



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: _____



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
---	---

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> <input type="checkbox"/> Other <i>(Specify)</i> _____ <i>(Submit ACO-4)</i>	PRODUCTION INTERVAL: _____ _____
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Form	ACO1 - Well Completion
Operator	Mull Drilling Company, Inc.
Well Name	W-S Unit 1-17
Doc ID	1066530

All Electric Logs Run

CDL/CNL/PE
DIL
Sonic
Micro

Form	ACO1 - Well Completion
Operator	Mull Drilling Company, Inc.
Well Name	W-S Unit 1-17
Doc ID	1066530

Tops

Name	Top	Datum
Anhydrite	1778	+ 663
B/Anhydrite	1818	+ 623
Heebner Shale	3817	- 1376
Lansing	3856	- 1415
B/KC	4123	- 1682
Marmaton	4174	- 1733
Pawnee	4218	- 1777
Ft. Scott	4315	- 1874
Cherokee Shale	4331	- 1890
Cherokee Sand	4401	- 1960
Gilmore City	4496	- 2055

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

December 02, 2011

Mark Shreve
Mull Drilling Company, Inc.
1700 N WATERFRONT PKWY
BLDG 1200
WICHITA, KS 67206

Re: ACO1
API 15-135-25288-00-00
W-S Unit 1-17
NW/4 Sec.17-16S-22W
Ness 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,
Mark Shreve



DIAMOND TESTING
P.O. Box 157
HOISINGTON, KANSAS 67544
(800) 542-7313
DRILL-STEM TEST TICKET
FILE: _____

TIME ON: _____
TIME OFF: _____

Company _____ Lease & Well No. _____
Contractor _____ Charge to _____
Elevation _____ Formation _____ Effective Pay _____ Ft. Ticket No. _____
Date _____ Sec. _____ Twp. _____ S Range _____ W County _____ State **KANSAS**
Test Approved By _____ Diamond Representative _____

Formation Test No. _____ Interval Tested from _____ ft. to _____ ft. Total Depth _____ ft.
Packer Depth _____ ft. Size 6 3/4 in. Packer depth _____ ft. Size 6 3/4 in.
Packer Depth _____ ft. Size 6 3/4 in. Packer depth _____ ft. Size 6 3/4 in.
Depth of Selective Zone Set _____

Top Recorder Depth (Inside) _____ ft. Recorder Number _____ Cap. _____ P.S.I.
Bottom Recorder Depth (Outside) _____ ft. Recorder Number _____ Cap. _____ P.S.I.
Below Straddle Recorder Depth _____ ft. Recorder Number _____ Cap. _____ P.S.I.

Mud Type _____ Viscosity _____ Drill Collar Length _____ ft. I.D. 2 1/4 in.
Weight _____ Water Loss _____ cc. Weight Pipe Length _____ ft. I.D. 2 7/8 in.
Chlorides _____ P.P.M. Drill Pipe Length _____ ft. I.D. 3 1/2 in.
Jars: Make STERLING Serial Number _____ Test Tool Length _____ ft. Tool Size 3 1/2-IF in.
Did Well Flow? _____ Reversed Out _____ Anchor Length _____ ft. Size 4 1/2-FH in.
Main Hole Size 7 7/8 Tool Joint Size 4 1/2 in. Surface Choke Size 1 in. Bottom Choke Size 5/8 in.

