



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

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: _____



1095353

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
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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
_____ 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> <i>(Submit ACO-4)</i> <input type="checkbox"/> Other (Specify) _____	PRODUCTION INTERVAL: _____ _____
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Form	ACO1 - Well Completion
Operator	DK Operating Inc.
Well Name	Antrim Unit 1-17
Doc ID	1095353

Tops

Name	Top	Datum
Anhydrite	1432	+850
Heebner	3708	-1426
Lansing	3758	-1476
Stark	4008	-1726
BKc	4108	-1826
Pawnee	4109	-1908
Fort Scott	4262	-1980
Cherokee	4284	-2002
Mississippian	4332	-2050



TRILOBITE TESTING, INC.

DRILL STEM TEST REPORT

D K Operating Inc
 24583 NW 208 Rd
 Jetmore Ks 67584-5311
 ATTN: Jason Alm

17 21n 22w Hodgeman
Antrim Unit # 1-17
 Job Ticket: 46525 **DST#: 1**
 Test Start: 2012.06.04 @ 09:40:00

GENERAL INFORMATION:

Formation: **Ft Scott**
 Deviated: No Whipstock: 2282.00 ft (KB)
 Time Tool Opened: 11:46:45
 Time Test Ended: 17:15:00
 Interval: **4239.00 ft (KB) To 4290.00 ft (KB) (TVD)**
 Total Depth: 4290.00 ft (KB) (TVD)
 Hole Diameter: 7.88 inches Hole Condition: Fair
 Test Type: Conventional Bottom Hole (Initial)
 Tester: Jim Svaty
 Unit No: 60
 Reference Elevations: 2282.00 ft (KB)
 2273.00 ft (CF)
 KB to GR/CF: 9.00 ft

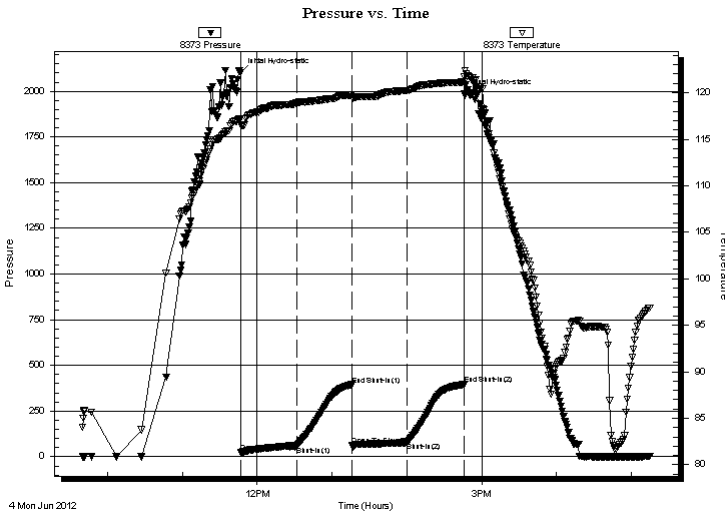
Serial #: 8373

Inside

Press @ Run Depth: 77.48 psig @ 4240.00 ft (KB) Capacity: 8000.00 psig
 Start Date: 2012.06.04 End Date: 2012.06.04 Last Calib.: 2012.06.04
 Start Time: 09:40:05 End Time: 17:14:44 Time On Btm: 2012.06.04 @ 11:46:30
 Time Off Btm: 2012.06.04 @ 14:45:45

TEST COMMENT: 45-IFP- BOB in 11min
 45-ISIP- No Blow
 45-FFP- BOB in 30sec
 45-FSIP- Surface Blow Building to 1/2in Died in 5min

PRESSURE SUMMARY



Time (Min.)	Pressure (psig)	Temp (deg F)	Annotation
0	2100.67	117.23	Initial Hydro-static
1	21.97	116.58	Open To Flow (1)
45	59.24	118.88	Shut-In(1)
90	391.81	119.72	End Shut-In(1)
90	61.44	119.52	Open To Flow (2)
134	77.48	120.23	Shut-In(2)
179	394.32	121.13	End Shut-In(2)
180	1986.38	121.72	Final Hydro-static

