

Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION OIL & GAS CONSERVATION DIVISION

1071807

Form ACO-1
August 2013
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:			SecTwpS. R		
Address 2:			F6	eet from North /	South Line of Section
City:	State: Z	ip:+	Fe	eet from East /	West Line of Section
Contact Person:			Footages Calculated from I	Nearest Outside Section C	Corner:
Phone: ()			□ NE □ NW	V □SE □SW	
CONTRACTOR: License #			GPS Location: Lat:	, Long: _	
Name:				(e.g. xx.xxxxx)	(e.gxxx.xxxxx)
Wellsite Geologist:			Datum: NAD27	NAD83 WGS84	
Purchaser:			County:		
Designate Type of Completion:			Lease Name:	W	/ell #:
	e-Entry	Workover	Field Name:		
	_		Producing Formation:		
☐ Oil ☐ WSW	☐ SWD	☐ SIOW	Elevation: Ground: Kelly Bushing:		
☐ Gas ☐ D&A ☐ ENHR ☐ SIGW ☐ GSW ☐ Temp. Abd.			Total Vertical Depth: Plug Back Total Depth:		
CM (Coal Bed Methane)			Amount of Surface Pipe Set and Cemented at: Feet		
Cathodic Other (Core, Expl., etc.):			Multiple Stage Cementing	Collar Used? Yes	No
If Workover/Re-entry: Old Well I			If yes, show depth set:		Feet
Operator:			If Alternate II completion, c	cement circulated from:	
Well Name:			feet depth to:	w/	sx cmt.
Original Comp. Date:					
Deepening Re-perf	•	NHR Conv. to SWD	Drilling Fluid Managemer	nt Plan	
☐ Plug Back	Conv. to G		(Data must be collected from the		
Commingled	Pormit #:		Chloride content:	ppm Fluid volume	e: bbls
Dual Completion			Dewatering method used: _		
SWD			Location of fluid disposal if	hauled offsite	
☐ ENHR			1		
GSW	Permit #:		Operator Name:		
_ _			Lease Name:	License #:_	
Spud Date or Date R	eached TD	Completion Date or	Quarter Sec	TwpS. R	East _ West
Recompletion Date		Recompletion Date	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						
Confidentiality Requested						
Date:						
Confidential Release Date:						
Wireline Log Received						
Geologist Report Received						
UIC Distribution						
ALT I II Approved by: Date:						

Page Two



Operator Name:				Lease N	Name: _			_ Well #:		
Sec Twp	S. R	East	West	County	:					
	ow important tops of fo ing and shut-in pressu o surface test, along wi	res, whe	ther shut-in pre	ssure reacl	hed stati	c level, hydrosta	tic pressures, bo			
Final Radioactivity Logilles must be submitted						gs must be ema	iled to kcc-well-lo	ogs@kcc.ks.go	v. Digital	electronic log
Drill Stem Tests Taken (Attach Additional S		Ye	es No			3	on (Top), Depth a			Sample
Samples Sent to Geol	ogical Survey	Ye	es 🗌 No		Nam	9		Тор	L	Datum
Cores Taken Electric Log Run		☐ Y€								
List All E. Logs Run:										
			CASING	RECORD	│ Ne	w Used				
		Repo				rmediate, producti	on, etc.			
Purpose of String	Size Hole Drilled		e Casing : (In O.D.)	Weig Lbs./		Setting Depth	Type of Cement	# Sacks Used		and Percent dditives
									<u> </u>	
Purpose	Depth					EEZE RECORD				
Purpose: Perforate	Top Bottom	Туре	e of Cement # Sacks Used			Type and Percent Additives				
Protect Casing Plug Back TD										
Plug Off Zone										
Did you perform a hydrau	ilic fracturing treatment or	n this well?	·			Yes	No (If No, sk	ip questions 2 ar	nd 3)	
	otal base fluid of the hydra		•		•			ip question 3)		
Was the hydraulic fractur	ing treatment information	submitted	to the chemical of	disclosure reg	gistry?	Yes	No (If No, file	out Page Three	of the ACC)-1)
Shots Per Foot			ID - Bridge Plug Each Interval Perl				cture, Shot, Cemen		b	Depth
TUBING RECORD:	Size:	Set At:		Packer At	t:	Liner Run:				
							Yes No			
Date of First, Resumed	Production, SWD or ENH	R.	Producing Meth Flowing	nod:	g 🗌	Gas Lift C	other (Explain)			
Estimated Production Per 24 Hours	Oil Bl	bls.	Gas	Mcf	Wate	er Bl	ols.	Gas-Oil Ratio		Gravity
DIODOGITI	ON OF CAC			ACTUOD OF	COMPLE	TION		DDODUGT		
Vented Sold	ON OF GAS: Used on Lease		N Open Hole	NETHOD OF \Box Perf.	Dually	Comp. Con	nmingled	PRODUCTIO	λΝ ΙΝΙΕΚ\	/AL:
(If vented, Sub			Other (Specify)		(Submit A		mit ACO-4)			

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/

Sam Brownback, Governor

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

January 17, 2012

Ted McHenry Raymond Oil Company, Inc. PO BOX 48788 WICHITA, KS 67202-1822

Re: ACO1 API 15-203-20167-00-00 G & G Smith 1 SE/4 Sec.06-20S-35W Wichita 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, Ted McHenry



Raymond Oil Co, Inc

6-20s-35w Wichita, KS

PO Box 48788 Wichita, KS 67202 GG Smith #1

Job Ticket: 44497

DST#:1

ATTN: Max Lovely

Test Start: 2011.10.26 @ 02:03:00

Bradley Walter

GENERAL INFORMATION:

Formation: Marmaton

Deviated: No Whipstock: ft (KB) Test Type: Conventional Bottom Hole (Reset)

Time Tool Opened: 05:16:00 Time Test Ended: 15:38:00

Unit No: 40

Tester:

Interval: 4519.00 ft (KB) To 4545.00 ft (KB) (TVD)

Reference Elevations:

3209.00 ft (KB)

Total Depth: 4445.00 ft (KB) (TVD)

3198.00 ft (CF)

Hole Diameter:

7.88 inches Hole Condition: Good

KB to GR/CF: 11.00 ft

Serial #: 8652 Press@RunDepth: Inside

763.21 psig @

4520.00 ft (KB)

Capacity:

8000.00 psig

Start Date:

2011.10.26

End Date:

2011.10.26

Last Calib.: Time On Btm: 2011.10.26 2011.10.26 @ 05:15:45

Start Time:

02:03:05

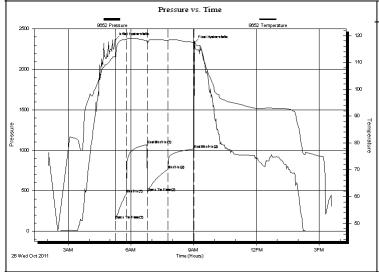
End Time:

15:38:00

Time Off Btm: 2011.10.26 @ 09:02:45

TEST COMMENT: IF: BOB @ 30 seconds.