Blow: 1st Open: _____
2nd Open: _____

Recovered _____ ft. of _____	Price Job Other Charges Insurance Total
Recovered _____ ft. of _____	
Recovered _____ ft. of _____	
Recovered _____ ft. of _____	
Recovered _____ ft. of _____	
Recovered _____ ft. of _____	
Remarks: _____	

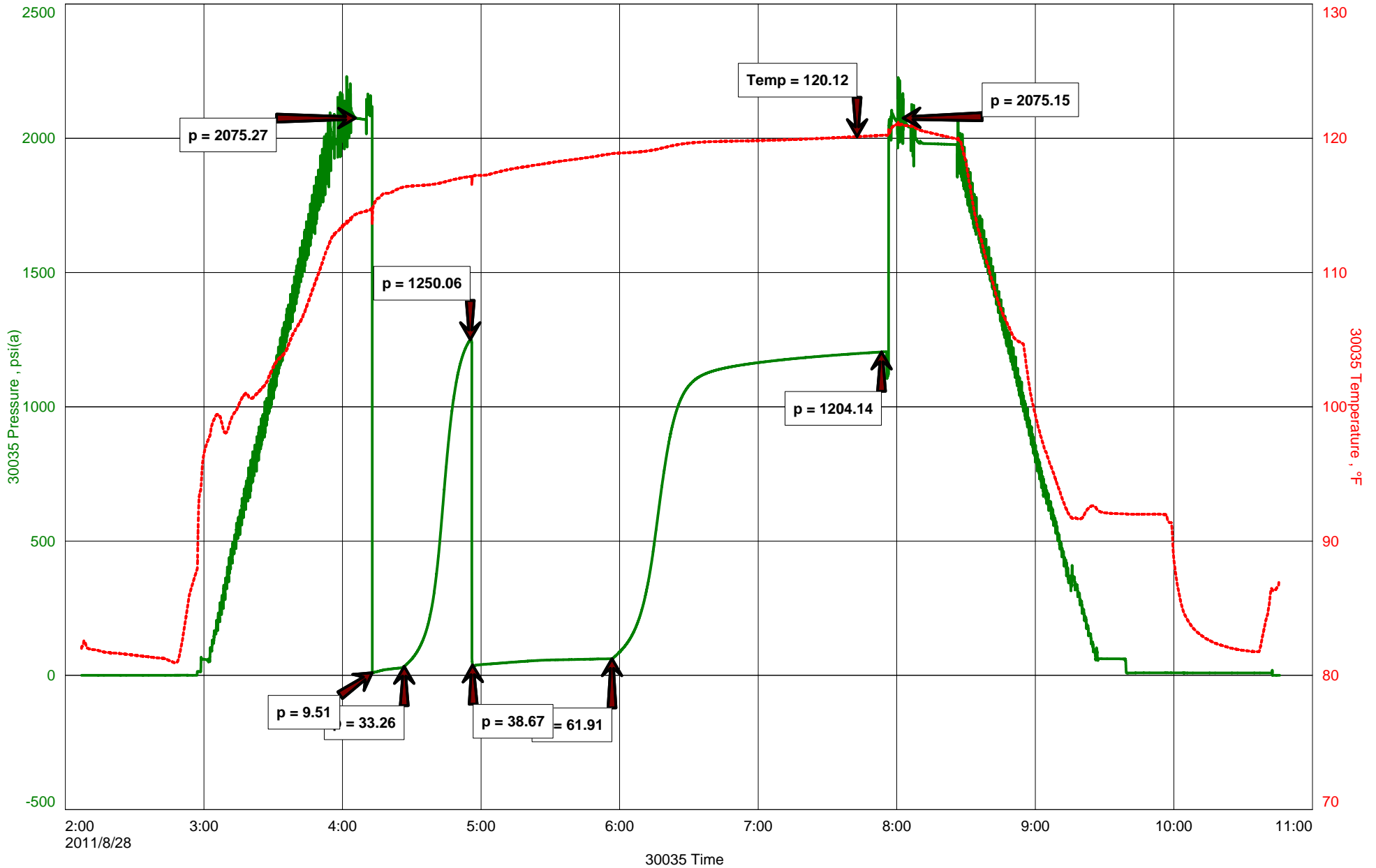
Time Set Packer(s) _____ A.M. P.M. Time Started Off Bottom _____ A.M. P.M. Maximum Temperature _____
Initial Hydrostatic Pressure..... (A) _____ P.S.I.
Initial Flow Period..... Minutes _____ (B) _____ P.S.I. to (C) _____ P.S.I.
Initial Closed In Period..... Minutes _____ (D) _____ P.S.I.
Final Flow Period..... Minutes _____ (E) _____ P.S.I. to (F) _____ P.S.I.
Final Closed In Period..... Minutes _____ (G) _____ P.S.I.
Final Hydrostatic Pressure..... (H) _____ P.S.I.