Recovery

Length (ft)	Description	Volume (bbl)
40.00	OSM	0.20
123.00	GOCM 50%g 22%m 23%o	0.97
1260.00	GIP	17.67

Gas Rates

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



**TRILOBITE
TESTING, INC.**

DRILL STEM TEST REPORT

FLUID SUMMARY

DK Operating Inc
24583 NW 208 Rd
Jetmore Ks 67584-5311
ATTN: Jason Alm

17 21n 22w Hodgeman
Antrim Unit # 1-17
Job Ticket: 46525 **DST#: 1**
Test Start: 2012.06.04 @ 09:40:00

Mud and Cushion Information

Mud Type: Gel Chem	Cushion Type:	Oil API:	deg API
Mud Weight: 9.00 lb/gal	Cushion Length: ft	Water Salinity:	ppm
Viscosity: 45.00 sec/qt	Cushion Volume: bbl		
Water Loss: 7.95 in ³	Gas Cushion Type:		
Resistivity: ohm.m	Gas Cushion Pressure: psig		
Salinity: 5300.00 ppm			
Filter Cake: inches			

Recovery Information

Recovery Table

Length ft	Description	Volume bbl
40.00	OSM	0.197
123.00	GOCM 50%g 22%m 23%o	0.969
1260.00	GIP	17.674

Total Length: 1423.00 ft Total Volume: 18.840 bbl

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

Laboratory Name: Laboratory Location:

Recovery Comments:

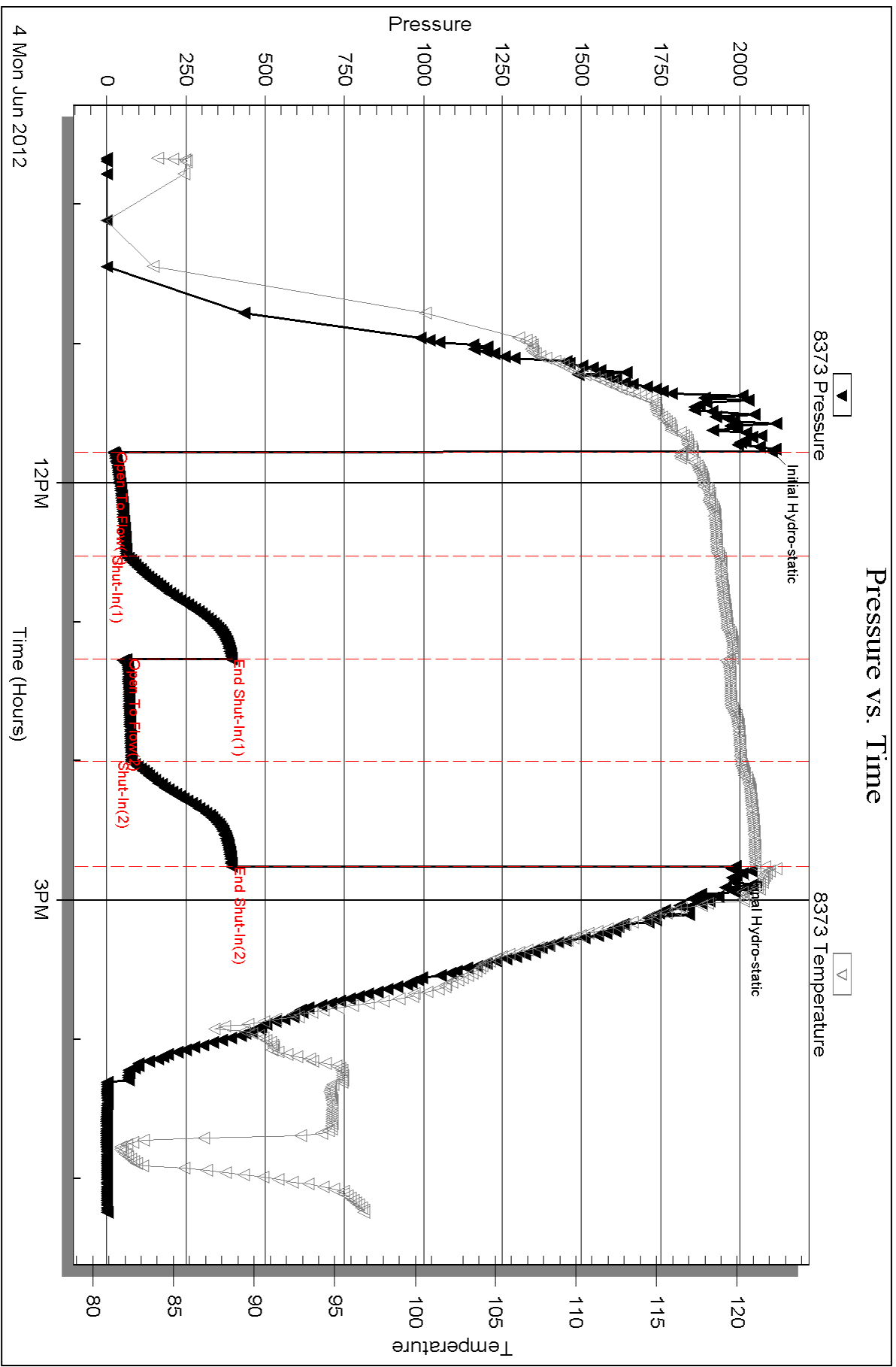
Serial #: 8373

Inside

DK Operating Inc

Antrim Unit # 1-17

DST Test Number: 1



Triobite Testing, Inc

Ref. No: 46525

Printed: 2012.06.05 @ 08:47:56



TRILOBITE TESTING, INC.

DRILL STEM TEST REPORT

D K Operating Inc
 24583 NW 208 Rd
 Jetmore Ks 67584-5311
 ATTN: Jason Alm

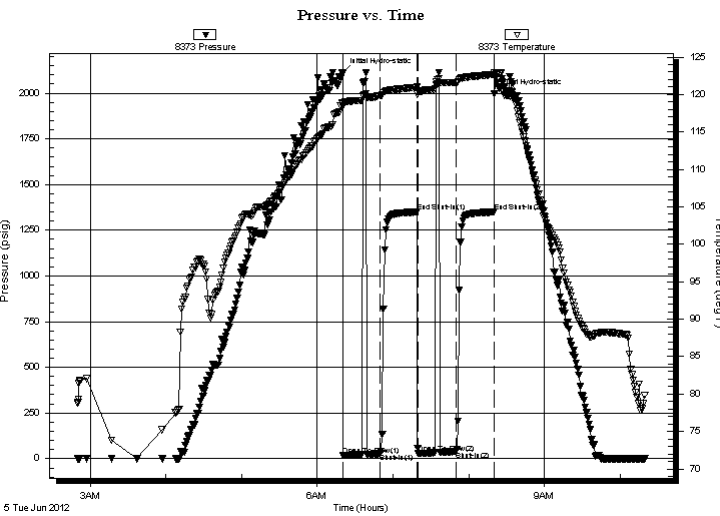
17 21n 22w Hodgeman
Antrim Unit # 1-17
 Job Ticket: 47976 **DST#: 2**
 Test Start: 2012.06.05 @ 02:50:00

GENERAL INFORMATION:

Formation: **Miss**
 Deviated: No Whipstock: 2282.00 ft (KB)
 Time Tool Opened: 06:20:15
 Time Test Ended: 10:20:00
 Interval: **4334.00 ft (KB) To 4342.00 ft (KB) (TVD)**
 Total Depth: 4342.00 ft (KB) (TVD)
 Hole Diameter: 7.88 inches Hole Condition: Fair
 Test Type: Conventional Bottom Hole (Reset)
 Tester: Jim Svaty
 Unit No: 60
 Reference Elevations: 2282.00 ft (KB)
 2273.00 ft (CF)
 KB to GR/CF: 9.00 ft

