\_\_\_

- Deepening       Re-perf.       Conv. to ENHR       Conv. to SWD
- Conv. to GSW
- Plug Back: \_\_\_\_\_ Plug Back Total Depth \_\_\_\_\_
- Commingled      Permit #: \_\_\_\_\_
- Dual Completion      Permit #: \_\_\_\_\_
- SWD      Permit #: \_\_\_\_\_
- ENHR      Permit #: \_\_\_\_\_
- GSW      Permit #: \_\_\_\_\_

Spud Date or Recompletion Date	Date Reached TD	Completion Date or Recompletion Date
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API No. 15 - \_\_\_\_\_

Spot Description: \_\_\_\_\_

\_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_- Sec. \_\_\_\_\_ Twp. \_\_\_\_\_ S. R. \_\_\_\_\_  East  West

\_\_\_\_\_ Feet from  North /  South Line of Section

\_\_\_\_\_ Feet from  East /  West Line of Section

Footages Calculated from Nearest Outside Section Corner:

- NE       NW       SE       SW

County: \_\_\_\_\_

Lease Name: \_\_\_\_\_ Well #: \_\_\_\_\_

Field Name: \_\_\_\_\_

Producing Formation: \_\_\_\_\_

Elevation: Ground: \_\_\_\_\_ Kelly Bushing: \_\_\_\_\_

Total Depth: \_\_\_\_\_ Plug Back Total Depth: \_\_\_\_\_

Amount of Surface Pipe Set and Cemented at: \_\_\_\_\_ Feet

Multiple Stage Cementing Collar Used?  Yes  No

If yes, show depth set: \_\_\_\_\_ Feet

If Alternate II completion, cement circulated from: \_\_\_\_\_

feet depth to: \_\_\_\_\_ w/ \_\_\_\_\_ sx cmt.

Drilling Fluid Management Plan

(Data must be collected from the Reserve Pit)

Chloride content: \_\_\_\_\_ ppm Fluid volume: \_\_\_\_\_ bbls

Dewatering method used: \_\_\_\_\_

Location of fluid disposal if hauled offsite: \_\_\_\_\_

Operator Name: \_\_\_\_\_

Lease Name: \_\_\_\_\_ License #: \_\_\_\_\_

Quarter \_\_\_\_\_ Sec. \_\_\_\_\_ Twp. \_\_\_\_\_ S. R. \_\_\_\_\_  East  West

County: \_\_\_\_\_ Permit #: \_\_\_\_\_

AFFIDAVIT

I am the affiant and I hereby certify that all requirements of the statutes, rules and regulations promulgated to regulate the oil and gas industry have been fully complied with and the statements herein are complete and correct to the best of my knowledge.

Submitted Electronically

KCC Office Use ONLY

- Letter of Confidentiality Received  
Date: \_\_\_\_\_
- Confidential Release Date: \_\_\_\_\_
- Wireline Log Received
- Geologist Report Received
- UIC Distribution
- ALT  I  II  III Approved by: \_\_\_\_\_ Date: \_\_\_\_\_



1062901

Operator Name: \_\_\_\_\_ Lease Name: \_\_\_\_\_ Well #: \_\_\_\_\_

Sec. \_\_\_\_\_ Twp. \_\_\_\_\_ S. R. \_\_\_\_\_  East  West County: \_\_\_\_\_

**INSTRUCTIONS:** Show important tops and base 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. Attach complete copy of all Electric Wire-line Logs surveyed. Attach final geological well site report.

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 Electric Log Submitted Electronically <input type="checkbox"/> Yes <input type="checkbox"/> No <i>(If no, Submit Copy)</i>  List All E. Logs Run:	<input type="checkbox"/> Log Formation (Top), Depth and Datum <input type="checkbox"/> Sample  Name Top Datum
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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
_____ Perforate _____ Protect Casing _____ Plug Back TD _____ Plug Off Zone				

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

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
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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> <i>(Submit ACO-4)</i> <input type="checkbox"/> Other (Specify) _____	PRODUCTION INTERVAL: _____ _____
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Conservation Division  
Finney State Office Building  
130 S. Market, Rm. 2078  
Wichita, KS 67202-3802



Phone: 316-337-6200  
Fax: 316-337-6211  
<http://kcc.ks.gov/>

Mark Sievers, Chairman  
Ward Loyd, Commissioner  
Thomas E. Wright, Commissioner

Sam Brownback, Governor

September 08, 2011

TODD ALLAM  
Val Energy, Inc.  
200 W DOUGLAS AVE STE 520  
WICHITA, KS 67202-3005

Re: ACO1  
API 15-007-23735-00-00  
SMITH 1-22  
NW/4 Sec.22-31S-13W  
Barber County, Kansas

Dear Production Department:

We are herewith requesting that the Well Completion Form ACO-1 and attached information for the subject well be held confidential for a period of two years.