Diamond Testing shall not be liable for damages of any kind to the property or personnel of the one for whom a test is made or for any loss suffered or sustained, directly or indirectly, through the use of its equipment, or its statement or opinion concerning the result of any test. Tools lost or damaged in the hole shall be paid for at cost by the party for whom the test is made.

Mull Drilling Company Inc
DST # 1 Ft. Scott / Cherokee 4290-4356'
Start Test Date: 2011/08/28
Final Test Date: 2011/08/28

W-S Unit # 1-17
Formation: DST # 1 Ft. Scott / Cherokee 4290-4356'
Pool: Wildcat
Job Number: S0017

W-S Unit # 1-17



Diamond Testing

General information Report

General Information

Company Name Mull Drilling Company Inc

Contact	Mark Shreve	Job Number	S0017
Well Name	W-S Unit # 1-17	Representative	Jacob McCallie
Unique Well ID	DST # 1 Ft. Scott / Cherokee 4290-4356'	Well Operator	Mull Drilling Company Inc
Surface Location	SEC 17-16S-22W Ness County	Report Date	2011/08/28
Well License Number		Prepared By	Jacob McCallie
Field	Wildcat		
Well Type	Vertical		

Test Type	Drill Stem Test		
Formation	DST # 1 Ft. Scott / Cherokee 4290-4356'		
Well Fluid Type	01 Oil	Start Test Time	02:07:00
		Final Test Time	10:46:00
Start Test Date	2011/08/28		
Final Test Date	2011/08/28		
Gauge Name	30035		
Gauge Serial Number			

Test Results

RECOVERED:

67' Oily Mud	18% Oil	82% Mud
62' Gas Cut Muddy Oil	10% Gas	46% Oil 44% Mud
129' TOTAL FLUID		

TOOL SAMPLE:

50% Oil 1% Water 49% Mud



DIAMOND TESTING
P.O. Box 157
HOISINGTON, KANSAS 67544
(800) 542-7313
DRILL-STEM TEST TICKET
FILE: _____

TIME ON: _____
TIME OFF: _____

Company _____ Lease & Well No. _____
Contractor _____ Charge to _____
Elevation _____ Formation _____ Effective Pay _____ Ft. Ticket No. _____
Date _____ Sec. _____ Twp. _____ S Range _____ W County _____ State **KANSAS**
Test Approved By _____ Diamond Representative _____

Formation Test No. _____ Interval Tested from _____ ft. to _____ ft. Total Depth _____ ft.
Packer Depth _____ ft. Size 6 3/4 in. Packer depth _____ ft. Size 6 3/4 in.
Packer Depth _____ ft. Size 6 3/4 in. Packer depth _____ ft. Size 6 3/4 in.
Depth of Selective Zone Set _____

Top Recorder Depth (Inside) _____ ft. Recorder Number _____ Cap. _____ P.S.I.
Bottom Recorder Depth (Outside) _____ ft. Recorder Number _____ Cap. _____ P.S.I.
Below Straddle Recorder Depth _____ ft. Recorder Number _____ Cap. _____ P.S.I.

Mud Type _____ Viscosity _____ Drill Collar Length _____ ft. I.D. 2 1/4 in.
Weight _____ Water Loss _____ cc. Weight Pipe Length _____ ft. I.D. 2 7/8 in.
Chlorides _____ P.P.M. Drill Pipe Length _____ ft. I.D. 3 1/2 in.
Jars: Make STERLING Serial Number _____ Test Tool Length _____ ft. Tool Size 3 1/2-IF in.
Did Well Flow? _____ Reversed Out _____ Anchor Length _____ ft. Size 4 1/2-FH in.
Main Hole Size 7 7/8 Tool Joint Size 4 1/2 in. Surface Choke Size 1 in. Bottom Choke Size 5/8 in.