ISI: BOB @ 14 min. FF: BOB @ 45 seconds. ISI: 5 inch blow.



PRESSURE SUMMARY

Time	Pressure	Temp	Annotation
(Min.)	(psig)	(deg F)	
0	2363.05	112.07	Initial Hydro-static
1	143.25	111.15	Open To Flow (1)
32	464.26	118.51	Shut-In(1)
91	1069.31	118.06	End Shut-In(1)
92	485.95	117.18	Open To Flow (2)
151	763.21	118.26	Shut-In(2)
226	1015.94	117.51	End Shut-In(2)
227	2330.45	117.82	Final Hydro-static

Recovery

Length (ft)	Description	Volume (bbl)				
120.00	mco 40m 60o	0.59				
1875.00	go 20g 80o	24.83				
0.00	1364 GIP	0.00				
* Recovery from multiple tests						

Gas Rates

Choke (inches) Pressure (psig) Gas Rate (Mcf/d)

Trilobite Testing, Inc

Ref. No: 44497

Printed: 2011.11.15 @ 15:10:48



FLUID SUMMARY

Raymond Oil Co, Inc

6-20s-35w Wichita, KS

PO Box 48788 Wichita, KS 67202 GG Smith #1

Job Ticket: 44497

DST#: 1

ATTN: Max Lovely

Test Start: 2011.10.26 @ 02:03:00

Mud and Cushion Information

Mud Type:Gel ChemCushion Type:Oil A Pl:31 deg A PlMud Weight:9.00 lb/galCushion Length:ftWater Salinity:0 ppm

Viscosity: 54.00 sec/qt Cushion Volume: bbl

Water Loss: 8.76 in³ Gas Cushion Type:

Resistivity: ohm.m Gas Cushion Pressure: psig

Salinity: 4200.00 ppm Filter Cake: 1.00 inches

Recovery Information

Recovery Table

Length ft	Description	Volume bbl
120.00	mco 40m 60o	0.590
1875.00	go 20g 80o	24.826
0.00	1364 GIP	0.000

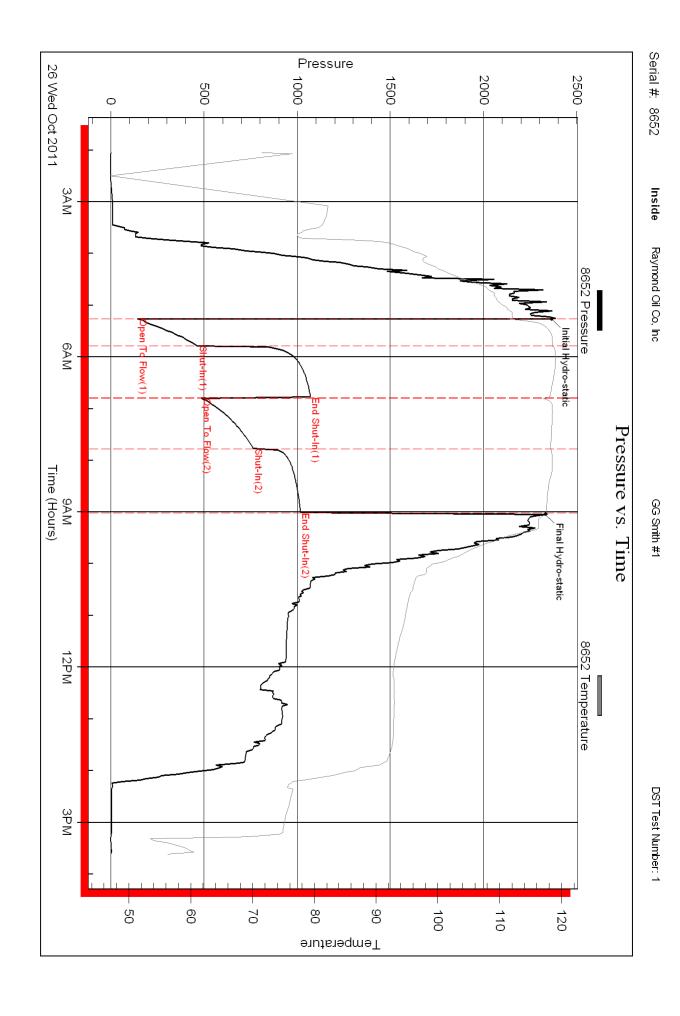
Total Length: 1995.00 ft Total Volume: 25.416 bbl

Num Fluid Samples: 0 Num Gas Bombs: 0 Serial #:

Laboratory Name: Laboratory Location:

Recovery Comments:

Trilobite Testing, Inc Ref. No: 44497 Printed: 2011.11.15 @ 15:10:49



Trilobite Testing, Inc

Ref. No.