Should you have any questions or need additional information regarding subject well, please contact our office.

Respectfully,  
TODD ALLAM



**RECEIVED**

**AUG 01 2011**

PAGE 1 of 1	CUST NO 1004409	INVOICE DATE 07/30/2011
INVOICE NUMBER 1718 - 90660216		

Pratt (620) 672-1201  
 B VAL ENERGY  
 I 200 W DOUGLAS AVE STE 520  
 L WICHITA  
 L KS US 67202  
 T  
 O ATTN: **AUG 01 2011**

J LEASE NAME **Smith V-5**  
 O LOCATION  
 B COUNTY Barber **SURFACE**  
 S STATE KS  
 I JOB DESCRIPTION Cement-New Well Casing/Pi  
 T JOB CONTACT **9208**  
 E

JOB #	EQUIPMENT #	PURCHASE ORDER NO.	TERMS	DUE DATE
40350034	20920		Net - 30 days	08/29/2011

	QTY	U of M	UNIT PRICE	INVOICE AMOUNT
<b>For Service Dates: 07/28/2011 to 07/28/2011</b>				
0040350034				
171803447A Cement-New Well Casing/Pi 07/28/2011 8 5/8" Surface				
60/40 POZ	190.00	EA	9.48	1,801.21 T
Cello-flake	48.00	EA	2.92	140.30 T
Calcium Chloride	492.00	EA	0.83	408.11 T
Wooden Cement Plug 8 5/8"	1.00	EA	126.40	126.40
Unit Mileage Charge-Pickups, Vans & Cars	40.00	HR	3.36	134.30
Heavy Equipment Mileage	80.00	MI	5.53	442.40
Proppant and Bulk Delivery Charges	328.00	MI	1.26	414.59
Depth Charge; 0-500'	1.00	HR	790.00	790.00
Blending & Mixing Service Charge	190.00	MI	1.11	210.14
Plug Container Utilization Charge	1.00	EA	197.50	197.50
Supervisor	1.00	HR	138.25	138.25

PLEASE REMIT TO:	SEND OTHER CORRESPONDENCE TO:	SUB TOTAL	4,803.20
BASIC ENERGY SERVICES,LP	BASIC ENERGY SERVICES,LP	TAX	171.52
PO BOX 841903	PO BOX 10460	INVOICE TOTAL	4,974.72
DALLAS, TX 75284-1903	MIDLAND, TX 79702		











Customer <i>VAL-ENCL94</i>	Lease No.	Date <i>7-28-11</i>
Lease <i>SMITH</i>	Well # <i>V-5</i>	
Field Order # <i>2447</i>	Station <i>PRATT KS</i>	Casing <i>8 5/8</i>
		Depth <i>276'</i>
Type Job <i>CNW 8 5/8 Surface</i>	Formation	County <i>BARBER</i>
		State <i>KS</i>
		Legal Description <i>22-31-13</i>

PIPE DATA		PERFORATING DATA		FLUID USED		TREATMENT RESUME		
Casing Size	Tubing Size	Shots/Ft		Acid		RATE	PRESS	ISIP
<i>8 5/8</i>								
Depth <i>276'</i>	Depth	From	To	Pre Pad	Max			5 Min.
Volume <i>13</i>	Volume	From	To	Pad	Min			10 Min.
Max Press <i>300</i>	Max Press	From	To	Frac	Avg			15 Min.
Well Connection <i>1 1/2</i>	Annulus Vol.	From	To		HHP Used			Annulus Pressure
Plug Depth <i>210</i>	Packer Depth	From	To	Flush	Gas Volume			Total Load

Customer Representative	Station Manager <i>DAVE SCOTT</i>	Treater <i>Robert Sallison</i>
Service Units <i>37900 33708 20920 19831-19862</i>		
Driver Names <i>Sullivan Melson</i>	<i>MIKEL</i>	