Blow: 1st Open: _____
2nd Open: _____

Recovered _____ ft. of _____	
Recovered _____ ft. of _____	
Recovered _____ ft. of _____	
Recovered _____ ft. of _____	
Recovered _____ ft. of _____	Price Job
Recovered _____ ft. of _____	Other Charges
Remarks: _____	Insurance
	Total

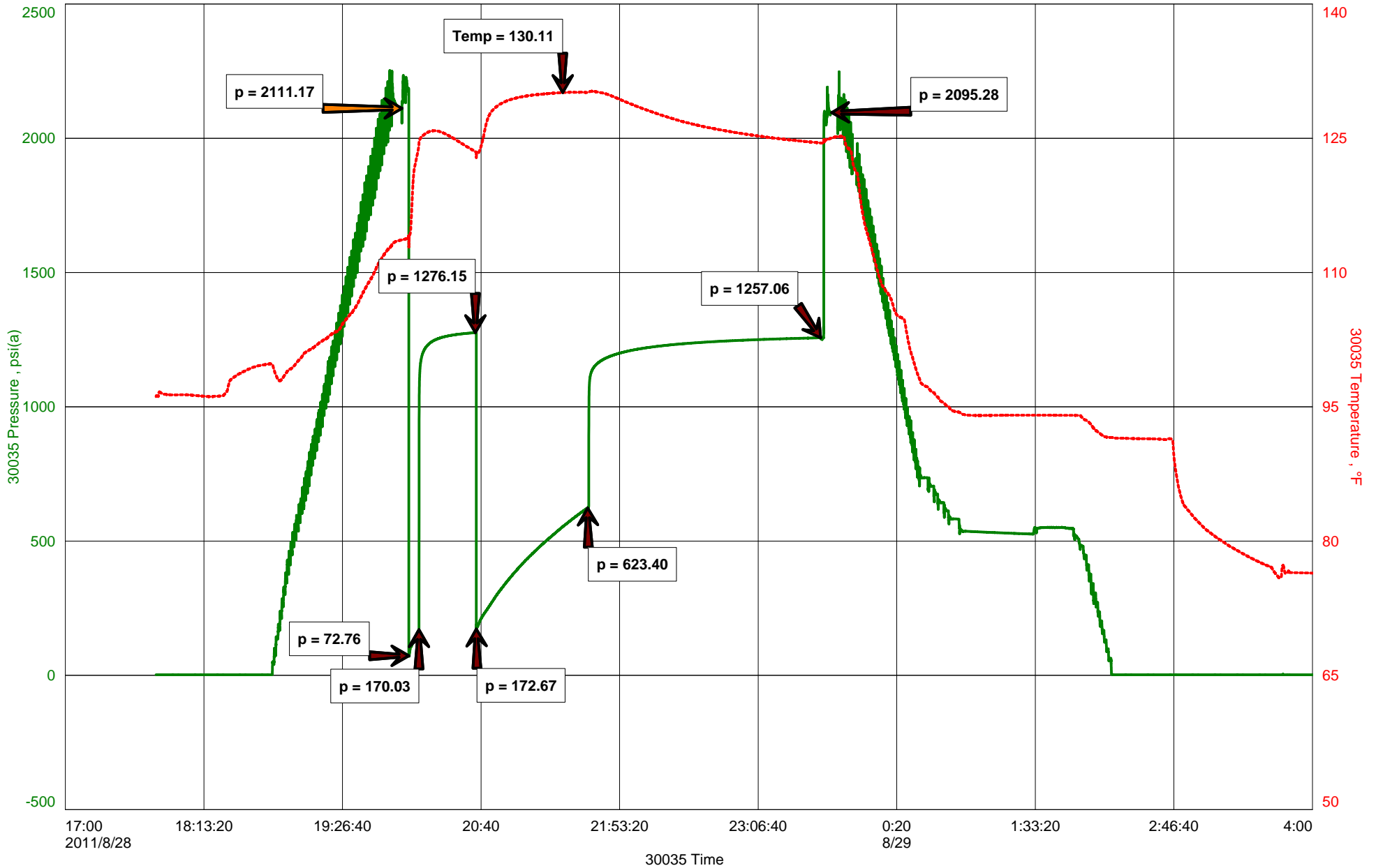
Time Set Packer(s) _____ A.M. P.M. Time Started Off Bottom _____ A.M. P.M. Maximum Temperature _____
Initial Hydrostatic Pressure..... (A) _____ P.S.I.
Initial Flow Period..... Minutes _____ (B) _____ P.S.I. to (C) _____ P.S.I.
Initial Closed In Period..... Minutes _____ (D) _____ P.S.I.
Final Flow Period..... Minutes _____ (E) _____ P.S.I. to (F) _____ P.S.I.
Final Closed In Period..... Minutes _____ (G) _____ P.S.I.
Final Hydrostatic Pressure..... (H) _____ P.S.I.