44497

Printed: 2011.11.15 @ 15:10:50



Raymond Oil Co, Inc

6-20s-35w Wichita, KS

PO Box 48788 Wichita, KS 67202 GG Smith #1 Job Ticket: 44498

DST#: 2

ATTN: Max Lovely

Test Start: 2011.10.27 @ 10:16:00

GENERAL INFORMATION:

Formation: Myric Station

Deviated: Whipstock: Test Type: Conventional Bottom Hole (Reset) No ft (KB)

Time Tool Opened: 13:12:15 Time Test Ended: 19:28:45

Unit No:

Total Depth: 4660.00 ft (KB) (TVD)

7.88 inches Hole Condition: Good KB to GR/CF: Hole Diameter:

11.00 ft

Bradley Walter

Serial #: 8652 Press@RunDepth: Inside

42.67 psig @

4601.00 ft (KB) To 4660.00 ft (KB) (TVD)

4602.00 ft (KB)

2011.10.27

Capacity:

Tester:

Reference Elevations:

8000.00 psig

3209.00 ft (KB)

3198.00 ft (CF)

Start Date: Start Time:

Interval:

2011.10.27 10:16:05

End Date: End Time:

19:28:45

Last Calib.: Time On Btm:

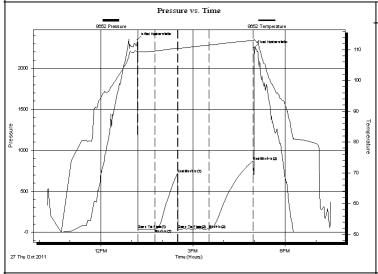
2011.10.27 2011.10.27 @ 13:12:00

Time Off Btm:

2011.10.27 @ 16:59:15

TEST COMMENT: IF: Surface blow, died @ 9 minutes.

ISI: No return. FF: No blow. FSI: No return.



PRESSURE SUMMARY

Time	Pressure	Temp	Annotation
(Min.)	(psig)	(deg F)	
0	2349.80	109.59	Initial Hydro-static
1	40.06	108.60	Open To Flow (1)
34	40.97	109.51	Shut-In(1)
78	718.50	110.52	End Shut-In(1)
79	40.83	110.32	Open To Flow (2)
139	42.67	111.45	Shut-In(2)
226	871.87	112.97	End Shut-In(2)
228	2253.09	113.35	Final Hydro-static
	1		

Recovery

Length (ft)	Description	Volume (bbl)				
10.00	mud 100m (oil spots)	0.05				
* Recovery from multiple tests						

Gas Rates

Choke (inches) Pressure (psig) Gas Rate (Mcf/d)

Trilobite Testing, Inc. Ref. No: 44498 Printed: 2011.11.15 @ 15:10:12



FLUID SUMMARY

0 ppm

Raymond Oil Co, Inc

6-20s-35w Wichita, KS

PO Box 48788 Wichita, KS 67202 GG Smith #1
Job Ticket: 44498

Serial #:

DST#: 2

ATTN: Max Lovely

Test Start: 2011.10.27 @ 10:16:00

Mud and Cushion Information

Mud Type: Gel Chem Cushion Type: Oil API: 0 deg API

Mud Weight:9.00 lb/galCushion Length:ftWater Salinity:Viscosity:53.00 sec/qtCushion Volume:bbl

Water Loss: 7.97 in³ Gas Cushion Type:

Resistivity: ohm.m Gas Cushion Pressure: psig

Salinity: 6200.00 ppm Filter Cake: 1.00 inches

Recovery Information

Recovery Table

Length ft	Description	Volume bbl
10.00	mud 100m (oil spots)	0.049

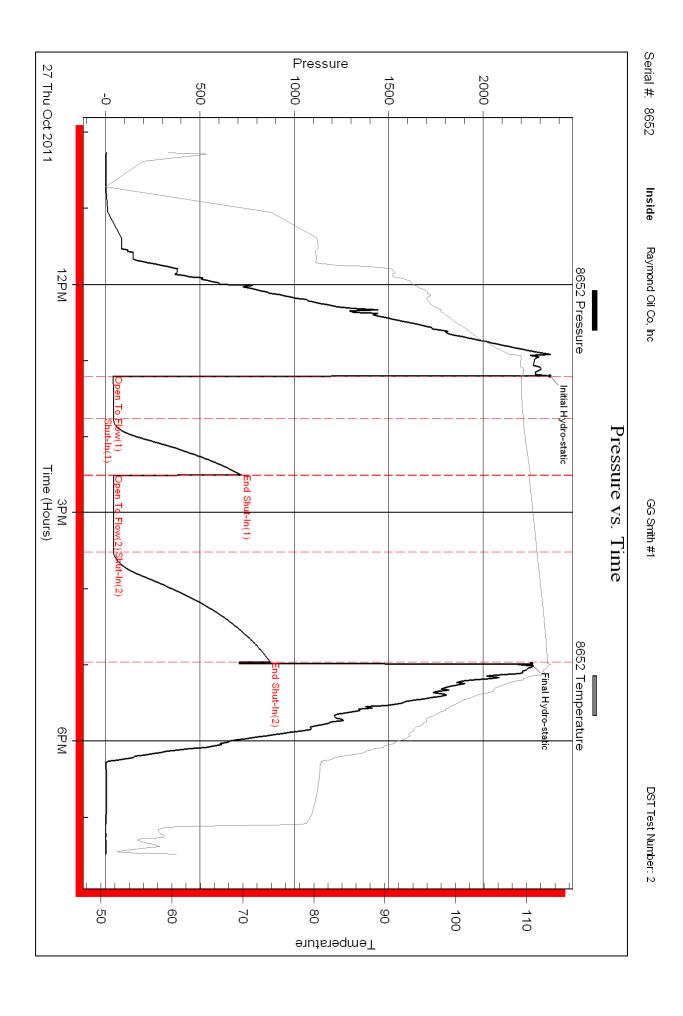
Total Length: 10.00 ft Total Volume: 0.049 bbl

Num Fluid Samples: 0 Num Gas Bombs: 0

Laboratory Name: Laboratory Location:

Recovery Comments:

Trilobite Testing, Inc Ref. No: 44498 Printed: 2011.11.15 @ 15:10:14



Trilobite Testing, Inc

Ref. No.