Time	Casing Pressure	Tubing Pressure	Bbls. Pumped	Rate	Service Log
<i>06:00</i>					<i>on loc safety meeting</i>
					<i>run 5 str 8 5/8 cas</i>
<i>2:55</i>					<i>Casing on Bottom</i>
<i>3:00</i>			<i>3</i>	<i>3</i>	<i>Hook Rej circ</i>
					<i>st spacer</i>
			<i>41</i>	<i>5.5</i>	<i>mix cont 190 st 60/40 pot</i>
					<i>cont mix</i>
					<i>Release Plug</i>
<i>3:30</i>	<i>250</i>		<i>13</i>	<i>4</i>	<i>st disp</i>
					<i>plug down</i>
					<i>chk 8 hrs to Pit</i>
					<i>SOR Complete</i>
					<i>Thank you</i>



PAGE	CUST NO	INVOICE DATE
1 of 1	1004409	08/08/2011
<b>INVOICE NUMBER</b>		
<b>1718 - 90666328</b>		

Pratt (620) 672-1201  
 B VAL ENERGY  
 I 200 W DOUGLAS AVE STE 520  
 L WICHITA  
 L KS US 67202  
 T  
 O ATTN:

J LEASE NAME Smith 1-22  
 O LOCATION  
 B COUNTY Barber  
 S STATE KS  
 I JOB DESCRIPTION Cement-New Well Casing/Pi  
 T JOB CONTACT  
 E

*9308- 5 1/2  
 PRODUCTION*

RECEIVED

AUG 09 2011

JOB #	EQUIPMENT #	PURCHASE ORDER NO.	TERMS	DUE DATE
40353205	20920		Net - 30 days	09/07/2011
<b>For Service Dates: 08/03/2011 to 08/03/2011</b>				
0040353205				
171803449A Cement-New Well Casing/Pi 08/03/2011 5 1/2" Longstring				
AA2 Cement		195.00 EA	13.43	2,618.85 T
60/40 POZ		50.00 EA	9.48	474.00 T
De-foamer (Powder)		46.00 EA	3.16	145.36 T
Salt (Fine)		890.00 EA	0.40	351.55 T
Gas-Blok		184.00 EA	4.07	748.60 T
FLA-322		148.00 EA	5.93	876.90 T
Gilsonite		975.00 EA	0.53	516.07 T
Super Flush II		500.00 EA	1.21	604.35 T
Top Rubber Cement Plug 5 1/2"		1.00 EA	82.95	82.95
Guide Shoe-Regular 5 1/2" (Blue)		1.00 EA	197.50	197.50
Flapper Type Insert Float Valves 5 1/2"		1.00 EA	169.85	169.85
Turbolizer 5 1/2" (Blue)		5.00 EA	86.90	434.50
5 1/2" Basket (Blue)		1.00 EA	229.10	229.10
Unit Mileage Charge-Pickups, Vans & Cars		40.00 HR	3.36	134.30
Heavy Equipment Mileage		80.00 MI	5.53	442.40
Proppant and Bulk Delivery Charges		454.00 MI	1.26	573.86
Depth Charge; 4001-5000'		1.00 HR	1,990.80	1,990.80
Blending & Mixing Service Charge		245.00 MI	1.11	270.97
Plug Container Utilization Charge		1.00 EA	197.50	197.50
Supervisor		1.00 HR	138.25	138.25

<b>PLEASE REMIT TO:</b>	<b>SEND OTHER CORRESPONDENCE TO:</b>	<b>SUB TOTAL</b>	<b>11,197.66</b>
BASIC ENERGY SERVICES,LP	BASIC ENERGY SERVICES,LP	<b>TAX</b>	<b>462.50</b>
PO BOX 841903	PO BOX 10460	<b>INVOICE TOTAL</b>	<b>11,660.16</b>
DALLAS, TX 75284-1903	MIDLAND, TX 79702		





**BASIC**<sup>SM</sup>  
ENERGY SERVICES  
PRESSURE PUMPING & WIRELINE

10244 NE Hwy. 61  
P.O. Box 8613  
Pratt, Kansas 67124  
Phone 620-672-1201

FIELD SERVICE TICKET  
1718 03449 A

DATE \_\_\_\_\_ TICKET NO. \_\_\_\_\_

DATE OF JOB: 8-03-11		DISTRICT: PRA TT KS		NEW WELL <input checked="" type="checkbox"/>		OLD WELL <input type="checkbox"/>		PROD <input type="checkbox"/>		INJ <input type="checkbox"/>		WDW <input type="checkbox"/>		CUSTOMER ORDER NO.:	
CUSTOMER: VAL-ENERGY				LEASE: SMITH				1-22				WELL NO.:			
ADDRESS:				COUNTY: BARBER				STATE: KS							
CITY:				STATE:				SERVICE CREW: Sullivan, Nelson, McPRAW							
AUTHORIZED BY:				JOB TYPE: CNW 5 1/2 long string											
EQUIPMENT#	HRS	EQUIPMENT#	HRS	EQUIPMENT#	HRS	TRUCK CALLED		DATE	AM	PM	TIME				
33708-20920	35	min						8-02-11			8:00				
19826-19860	35	min						8-03-11			1:15				
37900											4:25				
											5:00				
											5:45				
												MILES FROM STATION TO WELL: 40			

CONTRACT CONDITIONS: (This contract must be signed before the job is commenced or merchandise is delivered).

