

KANSAS CORPORATION COMMISSION OIL & GAS CONSERVATION DIVISION

1066530

Form ACO-1 June 2009 Form Must Be Typed Form must be Signed All blanks must be Filled

## WELL COMPLETION FORM

#### WELL HISTORY - DESCRIPTION OF WELL & LEASE

OPERATOR: License #	API No. 15
Name:	Spot Description:
Address 1:	
Address 2:	Feet from North / South Line of Section
City: State: Zip: +	Feet from Cast / West Line of Section
Contact Person:	Footages Calculated from Nearest Outside Section Corner:
Phone: ( )	
CONTRACTOR: License #	
	Lesse Name: Well #:
Purchaser	
Purchaser:	
Designate Type of Completion:	Elevation: Ground: Kelly Bushing:
New Well Re-Entry Workover	Total Depth: Plug Back Total Depth:
Oil WSW SWD SIOW	Amount of Surface Pipe Set and Cemented at: Feet
Gas D&A ENHR SIGW	Multiple Stage Cementing Collar Used? Yes No
OG GSW Temp. Abd.	If yes, show depth set: Feet
CM (Coal Bed Methane)	If Alternate II completion, cement circulated from:
Cathodic Other (Core, Expl., etc.):	feet depth to: w/ sx cmt
If Workover/Re-entry: Old Well Info as follows:	
Operator:	
Well Name:	Drilling Fluid Management Plan (Data must be collected from the Reserve Pit)
Original Comp. Date: Original Total Depth:	
Deepening Re-perf. Conv. to ENHR Conv. to SWD	Chloride content: ppm Fluid volume: bbls
	Dewatering method used:
Plug Back: Plug Back Total Depth	Location of fluid disposal if hauled offsite:
Commingled     Permit #:	
Dual Completion Permit #:	
SWD Permit #:	Lease Name: License #:
ENHR         Permit #:	Quarter Sec TwpS. R East West
GSW Permit #:	County: Permit #:
Spud Date or Recompletion Date         Date Reached TD         Completion Date or Recompletion Date	

#### 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:

	Side Two	1066530			
Operator Name:	Lease Name:	Well #:			
Sec TwpS. 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 (Attach Additional She	eets)	Yes No	L	og Formatio	n (Top), Depth an	d Datum	Sample
Samples Sent to Geolog	ical Survey	Yes No				iop	Datam
Cores Taken Electric Log Run Electric Log Submitted E (If no, Submit Copy)	Electronically	<pre>Yes No</pre> NoNoYes NoNo					
List All E. Logs Run:							
		CASING		ew Used			
		Report all strings set	-conductor, surface, inte	ermediate, producti	ion, 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: —— Perforate	Depth Top Bottom	Type of Cement	# Sacks Used	Type and Percent Additives
Protect Casing Plug Back TD				
Plug Off Zone				

Shots Per Foot		PERFORATION Specify For	I RECOF	RD - Bridge P Each Interval I	lugs Set/Typ Perforated	e		Acid, Fracture, Shot, Co (Amount and Kind	ement Squeeze Record I of Material Used)	Depth
TUBING RECORD:	Siz	:e:	Set At:		Packer	r At:	Liner R	un:	No	
Date of First, Resumed P	Producti	on, SWD or ENHF	₹.	Producing N	1ethod:	ping	Gas Lift	Other (Explain)		
Estimated Production Per 24 Hours		Oil Bb	ls.	Gas	Mcf	Wate	ər	Bbls.	Gas-Oil Ratio	Gravity
DISPOSITIO	N OF G	BAS:			METHOD	OF COMPLE	TION:		PRODUCTION INT	ERVAL:
Vented Sold	<u> </u>	Jsed on Lease		Open Hole	Perf.	Dually (Submit A	Comp. AC <i>O-5)</i>	Commingled (Submit ACO-4)		
(If vented, Subr	nit ACO	-18.)		Other (Specify)						

Mail to: KCC - Conservation Division, 130 S. Market - Room 2078, Wichita, Kansas 67202

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	Тор	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