44498

Printed: 2011.11.15 @ 15:10:14



Raymond Oil Co, Inc

6-20s-35w Wichita,KS

PO Box 48788 Wichita, KS 67202 GG Smith #1

Job Ticket: 44499

DST#: 3

ATTN: Max Lovely

Test Start: 2011.10.28 @ 19:20:00

GENERAL INFORMATION:

Formation: Atoka

Deviated: No Whipstock: ft (KB)

Test Type: Conventional Straddle (Reset) Time Tool Opened: 22:18:45 Tester: **Bradley Walter**

Time Test Ended: 04:25:00 Unit No:

Interval: 4802.00 ft (KB) To 4863.00 ft (KB) (TVD) Reference Elevations: 3209.00 ft (KB)

Total Depth: 4863.00 ft (KB) (TVD) 3198.00 ft (CF)

Hole Diameter: 7.88 inches Hole Condition: Good KB to GR/CF: 11.00 ft

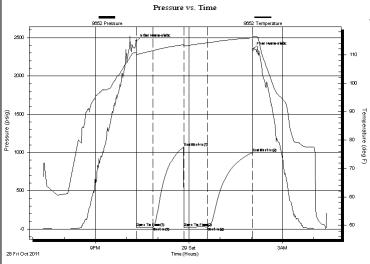
Serial #: 8652 Inside

Press@RunDepth: 4803.00 ft (KB) 28.65 psig @ Capacity: 8000.00 psig

Start Date: 2011.10.28 End Date: 2011.10.29 Last Calib.: 2011.10.29 Start Time: 19:20:05 End Time: 2011.10.28 @ 22:18:30 04:25:00 Time On Btm: Time Off Btm: 2011.10.29 @ 02:02:30

TEST COMMENT: IF: Surface blow, died in 8 min.

ISI: No return. FF: No blow. FSI: No return.



	PRESSURE SUMMARY							
	Time	Pressure	Temp	Annotation				
	(Min.)	(psig)	(deg F)					
	0	2454.57	110.68	Initial Hydro-static				
	1	24.00	109.77	Open To Flow (1)				
	32	27.54	111.40	Shut-In(1)				
Į,	92	1072.30	113.53	End Shut-In(1)				
anna	92	27.26	112.86	Open To Flow (2)				
et ire	138	28.65	114.20	Shut-In(2)				
neb)	224	998.54	115.93	End Shut-In(2)				
פ	224	2348.29	116.38	Final Hydro-static				

Recovery

Length (ft)	Description	Volume (bbl)
5.00	mud 100m	0.02
* Recovery from mult	iple tests	

Gas Rates					
	Choke (inches)	Pressure (psig)	Gas Rate (Mcf/d)		

Printed: 2011.11.15 @ 15:09:23 Trilobite Testing, Inc. Ref. No: 44499



FLUID SUMMARY

0 ppm

Raymond Oil Co, Inc

6-20s-35w Wichita, KS

PO Box 48788 Wichita, KS 67202 **GG Smith #1**Job Ticket: 44499

Serial #:

DST#: 3

ATTN: Max Lovely

Test Start: 2011.10.28 @ 19:20:00

Mud and Cushion Information

Mud Type: Gel Chem Cushion Type: Oil API: 0 deg API

Mud Weight:9.00 lb/galCushion Length:ftWater Salinity:Viscosity:51.00 sec/qtCushion Volume:bbl

Water Loss: 7.98 in³ Gas Cushion Type:

Resistivity: ohm.m Gas Cushion Pressure: psig

Salinity: 6400.00 ppm Filter Cake: 1.00 inches

Recovery Information

Recovery Table

Length ft	Description	Volume bbl
5.00	mud 100m	0.025

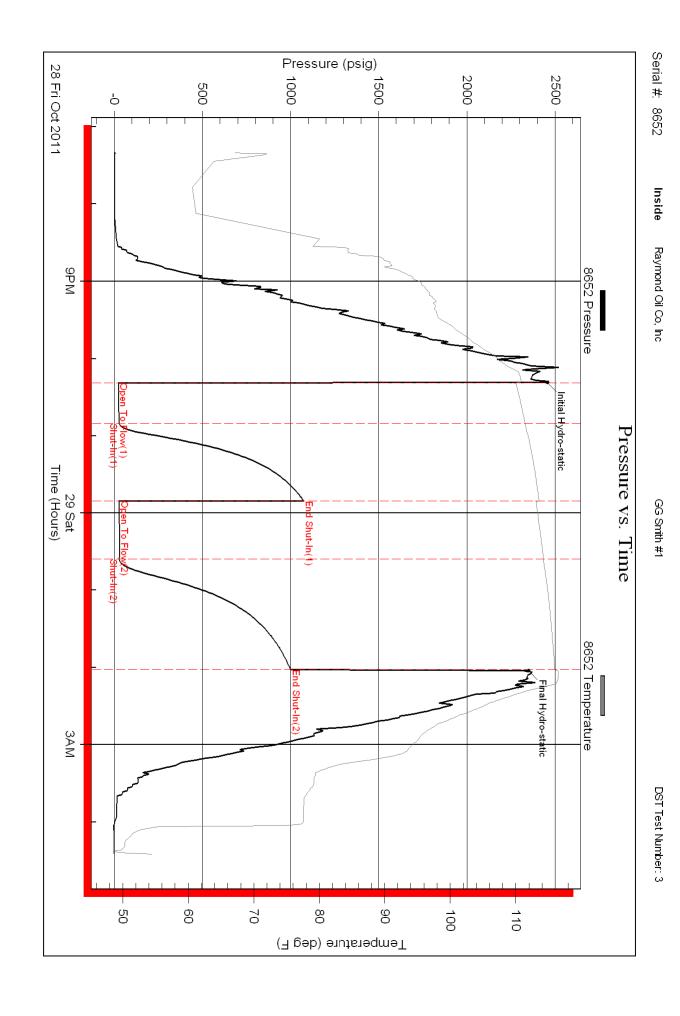
Total Length: 5.00 ft Total Volume: 0.025 bbl

Num Fluid Samples: 0 Num Gas Bombs: 0

Laboratory Name: Laboratory Location:

Recovery Comments:

Trilobite Testing, Inc Ref. No: 44499 Printed: 2011.11.15 @ 15:09:23



Trilobite Testing, Inc

Ref. No:

44499

Printed: 2011.11.15 @ 15:09:24

Max R. Lovely

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	DRILLING	THE AND	SAMPLE	LUG		
Raymond (G.G.Smith Wildcat	#1		and the same of the control of the c	3209	EVA TOMS	- 1 /t-a
6 Wichita	SW SE 20	KS 35W		3198 KB		
THE TRACTOR H2 Rig	2			85	'8€268'	a stanta
10-19-2011		30-11			472" e	
5196	5	198				
3388		Chem		MICRO	D, DIN	D
Base Anhydrite	2341	2342	867	879	879	
Stotler	3574 3976	3574	-365	-348	-336 -754	
Heebner Lansing	4028	3991 4038	-782 -829	-768 -820	-734 -804	
Stark	4353	ABS	929	-1135	-1113	
Marmaton	4526	4526	-1317	-1320	-1296	
Pawnee	4608	4613	-1404	-1415	-1384	
Myric Station	4638	4648	-1439	-1454	-1416	
Fort Scott	4652	4663	-1454	-1468	-1436	
Cherokee	4700	4693	-1484	-1502	-1466	

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Woolsey W R Wells #1 NW NW SW 7-20-35W Raymond Holstein #1 NE Ne SW NW 12-20-36W

Johnson

Morrow SH Mississippi

Atoka

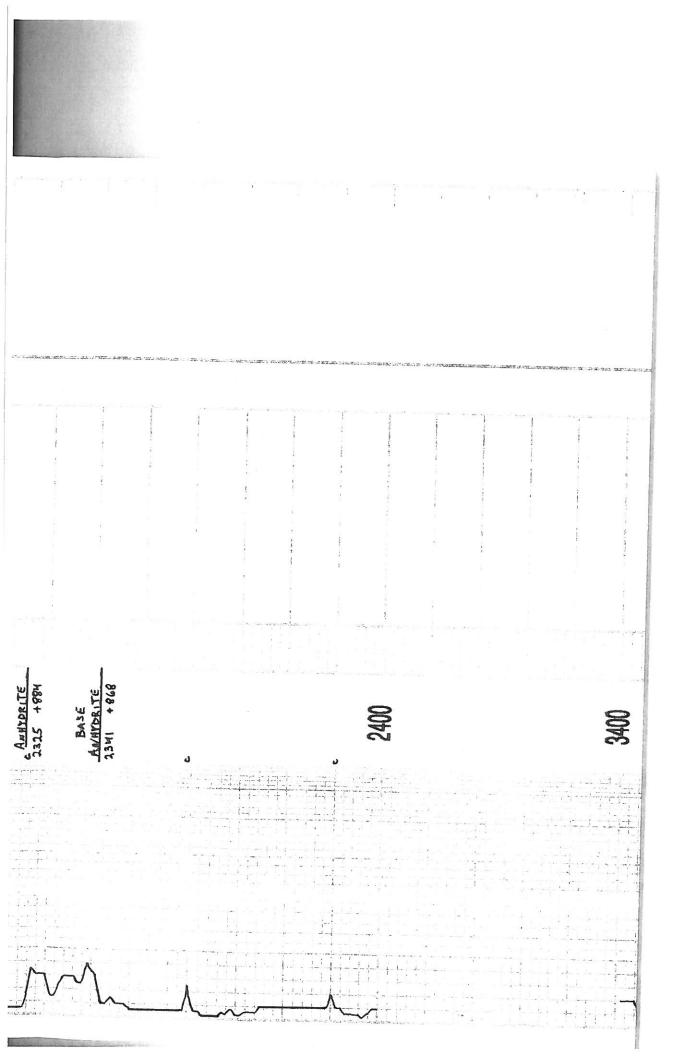
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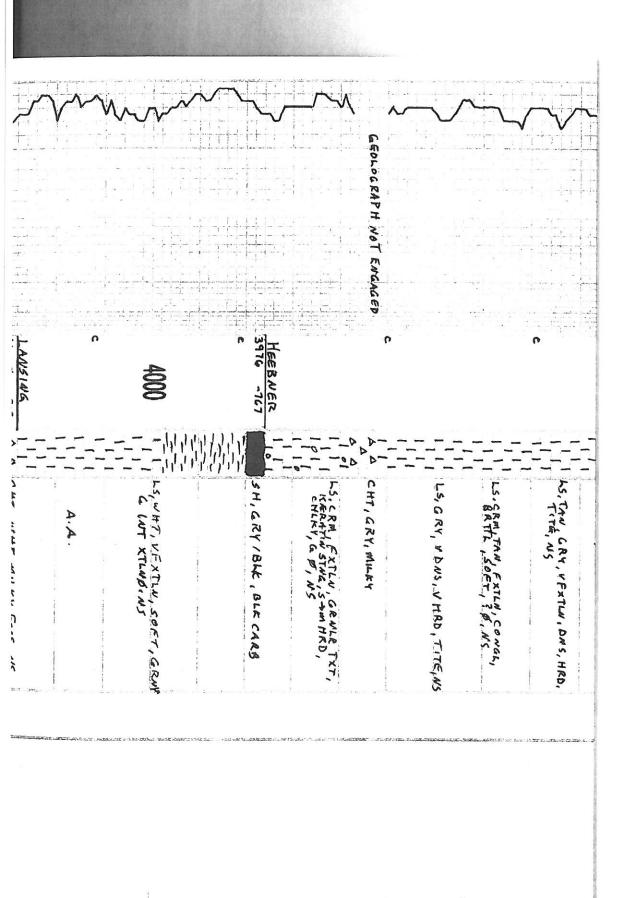