The undersigned is authorized to execute this contract as an agent of the customer. As such, the undersigned agrees and acknowledges that this contract for services, materials, products, and/or supplies includes all of and only those terms and conditions appearing on the front and back of this document. No additional or substitute terms and/or conditions shall become a part of this contract without the written consent of an officer of Basic Energy Services LP.

SIGNED: \_\_\_\_\_

(WELL OWNER, OPERATOR, CONTRACTOR OR AGENT)

ITEM/PRICE REF. NO.	MATERIAL, EQUIPMENT AND SERVICES USED	UNIT	QUANTITY	UNIT PRICE	\$ AMOUNT
CP 105	AA 2 coat	SK	195		3,315.00
CP 103	60/40 po2	sk	50		600.00
CC 105	De-foumar	lb	46		184.00
CC 111	Salt	lb	890		445.00
CC 115	cas-B/dk	lb	184		947.60
CC 129	FLA-372	lb	148		1,110.00
CC 201	carbonite	lb	975		653.25
CF 103	TOP Rubber Plug 5 1/2	GA	1		105.00
CF 251	guide shoe	GA	1		250.00
CF 1451	Insert Flt 4	GA	1		215.00
CF 1651	Tool bit	GA	5		550.00
CF 1901	Basket	GA	1		290.00
CC 155	Super Wash II	gal	500		765.00
E 100	Pickup ml/yd	mi	40		170.00
E 101	Heavy Seat ml/yd	mi	80		560.00
E 113	Bulk Delivery	Ton	454		726.40
CE 205	Depth Change 4001-5000	GA	1		2,520.00
CE 240	Blending - mixing	SK	245		343.00
CE 504	plug conditioner	GA	1		250.00
S 003	Solvent Separator	GA	1		175.00
SUB TOTAL					17500

CHEMICAL / ACID DATA:			

SERVICE & EQUIPMENT	%TAX ON \$	
MATERIALS	%TAX ON \$	
TOTAL		11,197.66

SERVICE REPRESENTATIVE: Robert Sullivan	THE ABOVE MATERIAL AND SERVICE ORDERED BY CUSTOMER AND RECEIVED BY: _____
FIELD SERVICE ORDER NO.:	(WELL OWNER OPERATOR CONTRACTOR OR AGENT)





**BASIC**<sup>SM</sup>  
ENERGY SERVICES  
PRESSURE PUMPING & WIRELINE

10244 NE Hwy. 61  
P.O. Box 8613  
Pratt, Kansas 67124  
Phone 620-672-1201

FIELD SERVICE TICKET

1718 03449 A

DATE \_\_\_\_\_ TICKET NO. \_\_\_\_\_

DATE OF JOB	DISTRICT	NEW WELL <input type="checkbox"/>	OLD WELL <input type="checkbox"/>	PROD <input type="checkbox"/>	INJ <input type="checkbox"/>	WDW <input type="checkbox"/>	CUSTOMER ORDER NO.:			
CUSTOMER	LEASE	WELL NO.								
ADDRESS	COUNTY	STATE								
CITY	STATE	SERVICE CREW								
AUTHORIZED BY	JOB TYPE:									
EQUIPMENT#	HRS	EQUIPMENT#	HRS	EQUIPMENT#	HRS	TRUCK CALLED	DATE	AM	PM	TIME
						ARRIVED AT JOB				
						START OPERATION				
						FINISH OPERATION				
						RELEASED				
						MILES FROM STATION TO WELL				

CONTRACT CONDITIONS: (This contract must be signed before the job is commenced or merchandise is delivered).

The undersigned is authorized to execute this contract as an agent of the customer. As such, the undersigned agrees and acknowledges that this contract for services, materials, products, and/or supplies includes all of and only those terms and conditions appearing on the front and back of this document. No additional or substitute terms and/or conditions shall become a part of this contract without the written consent of an officer of Basic Energy Services LP.