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	DIAMONI P.O. E HOISINGTON, (800) 5 DRILL-STEM FILE:	D TESTING Box 157 KANSAS 67544 542-7313 TEST TICKET	TIM	E ON:		
Company		Lease & Well No.				
Contractor		Charge to				
Elevation Formation		Effective Pay		Ft. Ti	cket No.	
DateSecTwp	S Ra	ange	W County		State KANS	SAS
Test Approved By		Diamond Representative	e	o,		
Formation Test No. Interval Tested f	from	ft. to	ft. To	tal Depth		ft.
Packer Depth ft. Size 6 3/	/4 in.	Packer depth		ft. Siz	e 63/4 in.	_
Packer Depth ft. Size 6 3/	/4 in.	Packer depth		ft. Siz	e 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.	Ι.
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. Too	I Size 3 1/2-IF	in
Did Well Flow?Reversed Out		Anchor Length		ft. Siz	e 4 1/2-FH	in
Main Hole Size 7 7/8 Tool Joint Size	4 1/2in.	Surface Choke Size_	1	in. Bot	tom Choke Size_5/8	in
Blow: 1st Open:						
2nd Open:						
Recovered ft. of						
Recoveredft. of						
Recoveredft. of						
Recoveredft. of						
Recoveredft. of				Price Job	>	
Recoveredft. of				Other Ch	arges	
Remarks:				Insuranc	e	
A . M			0 M	Total		
Time Set Packer(s) P.M. Tim	ne Started Off Bo	ottom	P.M. Ma	aximum Ter	nperature	
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. t	o (F)	P.S.I.	
Final Closed In PeriodMinutes_		(G)	P.S.I.			
Final Hydrostatic Pressure		(H)	P.S.I.			

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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





Fast

# Diamond Testing

## **General information Report**

### **General Information**

Company Name Mull Drilling Company Inc

Contact Well Name Unique Well ID Surface Location Well License Number Field Well Type	Mark Shreve W-S Unit # 1-17 DST # 1 Ft. Scott / Cherokee 4290-4356' SEC 17-16S-22W Ness County Wildcat Vertical	Job Number Representative Well Operator Report Date Prepared By	S0017 Jacob McCallie Mull Drilling Company Inc 2011/08/28 Jacob McCallie
Test Type Formation	Drill Stem Test DST # 1 Ft. Scott / Cherokee 4290-4356'		
Well Fluid Type	01 Oil	Start Test Time Final Test Time	02:07:00 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%
62' Gas Cut Muddy Oil	10%
129' TOTAL FLUID	

8% Oil 82% Mud 0% Gas\_46% Oil\_44% Mud

TOOL SAMPLE: 50% Oil 1% Water 49% Mud

	DIAMONI P.O. E HOISINGTON, (800) 5 DRILL-STEM FILE:	D TESTING Box 157 KANSAS 67544 542-7313 TEST TICKET	TIM	E ON:		
Company		Lease & Well No.				
Contractor		Charge to				
Elevation Formation		Effective Pay		Ft. Ti	cket No.	
DateSecTwp	S Ra	ange	W County		State KANS	SAS
Test Approved By		Diamond Representative	e	o,		
Formation Test No. Interval Tested f	from	ft. to	ft. To	tal Depth		ft.
Packer Depth ft. Size 6 3/	/4 in.	Packer depth		ft. Siz	e 63/4 in.	-
Packer Depth ft. Size 6 3/	/4 in.	Packer depth		ft. Siz	e 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.	Ι.
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. Too	I Size 3 1/2-IF	in
Did Well Flow?Reversed Out		Anchor Length		ft. Siz	e 4 1/2-FH	in
Main Hole Size 7 7/8 Tool Joint Size	4 1/2in.	Surface Choke Size_	1	in. Bot	tom Choke Size_5/8	in
Blow: 1st Open:						
2nd Open:						
Recovered ft. of						
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Recoveredft. of				Price Job	>	
Recoveredft. of				Other Ch	arges	
Remarks:				Insuranc	e	
A . M			0 M	Total		
Time Set Packer(s) P.M. Tim	ne Started Off Bo	ottom	P.M. Ma	aximum Ter	nperature	
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. t	o (F)	P.S.I.	
Final Closed In PeriodMinutes_		(G)	P.S.I.			
Final Hydrostatic Pressure		(H)	P.S.I.			

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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.



# Diamond Testing

## **General information Report**

### **General Information**

Company Name Mull Drilling Company Inc

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

#### **Test Results**

#### **RECOVERED:**

372' Clean Oil 563' Clean Oil circ to truck 281' Gassy WTR Oil cut Mud circ to truck 160' Oil cut muddy WTR circ down hole 124' Muddy WTR 1500' TOTAL FLUID

100% Oil 100% Oil 5% Gas 19% Oil 15% WTR 61% Mud 5% Oil 87% WTR 85 Mud 90% WTR 10% Mud

TOOL SAMPLE:

10% Gas 90% Oil

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



TICKET NUMBER	28123
	VINV.