Serial #: 8373 Inside
 Press @ RunDepth: 38.77 psig @ 4335.00 ft (KB) Capacity: 8000.00 psig
 Start Date: 2012.06.05 End Date: 2012.06.05 Last Calib.: 2012.06.05
 Start Time: 02:50:05 End Time: 10:19:29 Time On Btm: 2012.06.05 @ 06:20:00
 Time Off Btm: 2012.06.05 @ 08:20:30

TEST COMMENT: 30-IFP- Surface Blow Died in 14 min Flushed Surface Blow
 30-ISIP- No Blow
 30-FFP- No Blow Flushed in 15 min No Blow
 30-FSIP- No Blow



PRESSURE SUMMARY

Time (Min.)	Pressure (psig)	Temp (deg F)	Annotation
0	2110.25	118.95	Initial Hydro-static
1	17.56	118.40	Open To Flow (1)
30	27.94	119.84	Shut-In(1)
60	1349.13	120.99	End Shut-In(1)
60	28.95	120.51	Open To Flow (2)
90	38.77	121.59	Shut-In(2)
121	1348.82	122.68	End Shut-In(2)
121	1996.63	122.95	Final Hydro-static

Recovery

Length (ft)	Description	Volume (bbl)
8.00	MUD	0.04

* Recovery from multiple tests

Gas Rates

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



**TRILOBITE
TESTING, INC.**

DRILL STEM TEST REPORT

FLUID SUMMARY

D K Operating Inc
24583 NW 208 Rd
Jetmore Ks 67584-5311
ATTN: Jason Alm

17 21n 22w Hodgeman
Antrim Unit # 1-17
Job Ticket: 47976 **DST#: 2**
Test Start: 2012.06.05 @ 02:50:00