SIGNED: \_\_\_\_\_  
(WELL OWNER, OPERATOR, CONTRACTOR OR AGENT)

ITEM/PRICE REF. NO.	MATERIAL, EQUIPMENT AND SERVICES USED	UNIT	QUANTITY	UNIT PRICE	\$ AMOUNT
CP 105	...	...	193		3,315.00
CP 106	...	...	54		1,600.00
CP 109	...	...	46		194.00
CP 111	...	...	...		445.00
CP 115	...	...	16		947.60
CP 119	...	...	16		1,110.00
CP 201	...	...	...		653.25
CP 103	...	...	...		105.00
CP 200	...	...	...		750.00
CP 150	...	...	...		215.00
CP 102	...	...	...		550.00
CP 101	...	...	...		290.00
CP 135	...	...	...		765.00
CP 100	...	...	...		170.00
CP 104	...	...	...		560.00
CP 113	...	...	...		726.40
CP 205	...	...	...		2,320.00
CP 240	...	...	...		342.00
CP 203	...	...	...		250.00
SUB TOTAL					17500

CHEMICAL / ACID DATA:			

SERVICE & EQUIPMENT	%TAX ON \$	
MATERIALS	%TAX ON \$	
TOTAL		11,177.66

SERVICE REPRESENTATIVE	THE ABOVE MATERIAL AND SERVICE ORDERED BY CUSTOMER AND RECEIVED BY:
------------------------	---

FIELD SERVICE ORDER NO. \_\_\_\_\_ (WELL OWNER OPERATOR CONTRACTOR OR AGENT)



Customer <i>VAL-EP299</i>	Lease No.	Date <i>08-03-11</i>
Lease <i>SMITH</i>	Well # <i>1-22</i>	
Field Order # <i>3449</i>	Station <i>PRATT KS</i>	Casing <i>5 1/2</i>
		Depth <i>4647'</i>
Type Job <i>CNW 5 1/2" completions</i>	Formation	County <i>BARBER</i>
		State <i>KS</i>
		Legal Description <i>22-31-13</i>

PIPE DATA		PERFORATING DATA		FLUID USED		TREATMENT RESUME		
Casing Size	Tubing Size	Shots/Ft		Acid	RATE	PRESS	ISIP	
<i>5 1/2</i>								
Depth <i>4647</i>	Depth	From	To	Pre Pad	Max		5 Min.	
Volume <i>110</i>	Volume	From	To	Pad	Min		10 Min.	
Max Press <i>1,500</i>	Max Press	From	To	Frac	Avg		15 Min.	
Well Connection <i>P.C.</i>	Annulus Vol.	From	To		HHP Used		Annulus Pressure	
Plug Depth <i>4629</i>	Packer Depth	From	To	Flush	Gas Volume		Total Load	

Customer Representative	Station Manager <i>DAVE SCOTT</i>	Treater <i>Robert Johnson</i>
-------------------------	--------------------------------------	----------------------------------

Service Units	<i>37900</i>	<i>33708</i>	<i>29920</i>	<i>19826</i>	<i>19860</i>				
Driver Names	<i>Gulhan</i>	<i>molsa</i>	<i>mcgraw</i>						

Time	Casing Pressure	Tubing Pressure	Bbls. Pumped	Rate	Service Log
<i>1:15</i>					<i>Trucks on loc soft, muddy</i>
					<i>Run 122 sts 5 1/2 15 1/2 csg.</i>
					<i>cont 13.5714 back 11</i>
					<i>Tag Bottom set @ 4647' 10' off Bottom</i>
<i>3:25</i>					<i>csg on Bottom</i>
<i>3:35</i>					<i>Hook Dip to circ.</i>
<i>4:25</i>			<i>12</i>	<i>4</i>	<i>8t Super Flush</i>
			<i>5</i>		<i>1t Spacer</i>
			<i>5</i>	<i>5</i>	<i>mix cmt 195 st AA-2 cmt</i>
			<i>47</i>		<i>cmt mixed, wash pump, Ldg</i>
					<i>Release Plug.</i>
				<i>6</i>	<i>8t Dip</i>
	<i>250</i>		<i>74</i>		<i>4t + PSI</i>
	<i>650</i>			<i>1 1/2</i>	<i>Shurkote</i>
<i>5:00</i>	<i>1,500</i>		<i>110</i>	<i>4</i>	<i>plug down</i>
					<i>plug R.H. ann m.H w/ 50 st 60/40 per</i>
					<i>SOB Complete</i>
					<i>Thank you</i>