FOREMAN Kelly Gabe

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

/•89/0		CEMEN	1			
IER # V	WELL NAME & NUM	BER	SECTION	TOWNSHIP	RANGE	COUNTY
3 WSW	nit 1-17		17	165	220	Ness
Drlg		Brownell w to ka	TRUCK#	DRIVER Miles S	TRUCK #	DRIVER
STATE	ZIP CODE	172 N E. 170	-160	CO14 10	······	
DRILL PIPE	: <u>12 \u)</u> : ol	_  _ HOLE DEPTH _ TUBING WATER gbi/s	215 k	CASING SIZE & V	VEIGHT 85/4 OTHER CASING SC	7 241th
DISPLACE	MENT PSI	MIX PSI	waw	RATE	0:041	a. Mire
n 3%cc	4 290 g	cheque	Placed	with red dou	121/4 br	h = 1 + 20
	ER# ER# STATE O HOLE SIZE ORILL PIPI SLURRY V DISPLACE MCCTIN MCCTIN	Image: State       Well NAME & NUM         Image: State       Zip code         Image: State	ER#     WELL NAME & NUMBER       1     US = Unit 1-17       1     UNIT 1-17       1	ER#       WELL NAME & NUMBER       SECTION $1054ni+1-17$ $17$ $1054ni+1-17$ $17$ $119$ $119$ $119$ $119$ $119$ $119$ $119$ $119$ $119$ $119$ $119$ $119$ $119$ $119$ $119$ $119$ $119$ $119$ $119$ $119$	Image: Section     TOWNSHIP       Image: Section     TRUCK #       Image: Section     Township       Image: Section	ER#       WELL NAME & NUMBER       SECTION       TOWNSHIP       Range $105$ Unit $1-17$ $17$ $16^{5}$ $22^{40}$ $105$ Unit $1-17$ $17$ $16^{5}$ $22^{40}$ $119$ $106$ $17$ $16^{5}$ $22^{40}$ $119$ $106$ $17$ $16^{5}$ $22^{40}$ $119$ $106$ $17$ $16^{5}$ $22^{40}$ $119$ $106$ $17$ $16^{5}$ $22^{40}$ $119$ $1060$ $1060$ $16^{5}$ $22^{40}$ $112^{14}$ $172$ $16^{5}$ $172^{40}$ $1606$ $2067$ $12^{14}$ $11274$ $11274$ $1274$

## coment did circulate.

ACCOUNT	QUANTLY or UNITS	DESCRIPTION of SERVICES or PRODUCT		TOTAL
54015		PUMP CHARGE	10258	102500
5406	20	MILEAGE	500-	10000
5407	\$,27 ten	Ton Milegge delivery (min)	158	41000
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11188	300	Bentonite	. 24	7200
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		2013700 1. 2020		187 89
vin 3737	·		ESTIMATED	
		0	TOTAL	4390-56
UTHORIZTION_	11 auk 12 99	TITLE Yasher	DATE 8-23	-)

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.

ADDRESS	SWIFT
RELICITION RELICITICA	CHARG
	10 M
MIT PAYMENT TO: PILLA FLOAT COLLAR W/FILL PESCRIPTION PESCRIPTION PESCRIPTION PESCRIPTION POLLAR	MILTRICLING
PED FORTHWENT NO. 1001 MILLING CONTRACT TO A	<u>i</u>
Nº 2228 PALLG /1 PAGE 1 PAGE 1	TICKET
112 12 12 12 12 12 12 12 12 12	4 10

	582	581	327		-						221	280	-		290	786	283	276	Services, Inc.	LIIMS
													 						Off: 785-798-2300	PO Box 466.
	TOTAL YEGO 30 LONDED MILES 20	SERVICE CHARGE	SO/SO POZ MIX 20/666L								LIDING KCL	FLOCHECK		()	D-AIR	HALAD-1	SAG	FLOCELE	TOUSTOMEN MULLING	TICKET CONTINUATION
	TON MILES / Legis Tm	ABO SA		· · · · · · · · · · · · · · · · · · ·								1000 044			2	1000111455	1000 llbs	SO /64	WELL W-S 1-17	
6320 ×	2501 25012	2 m 100 m	elador 1210/								 astal SOla	2 1202 12 12 12 12 12 12 12 12 12 12 12 12 12	·		25/12 JO	21024 2312	12 JOD 12	2 20/ 20/ 20/ 20/ 20/ 20/ 20/ 20/ 20/ 20	DANTE PROS OF 2	TICKET 122254