Diamond Testing shall not be liable for damages of any kind to the property or personnel of the one for whom a test is made or for any loss suffered or sustained, directly or indirectly, through the use of its equipment, or its statement or opinion concerning the result of any test. Tools lost or damaged in the hole shall be paid for at cost by the party for whom the test is made.

Mull Drilling Company Inc
DST #2 Chero Sd. 4365-4426'
Start Test Date: 2011/08/28
Final Test Date: 2011/08/29

W-S Unit # 1-17
Formation: DST #2 Chero Sd. 4365-4426'
Pool: Wildcat
Job Number: S0018

W-S Unit # 1-17



Diamond Testing

General information Report

General Information

Company Name Mull Drilling Company Inc

Contact	Mark Shreve	Job Number	S0018
Well Name	W-S Unit # 1-17	Representative	Jacob McCallie
Unique Well ID	DST #2 Chero Sd. 4365-4426'	Well Operator	Mull Drilling Company Inc
Surface Location	SEC 17-16S-22W Ness County	Report Date	2011/08/29
Well License Number		Prepared By	Jacob McCallie
Field	Wildcat		
Well Type	Vertical		

Test Type	Drill Stem Test		
Formation	DST #2 Chero Sd. 4365-4426'		
Well Fluid Type	01 Oil	Start Test Time	17:48:00
		Final Test Time	03:48:00
Start Test Date	2011/08/28		
Final Test Date	2011/08/29		
Gauge Name	30035		
Gauge Serial Number			

Test Results

RECOVERED:

372' Clean Oil	100% Oil
563' Clean Oil circ to truck	100% Oil
281' Gassy WTR Oil cut Mud circ to truck	5% Gas 19% Oil 15% WTR 61% Mud
160' Oil cut muddy WTR circ down hole	5% Oil 87% WTR 85 Mud
124' Muddy WTR	90% WTR 10% Mud
1500' TOTAL FLUID	

TOOL SAMPLE:

10% Gas 90% Oil

CHLORIDES:	19,000 ppm
RW:	.43 @ 69 degrees F
PH:	7
GRAVITY:	39.5 @ 60 degrees F



CONSOLIDATED
Oil Well Services, LLC

TICKET NUMBER 28123
LOCATION Oakley
FOREMAN Kelly Gabel

PO Box 884, Chanute, KS 66720
620-431-9210 or 800-467-8676

FIELD TICKET & TREATMENT REPORT
CEMENT

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
8-23-11	5659	WS Unit 1-17	17	16S	22W	Ness
CUSTOMER		Mull Drlg		TRUCK #		DRIVER
MAILING ADDRESS		Brownell w to rd		399		Miles S
CITY		STATE		ZIP CODE		
		1 1/2 N		460		COY D
		KMO				

