



Confidentiality Requested:

Yes  No

KANSAS CORPORATION COMMISSION 1076355  
OIL & GAS CONSERVATION DIVISION

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 # \_\_\_\_\_

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
- Plug Back       Conv. to GSW       Conv. to Producer
- 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

GPS Location: Lat: \_\_\_\_\_, Long: \_\_\_\_\_  
(e.g. xx.xxxxx) (e.g. -xxx.xxxxx)

Datum:  NAD27       NAD83       WGS84

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

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

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

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

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

Total Vertical 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

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

1076355

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

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

**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 <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  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
<input type="checkbox"/> Perforate <input type="checkbox"/> Protect Casing <input type="checkbox"/> Plug Back TD <input type="checkbox"/> 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

TUBING RECORD:	Size:	Set At:	Packer At:	Liner Run: <input type="checkbox"/> Yes <input type="checkbox"/> No
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Date of First, Resumed Production, SWD or ENHR.	Producing Method: <input type="checkbox"/> Flowing <input type="checkbox"/> Pumping <input type="checkbox"/> Gas Lift <input type="checkbox"/> Other <i>(Explain)</i> _____
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Estimated Production Per 24 Hours	Oil Bbls.	Gas Mcf	Water Bbls.	Gas-Oil Ratio	Gravity

<b>DISPOSITION OF GAS:</b> <input type="checkbox"/> Vented <input type="checkbox"/> Sold <input type="checkbox"/> Used on Lease <i>(If vented, Submit ACO-18.)</i>	<b>METHOD OF COMPLETION:</b> <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> _____	<b>PRODUCTION INTERVAL:</b> _____ _____
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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

March 14, 2012

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

Re: ACO1  
API 15-007-23779-00-00  
L.B. DIEL 4-28  
SW/4 Sec.28-34S-11W  
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



PO Box 93999  
Southlake, TX 76092

Voice: (817) 546-7282  
Fax: (817) 246-3361

# INVOICE

Invoice Number: 130181  
Invoice Date: Feb 14, 2012  
Page: 1

**Bill To:**  
Val Energy, Inc.  
200 W. Douglas  
STE #520  
Wichita, KS 67202

**RECEIVED** Federal Tax I.D.#: 20-8651475  
FEB 27 2012

9208-41  
CEMENT SURFACE

Customer ID	Well Name / or Customer P.O.	Payment Terms	
Val	LBDiel #4-28	Net 30 Days	
Job Location	Camp Location	Service Date	Due Date
KS1-01	Medicine Lodge	Feb 14, 2012	3/15/12

Quantity	Item	Description	Unit Price	Amount
135.00	MAT	Class A Common	16.25	2,193.75
90.00	MAT	Pozmix	8.50	765.00
4.00	MAT	Gel	21.25	85.00
7.00	MAT	Chloride	58.20	407.40
236.00	SER	Handling	2.25	531.00
20.00	SER	Mileage	25.96	519.20
1.00	SER	Surface	1,125.00	1,125.00
1.00	SER	Manifold Head Rental	200.00	200.00
40.00	SER	Light Vehicle Mileage	4.00	160.00
1.00	EQP	8 5/8 Basket	478.00	478.00
1.00	EQP	8 5/8 Rubber Plug	112.00	112.00
1.00	CEMENTER	David Felio		
1.00	CEMENTER	Ron Gilley		
1.00	EQUIP OPER	Eddie Piper		
1.00	OPER ASSIST	Derek Gibbons		
1.00	OPER ASSIST	Troy Lenz		

Subtotal	6,576.35
Sales Tax	295.00
Total Invoice Amount	6,871.35
Payment/Credit Applied	
<b>TOTAL</b>	<b>6,871.35</b>

ALL PRICES ARE NET, PAYABLE  
30 DAYS FOLLOWING DATE OF  
INVOICE. 1 1/2% CHARGED  
THEREAFTER. IF ACCOUNT IS  
CURRENT, TAKE DISCOUNT OF

\$ 1,315.27

ONLY IF PAID ON OR BEFORE  
Mar 10, 2012

- 1,315.27  
#5,556.08





PAGE 1 of 1	CUST NO 1004409	INVOICE DATE 02/28/2012
INVOICE NUMBER <b>1718 - 90841274</b>		

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

J LEASE NAME L.B. Diel 4-28  
 O LOCATION  
 B COUNTY Barber  
 S STATE KS  
 I JOB DESCRIPTION Cement-New Well Casing/Pi  
 T JOB CONTACT  
 E