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JOBLO	)G					SWIFT	Servi	ces, Inc	DATE 29 DUG / PAGE HO.
CUSTOMER	LDRIU	JNG	WELL NO.			LEASE	5 1-	17 JOB TYPE 1 S3 LONGSTRINK	- TICKET NO. 22254
CHART	TIME	RATE (HPM)	VOLUME (BBL) (GAL)	PUM	98   C	PRESSUR	(P9I) Casing	DESCRIPTION OF OPERATION A	ND MATERIALS
<u></u>	2300							ON LOCATION.	
								-	
_	0056							START PIPE 52-14	<u>  Ia</u>
								RIDE 4550 LTD	e4551
								SHOE JI. 21.00	
								CENTRALIZERS 1, 2, 3, 4, 5	7,9,11,65
				ļ	L			BASKETS Lelo	
								VORT COLLAR ST & Lele	<u>e/785</u>
	0303							JROP BALL CIRCULA	ге
	0511	6	15	1	7	1	300	Pump 15 Rbl KUL	SPACER
		6	24	<u>\</u>	7		مەد	Pump 1000 gar FLOCHE	CK
		6	5		7		300	Pump STBU KCL SPA	ER
	osai		7					PLUC RH (305x)	<u></u>
	<u>osa4</u>	4	59	<u> </u>	2			m1x1705x 50/50	<u> Tozmia</u>
	0539							WASH DUT PUMPING L	INES
	0542	le			~			RELEASE PLUG START D	ISPLACEMENT
	0600	Ø	110		~		1300	PLUG DOWN	
	0603	<u> </u>						RELEASE PRESSURE D	Ry
	0605							WASH TRUCK	
					-			JOB COMPLETE	
							   .	THANKS #110	
								JASON JEFF JOI	5
					-	<u></u>			
								-	
	£		1	1	L	1			

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SWIFT OPERATOR	but are not limited to, P LIMITED WARRANTY MUST BE SIGNED WORK OR DELIVERY START OF WORK OR DELIVERY START OF WORK OR DELIVERY DATE SIGNED	LEGAL TERMS: Custo Ihe terms and conditions	582	SBI	966	276	330	575	REFERENCE S	4. REFERRAL LOCATION	, 1	SERVICE LOCATIONS, 1	Service	SW
All and a	AVMENT, RELEASE, I provisions. R or customers agent pr of goods 'A TIME SIGNED	mer hereby acknowledg							ECOHDARY REFERENCE/ PART NUMBER	INVOICE INSTRUC			es, Inc.	FT
ER ACCEPT		les and ag		-	ف	-		ىن <b>-</b>		TIONS	ALIKATION	<u>د</u> ا		CHAR
ANCE OF IA	Y, and	rees lo						· .]• .		D		E LESS	STATE, ZIP CO	
ATERIALS AND SERVICES	SWIFT SER P.O. BO NESS CITY 785-79	REMIT PA	Dreyege	SARYIDE C	Draig	flocele_	SIND COME	MILEAGE TEX		eopment a	H-0	u,it-	DEF	JLL DRILLING
The outliamer temby adknow	VICES, INC. DX 466 , KS 67560 18-2300	MENT TO:	(مرسا)	whe			Er (	-114	DESCRIPTION	munt port cellar	HUG RAMERU.	COUNTYPEARISH		
Edges recept of the	WE UNDERSTOOD MET YOUR REEDS DUR SERVICE WAR PERFORMED WITH PERFORMED WITH NE OPERFORMED AND PERFORMED CALCULATIONS CALCULATIONS SATISFACTORU Y7 ARE YOU SATISFIE ARE YOU SATISFIE	OUR EQUIPMENT P										SIAIE		
malerie : Historiades Stedio	AND AND OUT OELAY? OUT OELAY? DIG OUT OELAY? DIG OUT OUT OF OUT OUT OUT OF OUT	EY AGREE DECIN ERFORMED	A	Zapisk	Zigol	50.16	140 lek	13 42	OTY. UNI OTY.		Voctor	Brownell	•	
För Sel	TAX TOTAL	DAGREE PAGE TOTA	250		35	- 2	19/	1250	UM PROE	17-1	WELL J DOW AND	DATE	PAGE	тіск 21(
Thank You!	4458 00		00 252	00 004 00	20 20	8 100 80	50 2310 100	8 1750 80	AMOUNT	6- 22		OWNER		ет 190

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WELL DOULAN WELL NO. 1-17					LEASE W-S	i unit	- JOB TYPE Comment port collar TICKET NU. 21090
HART	TIME	RATE	VOLUME	PUMPS	PRESSUR	E (P8))	DESCRIPTION OF OPERATION AND MATERIALS
NO.		<u>(89M)</u>	(BBL) (GAL)			UAOIMU	2005kg SHID w/ # Shrold
							- + uller 170'E' 27=5
			+				a). Toy ild
	1300				<u> </u>		DA 18C KE 119
					10.0	<u> </u>	last 1 100 kild
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		24					CURCING & PERCHANNEL
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