JOB TYPE Surface-0 HOLE SIZE 12 1/4" HOLE DEPTH 215 CASING SIZE & WEIGHT 8 5/8 24#
 CASING DEPTH 215 DRILL PIPE _____ TUBING _____ OTHER _____
 SLURRY WEIGHT 149 SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT In CASING 30'
 DISPLACEMENT _____ DISPLACEMENT PSI _____ MIX PSI _____ RATE _____

REMARKS: Safety Meeting. Rigged up on waw drilling rig #6. Mixed 175 sks com 3% cc + 20 gal. Displaced with 12 1/4 hbl H2O. washed pump and lines clean. Rigged down and left location.

cement did circulate.

of banks
Kelly Gabel

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
54015	1	PUMP CHARGE	1025 ⁰⁰	1025 ⁰⁰
5406	20	MILEAGE	5 ⁰⁰	100 ⁰⁰
5407	8.27 ton	Ton Mileage delivery (min)	158	410 ⁰⁰
11043	175 sks	class A cement	16 ⁸⁰	2940 ⁸⁰
1102	480 [#]	calcium chloride	84	403 ²⁰
1118B	300	Bentonite	24	72 ⁰⁰
				4950 ²⁰
				742 ⁵³
				4207 ⁶⁷
				182 ⁸⁸
				4390 ⁵⁶

Revin 3737

AUTHORIZATION Mark Bussie TITLE Pusher DATE 8-23-11

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.



Services, Inc.

CHARGE TO: **MUD DRILLING**
 ADDRESS
 CITY, STATE, ZIP CODE

TICKET No 22254

PAGE 1 OF 2

1. SERVICE LOCATION: **NESS CITY, KS** WELLP/PROJECT NO. **W-S WIT 1-17** LEASE **NESS** COUNTY/AMBLISH **NESS** STATE **KS** CITY **BROWNELL, KS** DATE **29 AUG 11** OWNER

2. TICKET TYPE: **CONTRACTOR** WELLP/PROJECT NO. **W-S WIT 1-17** CONTRACTOR **WWD DRILLING RIG #6** RIG NAME/NO. **NESS** SHIPPED VIA **TRUCK** DELIVERED TO **LOCATION** ORDER NO.

3. WELLP TYPE: **DRILLING** WELLP TYPE: **DRILLING** WELLP CATEGORY: **DEVELOPMENT** JOB PURPOSE: **SALOON STRING** WELLP PERMIT NO. **3E, 2N, E 170**

4. REFERRAL LOCATION: **WELLP/PROJECT NO.** INVOICE INSTRUCTIONS

PRICE REFERENCE	SECONDARY REFERENCE/ PART NUMBER	ACCOUNTING			DESCRIPTION	QTY.	U/M	QTY.	U/M	UNIT PRICE	AMOUNT
		LOC	ACCT	DF							
575					MILEAGE @ 110	20	MI			60	1200
578					PUMP CHANGE	1	HR	4550	FT	1500	1500
480					GUIDE SHOE	1	EA.			1600	1600
402					NEUTRALIZERS	9	EA.			70	630
403					CEMENT BASKETS	1	EA.			250	250
404					PORT COLLAR	1	EA.	1785	FT	2400	2400
410					TOP PLUG	1	EA.			100	100
413					ROTD WDL SCRAPER	10	EA.			40	400
415					ASBEST FLDAT COLLAR W/FILL UP	1	EA.			400	400
419					ROTATING HEADS RENTAL	1	HR			200	200

LEGAL TERMS: Customer hereby acknowledges and agrees to the terms and conditions on the reverse side hereof which include, but are not limited to, PAYMENT, RELEASE, INDEMNITY, and LIMITED WARRANTY provisions.