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SL HRD, NS	L.S.WAT,		LILL SOFT,		SH, RED	LS, WHY,	SOFT, D	
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	1 LS, CRM, 80FF, V CHLKY	LS, A.A.	LS. GRY, LT GRY/TAN, F > M XT FOSS, S > M HRD, VPXTLNW.	L KS.CRM, VARISIZE XTLA,CRS XT,
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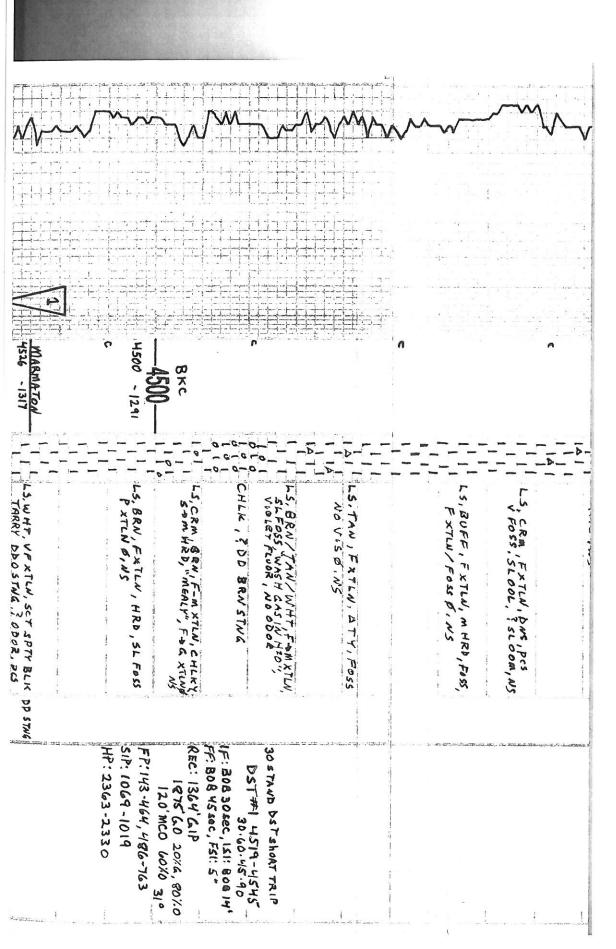
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LS.CRM, FXTW, SOFT, U FEW
FOSS, FXTW PASS LS, CRM, BUFF, FXTLN, S+M HRA, CHLKY LS,CRE, SOFT, GRALK TXT, SH. DKCRY

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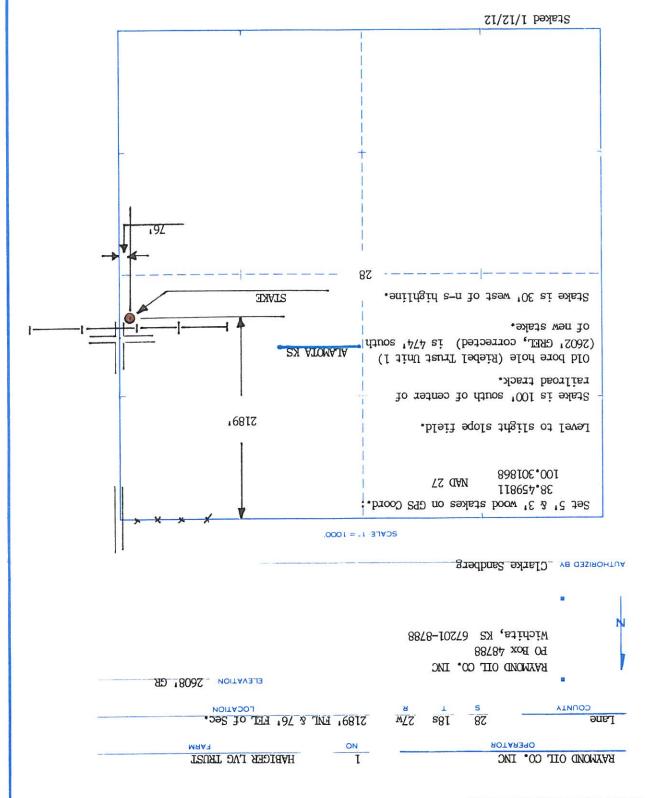
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WENTED, TITE OUR LAGOOLS.	1 LS, W WT/CRM, MOOL, P. MT.P.	LS, BUFF, VOOL & FOSS, Fow CNITS, M HAB, NO APP FINS	US, TAN, VEXTLY, VG, COM &, SOF, OR, FCMT'S LG BOLS, NS NO ODER	4.5	DK GRY NODS W/W, VARISIZE NODS, SOFT, NO APPRINE	LS, BUFF, FXTLW, HRD, UFOSS, NO APPENS	1 LS. GRY, LTGRY, VFXTLW, DNS, HRD, TITE, NS	LS. A.A., IMER FOSS PES	4.4	LS, GRY, VEXTLU, ATY, HRP,
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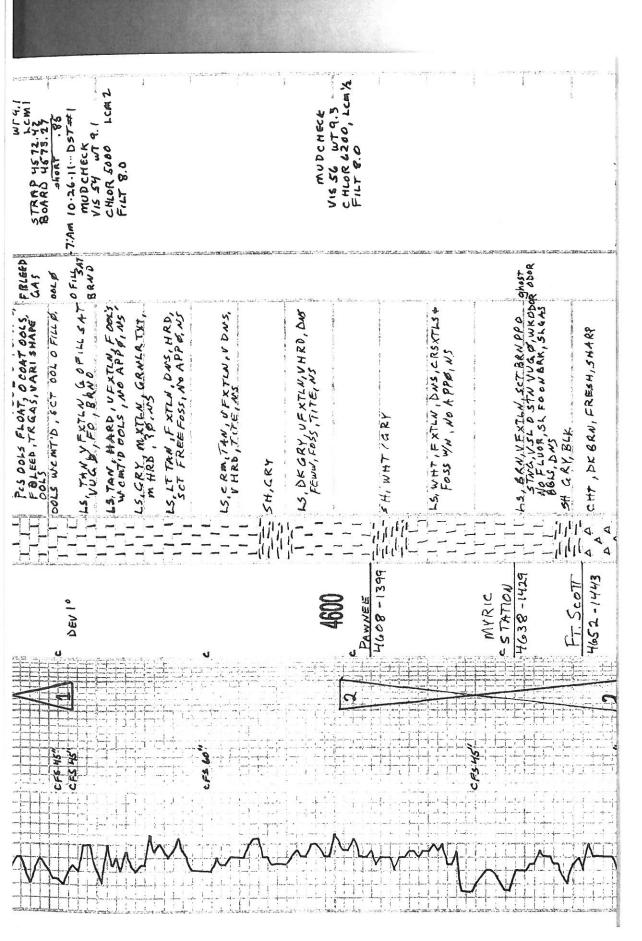