9308-4 5 1/2 Cement

JOB #	EQUIPMENT #	PURCHASE ORDER NO.	TERMS	DUE DATE
40434524	19843		Net - 30 days	03/29/2012

	QTY	U of M	UNIT PRICE	INVOICE AMOUNT
<i>For Service Dates: 02/24/2012 to 02/24/2012</i>				
0040434524				
<b>RECEIVED</b>				
MAR 01 2012				
171804642A Cement-New Well Casing/Pi 02/24/2012				
Cement 5 1/2" Longstring				
AA2 Cement	110.00	EA	14.45	1,589.39 T
60/40 POZ	50.00	EA	10.20	509.96 T
De-foamer(Powder)	26.00	EA	3.40	88.39 T
Salt(Fine)	503.00	EA	0.42	213.76 T
Gas-Blok	104.00	EA	4.38	455.23 T
FLA-322	84.00	EA	6.37	535.46 T
Gilsonite	554.00	EA	0.57	315.48 T
Super Flush II	500.00	EA	1.30	650.20 T
Top Rubber Cement Plug 5 1/2"	1.00	EA	89.24	89.24
Guide Shoe-Regular 5 1/2"(Blue)	1.00	EA	212.49	212.49
Flapper Type Insert Float Valve 5 1/2"	1.00	EA	182.74	182.74
Turbolizer 5 1/2"(Blue)	5.00	EA	93.49	467.47
5 1/2" Basket(Blue)	1.00	EA	246.48	246.48
Heavy Equipment Mileage	100.00	MI	5.95	594.96
Proppant and Bulk Delivery Charge	368.00	MI	1.36	500.45
Blending & Mixing Service Charge	160.00	MI	1.19	190.39
Unit Mileage Charge-Pickups, Vans & Cars	50.00	HR	3.61	180.61
Plug Container Utilization Charge	1.00	EA	212.49	212.49
Depth Charge; 5001-6000'	1.00	HR	2,447.83	2,447.83
Service Supervisor	1.00	HR	148.74	148.74

PLEASE REMIT TO:	SEND OTHER CORRESPONDENCE TO:	SUB TOTAL	9,831.76
BASIC ENERGY SERVICES, LP	BASIC ENERGY SERVICES, LP	TAX	318.12
PO BOX 841903	PO BOX 10460	INVOICE TOTAL	10,149.88
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 04642 A

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

DATE OF JOB <u>2-21-2012</u> DISTRICT <u>PRATT, KS.</u>		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 <u>VAL ENERGY, INC.</u>		LEASE <u>L.B. NIEL</u> WELL NO. <u>4-28</u>							
ADDRESS		COUNTY <u>BARBER</u> STATE <u>Ks.</u>							
CITY STATE		SERVICE CREW <u>LESLEY, MARQUEZ, YOUNG</u>							
AUTHORIZED BY		JOB TYPE: <u>CNW - 5 1/2" L.S.</u>							
EQUIPMENT#	HRS	EQUIPMENT#	HRS	EQUIPMENT#	HRS	TRUCK CALLED	DATE	AM-PM	TIME
<u>37586</u>	<u>1.5</u>					<u>2-23-12</u>	<u>2-23-12</u>	<u>AM</u>	<u>11:00</u>
<u>19889-19843</u>	<u>1.5</u>					<u>ARRIVED AT JOB</u>	<u>2-21-12</u>	<u>AM</u>	<u>12:45</u>
<u>19831-19862</u>	<u>1.5</u>					<u>START OPERATION</u>		<u>AM</u>	<u>5:00</u>
						<u>FINISH OPERATION</u>		<u>AM</u>	<u>6:30</u>
						<u>RELEASED</u>		<u>AM</u>	<u>7:30</u>
						<u>MILES FROM STATION TO WELL</u>			<u>50</u>

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: Andy Smith  
(WELL OWNER, OPERATOR, CONTRACTOR OR AGENT)

ITEM/PRICE REF. NO.	MATERIAL, EQUIPMENT AND SERVICES USED	UNIT	QUANTITY	UNIT PRICE	\$ AMOUNT	
CP 105	AA-2 CEMENT	SK	110		1,870.00	
CP 103	60/40 POZ	SK	50		600.00	
CC 105	DE-FOAMER	lb	26		104.00	
CC 111	SALT	lb	503		251.50	
CC 115	GAS-BLOK	lb	104		535.60	
CC 129	FLA-302	lb	84		630.00	
CC 201	GILSONITE	lb	554		371.18	
CF 103	TOP RUBBER CMT. PLUG, 5 1/2"	EA	1		105.00	
CF 251	REGULAR GUIDE SHOE, 5 1/2"	EA	1		250.00	
CF 1451	FLAPPER TYPE INSERT FLOAT VALVE, 5 1/2"	EA	1		215.00	
CF 1651	TURBOLIZER, 5 1/2"	EA	5		550.00	
CF 1901	BASKET 5 1/2"	EA	1		290.00	
CC 155	SUPER FLUSH II	GAL	500		765.00	
E 100	PICKUP MILEAGE	MI	50		212.50	
E 101	HEAVY EQUIPMENT MILEAGE	MI	100		700.00	
E 113	BULK DELIVERY CHARGE	TM	368		588.00	
CE 206	DEPTH CHARGE, 5001'-10000'	HR	1-4		2,880.00	
CE 240	BLENDING SERVICE CHARGE	SK	160		224.00	
CE 504	PLUG CONTAINER CHARGE	SK	1		250.00	
S 003	SERVICE SUPERVISOR	EA	1	175.00	175.00	
					SUB TOTAL	9,831.74
					DLS	1,831.74
					TOTAL	

CHEMICAL / ACID DATA:			

SERVICE & EQUIPMENT	%TAX ON \$	
MATERIALS	%TAX ON \$	
TOTAL		

SERVICE REPRESENTATIVE <u>John Lesley</u>	THE ABOVE MATERIAL AND SERVICE ORDERED BY CUSTOMER AND RECEIVED BY: <u>Andy Smith</u> (WELL OWNER OPERATOR CONTRACTOR OR AGENT)
FIELD SERVICE ORDER NO.	



