



TREATMENT REPORT

Acid Stage No. _____

Well: 612712 District: G.B. P. O. No. C39784
 Company: Lasso Energy
 Well Name & No: Assmusson 16-1 SWB
 Location: _____ Field: _____
 County: Cowley State: KS

Type Treatment:	Amt.	Type Fluid	Sand Size	lbs/lb of Sand
Breakdown	Bbl./Gal.			
	Bbl./Gal.			
	Bbl./Gal.			
	Bbl./Gal.			
Flush	Bbl./Gal.			
Treated from	ft. to	ft.	No. ft.	
from	ft. to	ft.	No. ft.	
from	ft. to	ft.	No. ft.	
Actual Volume of Oil/Water to Load Hole:				Bbl./Gal.
Pump Trucks No. Used:	Std	Sp.	Twin	
Auxiliary Equipment	<u>316</u>			
	<u>317/310</u>			
Packer:		Set at		ft.
Auxiliary Tools				
Plugging or Sealing Materials:	Type			lb.

Casing: Size 5 1/2" Type & Wt. _____ Set at _____ ft.
 Formation: _____ Perf. _____ to _____
 Formation: _____ Perf. _____ to _____
 Formation: _____ Perf. _____ to _____
 Liner: Size 4 1/2" Type & Wt. _____ Top at _____ ft. Bottom at _____ ft.
 Cemented: Yes/No. Perforated from _____ ft. to _____ ft.
 Tubing: Size & Wt. _____ Spung at _____ ft. to _____ ft.
 Perforated from _____ ft. to _____ ft.
 Open Hole Rise _____ T. II _____ ft. P. II to _____ ft.

Company Representative: Curtis Kelsa Treater: Nathan W.

TIME a.m. (P.M.)	PRESSURES		Total Fluid Pumped	REMARKS
	Tubing	Casing		
<u>2:00</u>	<u>-</u>	<u>4 1/2"</u>		<u>On location.</u>
				<u>Liner @ 2790'</u>
				<u>Break circulation w/ water.</u>
				<u>Mix 150 lbs. 6 1/2% per. 6% cel. 1/2% CFE-2.</u>
				<u>Displace w/ 45 bbls. @ 4 3/4 bpm @ 1400# Circulated cement to surface.</u>
				<u>Plus loaded @ 1400#. Released. Float held.</u>
				<u>Thank you!</u>
				<u>Nathan W.</u>



FIELD ORDER N^o C 39784

BOX 438 • HAYSVILLE, KANSAS 67060
316-524-1225

DATE 01/27/12 20

IS AUTHORIZED BY: Lasso Energy (NAME OF CUSTOMER)
 Address _____ City _____ State _____
 To Treat Well As Follows: Lease Assmussen Well No. 16-1 SW0 Customer Order No. _____
 Sec. Twp. Range _____ County Cowley State KS

CONDITIONS: As a part of the consideration hereof it is agreed that Copeland Acid Service is to service or treat at owners risk, the hereinbefore mentioned well and is not to be held liable for any damage that may accrue in connection with said service or treatment. Copeland Acid Service has made no representation, expressed or implied, and no representations have been relied on, as to what may be the results or effect of the servicing or treating said well. The consideration of said service or treatment is payable. There will be no discount allowed subsequent to such date. 6% interest will be charged after 60 days. Total charges are subject to correction by our invoicing department in accordance with latest published price schedules.

The undersigned represents himself to be duly authorized to sign this order for well owner or operator.

THIS ORDER MUST BE SIGNED BEFORE WORK IS COMMENCED

Well Owner or Operator

By

Agent

CODE	QUANTITY	DESCRIPTION	UNIT COST	AMOUNT
	45	milease pump truck	4. ⁰⁰ / ₁	180. ⁰⁰ / ₁
	45	milease pickup	2. ⁰⁰ / ₁	90. ⁰⁰ / ₁
	1	Pump Charge		950. ⁰⁰ / ₁
	150	65/55 pac. 20% sel.	9. ²⁵ / ₁	1,387. ⁵⁰ / ₁
	6	4% add. sel.	22. ⁰⁰ / ₁	132. ⁰⁰ / ₁
	100 ^u	C-37	3. ⁷⁵ / ₁	375. ⁰⁰ / ₁
	1	4 1/2" Float Shoe		225. ⁰⁰ / ₁
	1	4 1/2" wiper plug		65. ⁰⁰ / ₁
	158	Bulk Charge	1. ²⁵ / ₁	197. ⁵⁰ / ₁
		Bulk Truck Miles $6.95 \text{ TX} \times 45 \text{ m} = 312.75 \text{ TX} \times 1.10/1$	1. ¹⁰ / ₁	344. ⁰³ / ₁
		Process License Fee on _____ Gallons		
		TOTAL BILLING		4,006.⁰³/₁

I certify that the above material has been accepted and used; that the above service was performed in a good and workmanlike manner under the direction, supervision and control of the owner, operator or his agent, whose signature appears below.