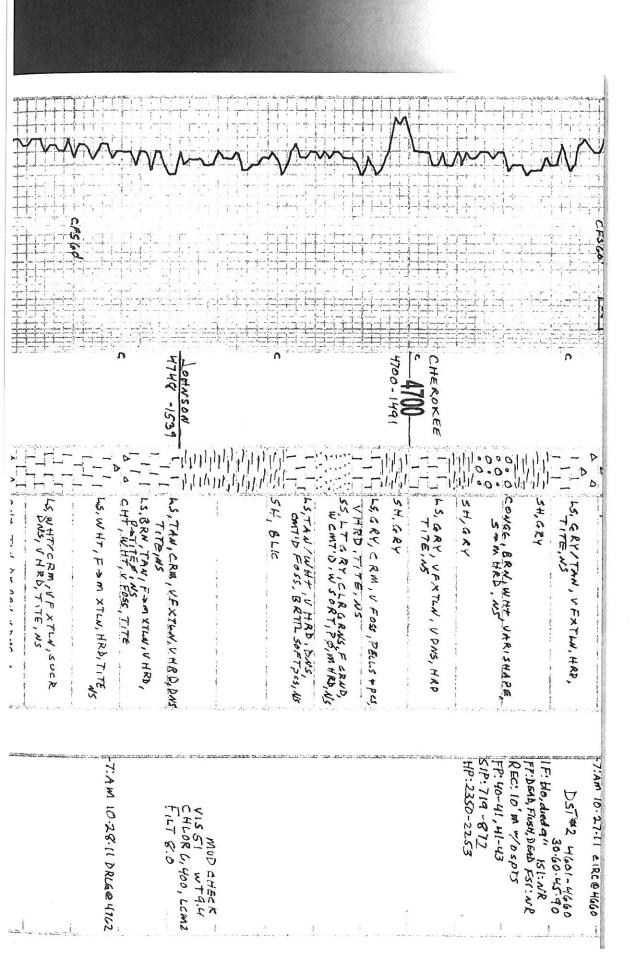


INVOICE NO 1230112

(620) 672-6491 BOX 8604 - PRATT, KS 67124 OIL FIELD SURVEYORS



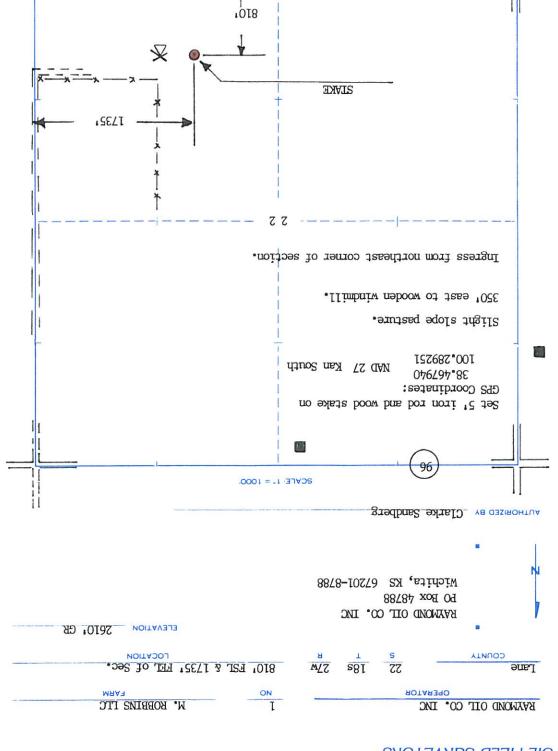




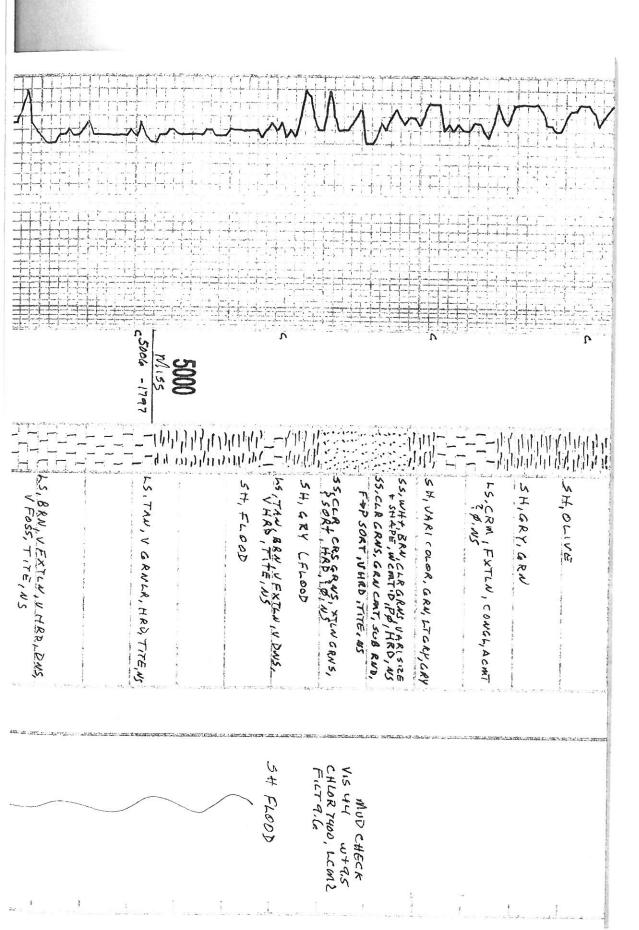
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LS, TAN, CRM, BRN, VF XTLN, VDNS.  TITE, VFOSS, NS  LS, BRN, VSMLSMPLS, F+MXTLN, Whisper  VF PD BRNOFILL B, SLVUGY,  MICRO FO ON BRK	LS, WHT, FXTLW, CHLKY, LG X7LS	WA , 3RN DDOSTNA  WA , 3RN DDOSTNA  SER, GRY, BLK DD OSTRES  SH, GRY, SND GRNS WN  LS, DK GRY/BLK, UF XILM, U DNS,  LS, DK GRY/BLK, U DNS,	LS, DRGRY/BRN, FXTLW, V DNS  LL X, HRD TITE, MSGNATITE, IRON  LL LS, TAN, VF XTLN, DNS, TITE, NS  LL LS, TAN, CRAN, DNS, TITE, NS  LS, TAN, DNS  LS, TAN,
4800 4800		MORROW SHALE 1875 - 1664	490