MUST BE SIGNED BY CUSTOMER OR CUSTOMER'S AGENT PRIOR TO START OF WORK OR DELIVERY OF GOODS

DATE SIGNED: **30 AUG 11** TIME SIGNED: **0645** BY: **BAH**

REMIT PAYMENT TO:
 SWIFT SERVICES, INC.
 P.O. BOX 466
 NESS CITY, KS 67560
 785-798-2300

SURVEY

OUR EQUIPMENT PERFORMED WITHOUT BREAKDOWN? YES NO

WE UNDERSTOOD AND MET YOUR NEEDS? YES NO

OUR SERVICES WERE PERFORMED WITHOUT DELAY? YES NO

WE OPERATED THE EQUIPMENT AND PERFORMED JOB CALCULATIONS SATISFACTORILY? YES NO

ARE YOU SATISFIED WITH OUR SERVICES? YES NO

CUSTOMER DID NOT WISH TO RESPOND

PAGE TOTAL	1	6160	00
TOTAL	13,123	23	

CUSTOMER ACCEPTANCE OF MATERIALS AND SERVICES: **John W. Smith** APPROVAL: **John W. Smith**

SWIFT OPERATOR: **John W. Smith** THANK YOU!



PO Box 466,
Ness City, KS 67560
Off: 785-798-2300

TICKET CONTINUATION

TICKET No. 22254

ITEM NO.	SECTION NAME	QUANTITY	DESCRIPTION	WELL	DATE	PRICE	AMOUNT
276		1	EDGECE	W-S	1-17	2.00	100.00
283		1	SALT			2.50	250.00
286		1	HALAD-1			7.50	750.00
290		1	D-AIR			3.50	70.00
280		1	FLDCHK			2.50	250.00
221		1	LUBRD KCL			2.50	50.00
327		1	50/50 Poz MIX			10.00	2000.00
581		1	SERVICE CHARGE			2.00	400.00
592		1	TOTAL WEIGHT			2.50	250.00
			LOADED MILLER				6320.00

JOB LOG

SWIFT Services, Inc.

DATE 29 Aug 11 PAGE NO. 1

CUSTOMER Mull Drilling WELL NO. LEASE W-S 1-17 JOB TYPE 1 52 LONGSTRING TICKET NO. 22254

CHART NO.	TIME	RATE (BPM)	VOLUME (BBL) (GAL)	PUMPS		PRESSURE (PSI)		DESCRIPTION OF OPERATION AND MATERIALS
				T	C	TUBING	CASING	
	2300							ON LOCATION.
	0056							START PIPE 5 1/2" - 14" RTD @ 4550 LTD @ 4551 SHOE JT. 21.00 CENTRALIZERS 1, 2, 3, 4, 5, 7, 9, 11, 16, 5 BASKETS 1 @ 6 PORT COLLAR JT # 6 @ 1785'
	0303							DROP BALL CIRCULATE
	0511	6	15	✓	✓		300	Pump 15 R/R KCL SPACER
		6	24	✓	✓		300	Pump 1000 gal FLOCHECK
		6	5		✓		300	Pump 5 BW KCL SPACER
	0521		7					PLUG RA (30 SX)
	0524	4	39		✓			MIX 170 SX 50/50 POZ MIX
	0539							WASH OUT PUMPING LINES
	0542	6			✓			RELEASE PLUG START DISPLACEMENT
	0600	Ø	110		✓		1300	PLUG DOWN
	0603							RELEASE PRESSURE DRY
	0605							WASH TRUCK
								JOB COMPLETE
								THANKS #110
								JASON JEFF JOE



CHARGE TO: **WELL DRILLING**
 ADDRESS:
 CITY, STATE, ZIP CODE:

TICKET
21090
 PAGE 1 OF 1

1. SERVICE LOCATION: **Wichita KS** WELL/PROJECT NO.: **1-17** LEASE: **W & UNIT** COUNTY/PARISH: **NEAS** STATE: **KS** CITY: **Brownell** DATE: **SEP 11** OWNER:
 2. TICKET TYPE: SERVICE SALES CONTRACTOR: **#-B** RIG NAME NO.: **1000000** SHIPPED: **YES** DELIVERED TO: **1000000** ORDER NO.:
 3. WELL TYPE: **017** WELL CATEGORY: **Development** JOB PURPOSE: **cement post collar** WELL PERMIT NO.:
 4. REFERRAL LOCATION: INVOICE INSTRUCTIONS: **17-16-22**

PRICE REFERENCE	SECONDARY REFERENCE/ PART NUMBER	ACCOUNTING		DESCRIPTION	MILEAGE	QTY.	UM	QTY.	UM	UNIT PRICE	AMOUNT
		LOC	ACCT								
575					TEL 114	13	mi			6.00	78.00
576D					Pump Charge	1	ea			1250.00	1250.00
330					5WD cement	1	yd	6t		4250	4250.00
276					Flood	50	lb			2.00	100.00
290					Drnr	2	gal			35.00	70.00
581					Service charge	2	hr			200.00	400.00
582					Drayage (min)	1	hr			250.00	250.00

LEGAL TERMS: Customer hereby acknowledges and agrees to the terms and conditions on the reverse side hereof which include, but are not limited to, PAYMENT, RELEASE, INDEMNITY, and LIMITED WARRANTY provisions.
 MUST BE SIGNED BY CUSTOMER OR CUSTOMER'S AGENT PRIOR TO START OF WORK OR DELIVERY OF GOODS

REMIT PAYMENT TO:
SWIFT SERVICES, INC.
P.O. BOX 466
NESS CITY, KS 67560
785-798-2300

SURVEY
 OUR EQUIPMENT PERFORMED WITHOUT BREAKDOWN? YES NO
 WERE YOUR HEADS MET YOUR HEADS? YES NO
 YOUR SERVICE WAS PERFORMED WITHOUT DELAY? YES NO
 WERE YOU OPERATED THE EQUIPMENT AND PERFORMED JOB CALCULATIONS SATISFACTORILY? YES NO
 ARE YOU SATISFIED WITH OUR SERVICE? YES NO
 CUSTOMER DID NOT WISH TO RESPOND

PAGE TOTAL: **4458.00**
 TAX: **156.24**
 TOTAL: **4614.24**

SWIFT OPERATOR: **ABRAHAM** APPROVAL: **ABRAHAM**
 CUSTOMER ACCEPTANCE OF MATERIALS AND SERVICES: **ABRAHAM**
 Thank You!

JOB LOG

SWIFT Services, Inc.

DATE 9 SEP 11 PAGE NO.

CUSTOMER MOIL Drilling WELL NO. 1-17 LEASE W-S unit JOB TYPE Cement port collar TICKET NO. 21090

CHART NO.	TIME	RATE (BPM)	VOLUME (BBL) (GAL)	PUMPS		PRESSURE (PSI)		DESCRIPTION OF OPERATION AND MATERIALS
				T	C	TUBING	CASING	
								200 lbs SMD w/ 1/8" fiber port collar 1785' 2 7/8" x 5 1/2"
	1300							on loc TRK 114
	1400					1000	1000	test to 1000 psi - hold
	1412							open port collar
	1415	3 1/2	3			200		inj rate
	1420	3 3/4				200		mix SMD cement @ 11.2 ppb
		3 3/4	14			200		circulate fluid to pit
	1440	3 3/4	75			450		cement to pit 140 SMD mixed 20 to pit
								close port collar
	1445					1000	1000	test to 1000 - hold
								RUN 5 joints
	1500		73					Reverse hole clean 2 cement plugs
	1510							wash truck 140 SMD mixed 20 to pit
								Rack up
	1545							job complete
								Thanks Rob, Blaine, & Dave