Copeland Representative Nathan W.

Station G.B.

Curtis Kelso.
Well Owner, Operator or Agent

Remarks _____

NET 30 DAYS



FIELD ORDER N° C 39795

BOX 438 • HAYSVILLE, KANSAS 67060
316-524-1225

DATE 7/10 20 12

IS AUTHORIZED BY: LASCO
(NAME OF CUSTOMER)

Address _____ City _____ State _____

To Treat Well As Follows: Lease ASMASSON Well No. #16-1 Customer Order No. _____

Sec. Twp. Range _____ County Butler State Ks

CONDITIONS: As a part of the consideration hereof it is agreed that Copeland Acid Service is to service or treat at owners risk, the hereinbefore mentioned well and is not to be held liable for any damage that may accrue in connection with said service or treatment. Copeland Acid Service has made no representation, expressed or implied, and no representations have been relied on, as to what may be the results or effect of the servicing or treating said well. The consideration of said service or treatment is payable. There will be no discount allowed subsequent to such date. 6% interest will be charged after 60 days. Total charges are subject to correction by our invoicing department in accordance with latest published price schedules.

The undersigned represents himself to be duly authorized to sign this order for well owner or operator.

THIS ORDER MUST BE SIGNED BEFORE WORK IS COMMENCED

Well Owner or Operator

By

Agent

CODE	QUANTITY	DESCRIPTION	UNIT COST	AMOUNT
	60 miles	Mileage charge - #318	4.00	240.00
	60 miles	Mileage charge - #328	4.00	240.00
	60 miles	pickup mileage charge	2.00	120.00
		Acid Pump Charge		550.00
	3000 gals	28% FE	3.29	9870.00
	12 gals	Corrosion Inhibitor	35.00	420.00
		Bulk Charge		
		Bulk Truck Miles		
		Process License Fee on _____ Gallons		
		TOTAL BILLING		11,440.00

I certify that the above material has been accepted and used; that the above service was performed in a good and workmanlike manner under the direction, supervision and control of the owner, operator or his agent, whose signature appears below.

Copeland Representative [Signature]

Station GB

[Signature]
Well Owner, Operator or Agent

Remarks _____

NET 30 DAYS



TREATMENT REPORT

Acid Stage No.

Date 07/11/2012 District CB F. O. No. 39795
 Company Passo Energy LLC
 Well Name & No. Asmusen #16-1 SAND
 Location Butler Field KS
 County Butler State KS
 Casing: Size 4 Type & Wt. _____ Set at _____ ft.
 Formation: _____ Perf. _____ to _____
 Formation: _____ Perf. _____ to _____
 Formation: _____ Perf. _____ to _____
 Liner: Size _____ Type & Wt. _____ Top at _____ ft. Bottom at _____ ft.
 Cemented: Yes/No _____ Perforated from _____ ft. to _____ ft.
 Tubing: Size & Wt. 3 7/8 Swung at _____ ft.
 Perforated from _____ ft. to _____ ft.
 (Open Hole Size _____ T.D. _____ ft. P.D. to _____ ft.)

Type Treatment: Amt. _____ Type Fluid _____ Sand Size _____ Pounds of Sand _____
 Breakdown _____ Bbl./Gal. _____
 _____ Bbl./Gal. _____
 _____ Bbl./Gal. _____
 _____ Bbl./Gal. _____
 Flush _____ Bbl./Gal. _____
 Treated from _____ ft. to _____ ft. No. ft. _____
 from _____ ft. to _____ ft. No. ft. _____
 from _____ ft. to _____ ft. No. ft. _____
 Actual Volume of Oil/Water to Load Hole: _____ Bbl./Gal.
 Pump Trucks: No. Used: Std. 328 Sp. _____ Twin _____
 Auxiliary Equipment 318
 Packer: _____ Set at _____ ft.
 Auxiliary Tools _____
 Plugging or Sealing Materials: Type _____

Company Representative Curtis Kelso Treater Michael A Romo

TIME a.m./p.m.	PRESSURES		Total Fluid Pumped	REMARKS
	Tubing	Casing		
1:00				Arrive And Hook Up Pump
1:20	200		4.0	2.0 BBL/min
1:23	300		6.0	Pump 18 BBL 20% FE Acid the Shut in Backside
1:36	300		18.0	
1:44	300		26.5	3.0 BBL/min
1:37	300		36.0	6.5 BBL Water flush
1:56	300		101.0	3.25 BBL/min ISTD Pull 8 Joints pipe Retreat
2:12	300			36 BBL 28% FE Acid
				3.0 BBL/min
2:17	500		16.0	3.75
2:22	350		36.0	3.25 BBL/min
	400			3.50
2:36	450		80.0	3.50
2:42	450		101.0	3.50 ISTD
				Rock up On Home
				Job Complete
				<i>[Signature]</i>