112123 (620) 672-6491 BOX 8604 - PRATT, KS 67124



Staked 1/12/12



LS, AA, LG XTHS & GRAS "M. ALS  LS, AA, LG XTHS & GRAS "M. ALS  T'AM 10-30-(1)  SL FOSS, SLCHLKY, FXTLAN  BRLG@5188'  LCM 12-  LC



TICKET NUMBER	33665
LOCATION ON W	4'-1
FOREMAN TOS	~ 4

DATE 10-20-11

AUTHORIZTION Stewn

PO Box 884, Cl 520-431-9210	hanute, KS 66720 F or 800-467-8676	FIELD TICK	ET & TREA	TMENT REF	PORT	7	F3-5
DATE	CUSTOMER# V	VELL NAME & NU		SECTION	TOWNSHIP	RANGE	COUNTY
10-20-11	7158 66	. Smith	#1	6	20	35 w	wichida
CUSTOMER	•	3 ((1)	mariors				a c padagija sitema
ICAYM	ord 0:1 (o,		105	TRUCK#	DRIVER	TRUCK#	DRIVER
MAILING ADDRE	ESS		lyw	463	JOSKG		
				439	CACIL P		
CITY	STATE	ZIP CODE	~ ~ &				
IOB TYPE S	UTSWE HOLE SIZE	12114	— HOLE DEPTI	1 2671	CASING SIZE & V	NEIGHT 85	10
ASING DEPTH			TUBING	~6 /	CASING SIZE & V		'6
54 FARES STATE	T14-7 SLURRY VO			sk_6,5		OTHER	- 1
	15.7 DISPLACEM			sk_ <b>(</b> Ø ₁ , )		CASING	5'
		900-3002495-49-002	5,000,000,000,000,000,000		RATE		
EMARKS: 5	a Sidy mording	ON 84-7	# 0	REUDY	- 51 LS (1/10)	C.C.	
wix 1.	859KS com	39060	20000	2. D'150	slyces 15	3/4 851	
and.	shit'in C	ement,	did &	>2 c. ( A +	CONDAN	5 E 4 L	
40 1.4					V 1		
							74
					Thunks F	V27 4 8 C	184
ACCOUNT CODE	QUANITY or UNITS		DESCRIPTION of	SERVICES or PR	ODUCT	UNIT PRICE	TOTAL
54015	1	PUMP CHAR	RGE			102500	1025
5406	60	MILEAGE				500	30000
5407A	8.70 ton		305 000	N. 1		158	300
2 (6 1 16	0.10 402	(00	MILANZ	6 D-0/200	14	1	825,00
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1102	522#		um chle	A		.84	438 4
11188	348#		ion, de				83 37
		1,500	100101			124	0.5
					subbob	u\	5780 0
				ارمجا	10000 8:51	4	57800
				(135	10 10 8131	00N V	3/0-
							5202.00
			245219	<b>)</b>		SALES TAX	27115
in 3737	N		4 /04//	·		ESTIMATED	211

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.

TITLE TOOLPUSHER



TICKET NUMBER		33674			
LOCATION_	DAK	Ley.			
FOREMAN					

PO Box 884, Chanute, KS 66720 620-431-9210 or 800-467-9676

FIELD TICKET & TREATMENT REPORT

DATE	or 800-467-8676 CUSTOMER#			CEMEN	IT			٠.٠.
		WE	LL NAME & NUM	BER	SECTION	TOWNSHIP	RANGE	COUNTY
CUSTOMER	7158	G.G	Smidh	41	6			Z Tolerand
15 KILLS W	rond or	1		marian	bal	205	35س	wicker
MAILING ADDRE	SS	( C.		105	TRUCK#	DRIVER	TRUCK#	
				112 w	463	Jank		DRIVER
CITY		STATE	Tables	w, w	439	Wes, F		
	ľ	SIAIE	ZIP CODE	00 (0	528	Cecil F	,	+
100 - 0								
JOB TYPE Z	5944	HOLE SIZE	812C	HOLE DEPTH	5196	CASING SIZE	NEIGHT W	11-
CASING DEPTH_	31877	DRILL PIPE_		TUBING	5196'	ON COME OF LE	A MEIGHT	7 10,5
SLURRY WEIGH	r 14.1-11 5	SLURRY VOL	1.31-1.89	WATER gal/sl	k 6 - 1018	CEMENT	UIHER DO	7aol 10 22
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And to	es. Dies	N	1 2014	10720	71 R. 5.	105×14	wagh	Dum b
7004 1	15+ L	-0.1	war wis	PIACE C	16 BAL U	35 pm	353/4	BBL mand
4001 Q	1200 P	rapiles	CO 1500	Die	DU BOL	nh uni	. + 15 me.	~ 0 1
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Dear	20190 9	10/00	14 4 2 105	oul do	+ 20sts 1	55, W	254 DUM	1. 4 (
1175	S Avord	SPIACE	2 3 53/4	BBLY	MALE TI	C+ DVEG	< 700°	5(010
00 100 16	1600:	Cemei	todid c	creulade	S BBL	40 pit	Flowy	410
ACCOUNT					hanks 7		+ <1 + W	10
CODE	QUANITY or	UNITS	DES	CRIPTION of S	ERVICES or PROD	DUCT		
SHOLP	t		PUMP CHARGE				UNIT PRICE	23 51 34347000
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5407A	29.0	2 don		1			500	30000
		2 1000	10 W W	ITAGE	Dolivery		ISI	275157
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	450		60140	05 -	Topsyns	P	1435	
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						Istord		1966536
								17005 20
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nou some solities	111	7/1		1	121107		SALES TAX ESTIMATED	1/83 74
THORIZTION	10-	4//			15497		TOTAL	20842/0
	/	$\sim$	TIT	1 F			DATE	1410

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.