**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 04642 A

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

DATE OF JOB		DISTRICT		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				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		AM	RM
						START OPERATION		AM	RM
						FINISH OPERATION		AM	RM
						RELEASED		AM	RM
						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
01 113	1/2" 20' 20' 20'	5	1100		11570.00
02 103	1/2" 20' 20' 20'	2	500		600.00
03 103	1/2" 20' 20' 20'	10	200		1040.00
04 111	1/2" 20' 20' 20'	11	200		2315.00
05 113	1/2" 20' 20' 20'	10	200		3350.00
06 121	1/2" 20' 20' 20'	10	200		6300.00
07 101	1/2" 20' 20' 20'	10	200		7118.00
08 103	1/2" 20' 20' 20'	10	1		1050.00
09 101	1/2" 20' 20' 20'	10	1		2500.00
10 101	1/2" 20' 20' 20'	10	1		2150.00
11 101	1/2" 20' 20' 20'	10	1		5500.00
12 101	1/2" 20' 20' 20'	10	1		2700.00
13 103	1/2" 20' 20' 20'	10	250		11050.00
14 101	1/2" 20' 20' 20'	10	20		812.50
15 101	1/2" 20' 20' 20'	10	100		7000.00
16 113	1/2" 20' 20' 20'	10	20		588.00
17 101	1/2" 20' 20' 20'	10	1		2800.00
18 101	1/2" 20' 20' 20'	10	100		2040.00
19 101	1/2" 20' 20' 20'	10	1		2700.00

1175 SUB TOTAL

CHEMICAL / ACID DATA:			

SERVICE & EQUIPMENT	%TAX ON \$	
MATERIALS	%TAX ON \$	
TOTAL		

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

(WELL OWNER OPERATOR CONTRACTOR OR AGENT)

FIELD SERVICE ORDER NO.



Customer VAL ENERGY, INC.	Lease No.	Date 2-24-2012
Lease L.B. DIEL	Well # 4-28	
Field Order # 04642	Station PRATT, KS.	Casing 5 1/2" x 15.5"
Type Job CNW-5 1/2" L.S.	Formation TD-5100'	Legal Description 28-34-11
	County BARBER	State KS.

PIPE DATA		PERFORATING DATA		FLUID USED		TREATMENT RESUME		
Casing Size 5 1/2"	Tubing Size	Shots/Ft CMT-	Acid 110SKS AA-2	Pre Pad @ 1.36 CUFT	Max S.J. = 20.94'	RATE	PRESS	ISIP
Depth 4925.82	Depth	From	To	Pad	Min			5 Min.
Volume 117.23 BBL	Volume	From	To	Frac	Avg			10 Min.
Max Press 1500	Max Press	From	To		HHP Used			15 Min.
Well Connection P.C.	Annulus Vol.	From	To	Flush 116.7 BBL	Gas Volume			Annulus Pressure
Plug Depth 4904.08	Packer Depth	From	To		Total Load			

Customer Representative DUSTIN W.	Station Manager D. SCOTT	Treater K. LESLEY
--------------------------------------	-----------------------------	----------------------

Service Units	37586	19889	19843	19831	19862				
Driver Names	LESLEY	MARQUEZ	—	YOUNG	—				

Time	Casing Pressure	Tubing Pressure	Bbls. Pumped	Rate	Service Log
1:00AM					ON LOCATION - SAFETY MEETING
1:15AM					SPOT TRUCKS ON LOC.
2:00AM					RUN 119 JTS. 5 1/2" x 15.5" CSG.
?					TURBO - 1, 3, 5, 7, 10 BASK - #5
4:55AM					CSG. ON BOTTOM
5:00AM					HOOKUP TO CSG. / BREAK CIRC. W/ RIG
6:00AM	350		3	6	H <sub>2</sub> O AHEAD
6:08AM	350		12	6	SUPERFLUSH
6:10AM	350		5	6	H <sub>2</sub> O SPACER
6:11AM	300		27	6	MIX 110SKS AA-2 @ 15.3 PPG
6:15AM					CLEAR PUMP & LINE - DROP T.R. PLUG
6:17AM	0		0	7	START DISPLACEMENT
6:27AM	300		90	6	LIFT PRESSURE
6:28AM	500		100	5	SLOW RATE
6:30AM	1500		116.7	4	PLUG DOWN - HELD
					CIRC. THRU JOBS
			6.4		PLUG R.H. & M.H.

JOB COMPLETE,  
THANKS -  
KEVEN LESLEY