Mud and Cushion Information

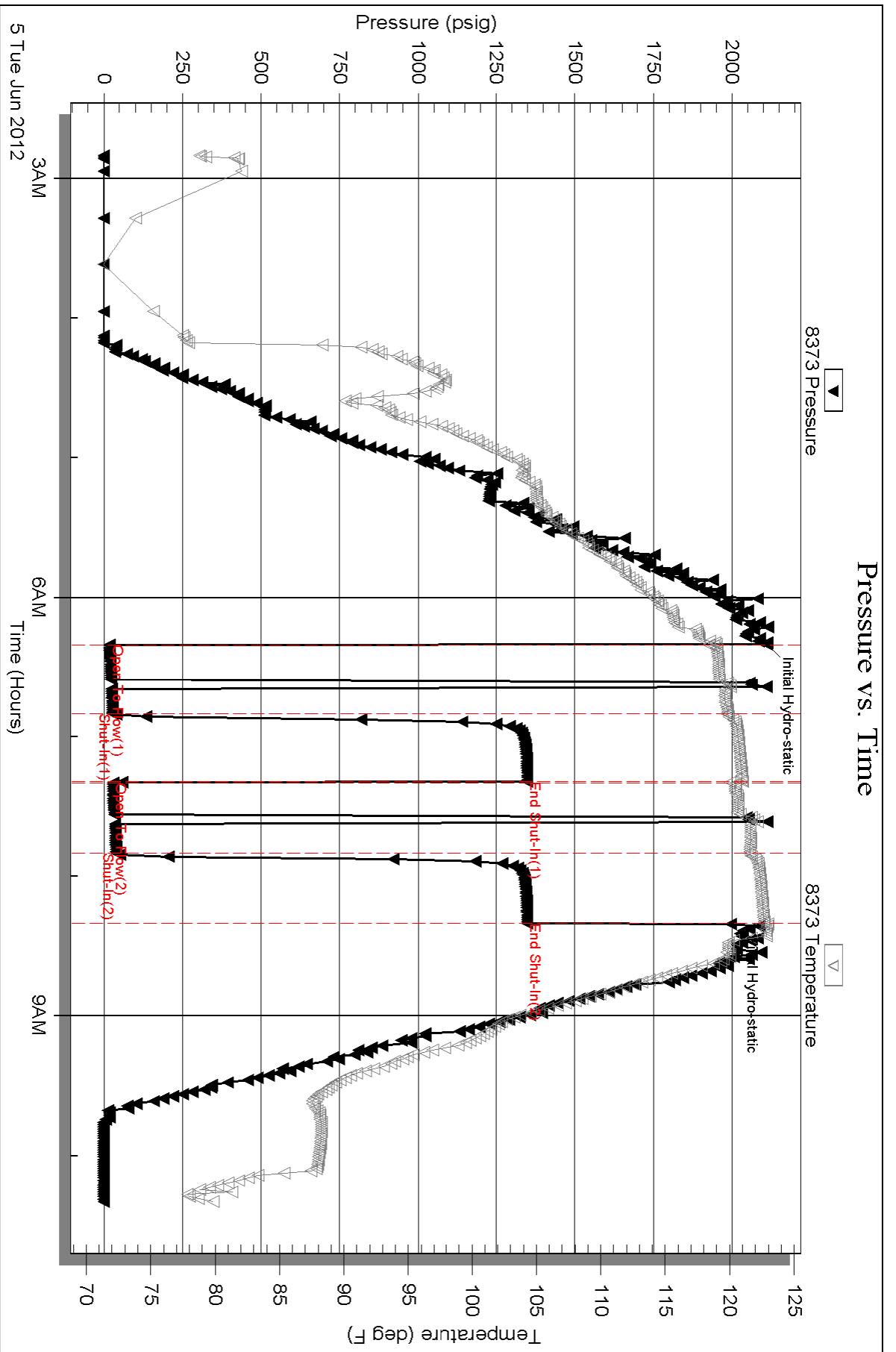
Mud Type: Gel Chem	Cushion Type:	Oil API:	deg API
Mud Weight: 9.00 lb/gal	Cushion Length: ft	Water Salinity:	ppm
Viscosity: 56.00 sec/qt	Cushion Volume: bbl		
Water Loss: 8.76 in ³	Gas Cushion Type:		
Resistivity: ohm.m	Gas Cushion Pressure: psig		
Salinity: 8500.00 ppm			
Filter Cake: inches			

Recovery Information

Recovery Table

Length ft	Description	Volume bbl
8.00	MUD	0.039

Total Length: 8.00 ft Total Volume: 0.039 bbl
 Num Fluid Samples: 0 Num Gas Bombs: 0 Serial #:
 Laboratory Name: Laboratory Location:
 Recovery Comments:





**TRILOBITE
TESTING, INC.**

DRILL STEM TEST REPORT

D K Operating Inc
24583 NW 208 Rd
Jetmore Ks 67584-5311
ATTN: Jason Alm

17 21n 22w Hodgeman
Antrim Unit # 1-17
Job Ticket: 47977 **DST#: 3**
Test Start: 2012.06.05 @ 17:00:00

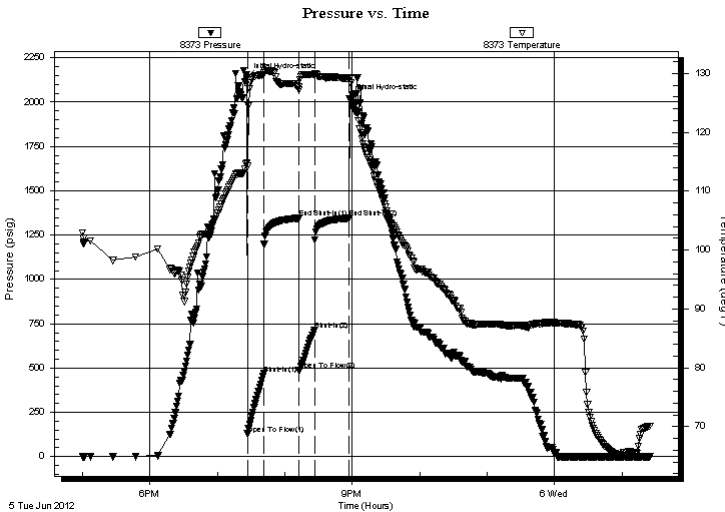
GENERAL INFORMATION:

Formation: **Miss**
Deviated: No Whipstock: 2282.00 ft (KB)
Time Tool Opened: 19:26:30
Time Test Ended: 01:25:00
Interval: **4343.00 ft (KB) To 4357.00 ft (KB) (TVD)**
Total Depth: 4357.00 ft (KB) (TVD)
Hole Diameter: 7.88 inches Hole Condition: Fair
Test Type: Conventional Bottom Hole (Reset)
Tester: Jim Svaty
Unit No: 60
Reference Elevations: 2282.00 ft (KB)
2273.00 ft (CF)
KB to GR/CF: 9.00 ft

Serial #: 8373 Inside
Press @ Run Depth: 713.45 psig @ 4344.00 ft (KB) Capacity: 8000.00 psig
Start Date: 2012.06.05 End Date: 2012.06.06 Last Calib.: 2012.06.06
Start Time: 17:00:05 End Time: 01:24:59 Time On Btm: 2012.06.05 @ 19:26:15
Time Off Btm: 2012.06.05 @ 20:57:30

TEST COMMENT: 15-IFP- BOB in 2 min
30-ISIP- No Blow
15-FFP- BOB in 2 min
30-FSIP- No Blow

PRESSURE SUMMARY



Time (Min.)	Pressure (psig)	Temp (deg F)	Annotation
0	2140.10	114.90	Initial Hydro-static
1	129.48	114.25	Open To Flow (1)
15	468.02	129.83	Shut-In(1)
46	1345.33	127.70	End Shut-In(1)
47	488.72	127.18	Open To Flow (2)
60	713.45	129.75	Shut-In(2)
91	1345.60	129.06	End Shut-In(2)
92	2017.96	129.21	Final Hydro-static

Recovery

Length (ft)	Description	Volume (bbl)
868.00	WCO 20%w 80%o	11.06
310.00	WCO 30%w 70%o	4.35
310.00	WCO 50%w 50%o	4.35
186.00	MCW 20%m 80%w	2.61
0.00	248 GIP	0.00

* Recovery from multiple tests

Gas Rates

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



**TRILOBITE
TESTING, INC.**

DRILL STEM TEST REPORT

FLUID SUMMARY

DK Operating Inc
24583 NW 208 Rd
Jetmore Ks 67584-5311
ATTN: Jason Alm

17 21n 22w Hodgeman
Antrim Unit # 1-17
Job Ticket: 47977 **DST#: 3**
Test Start: 2012.06.05 @ 17:00:00

Mud and Cushion Information

Mud Type: Gel Chem	Cushion Type:	Oil API: 36 deg API
Mud Weight: 9.00 lb/gal	Cushion Length: ft	Water Salinity: ppm
Viscosity: 45.00 sec/qt	Cushion Volume: bbl	
Water Loss: 12.76 in ³	Gas Cushion Type:	
Resistivity: ohm.m	Gas Cushion Pressure: psig	
Salinity: 11400.00 ppm		
Filter Cake: inches		

Recovery Information

Recovery Table

Length ft	Description	Volume bbl
868.00	WCO 20%w 80%o	11.055
310.00	WCO 30%w 70%o	4.348
310.00	WCO 50%w 50%o	4.348
186.00	MCW 20%m 80%w	2.609
0.00	248 GIP	0.000

Total Length: 1674.00 ft Total Volume: 22.360 bbl
Num Fluid Samples: 0 Num Gas Bombs: 0 Serial #:
Laboratory Name: Laboratory Location:
Recovery Comments:

Serial #: 8373

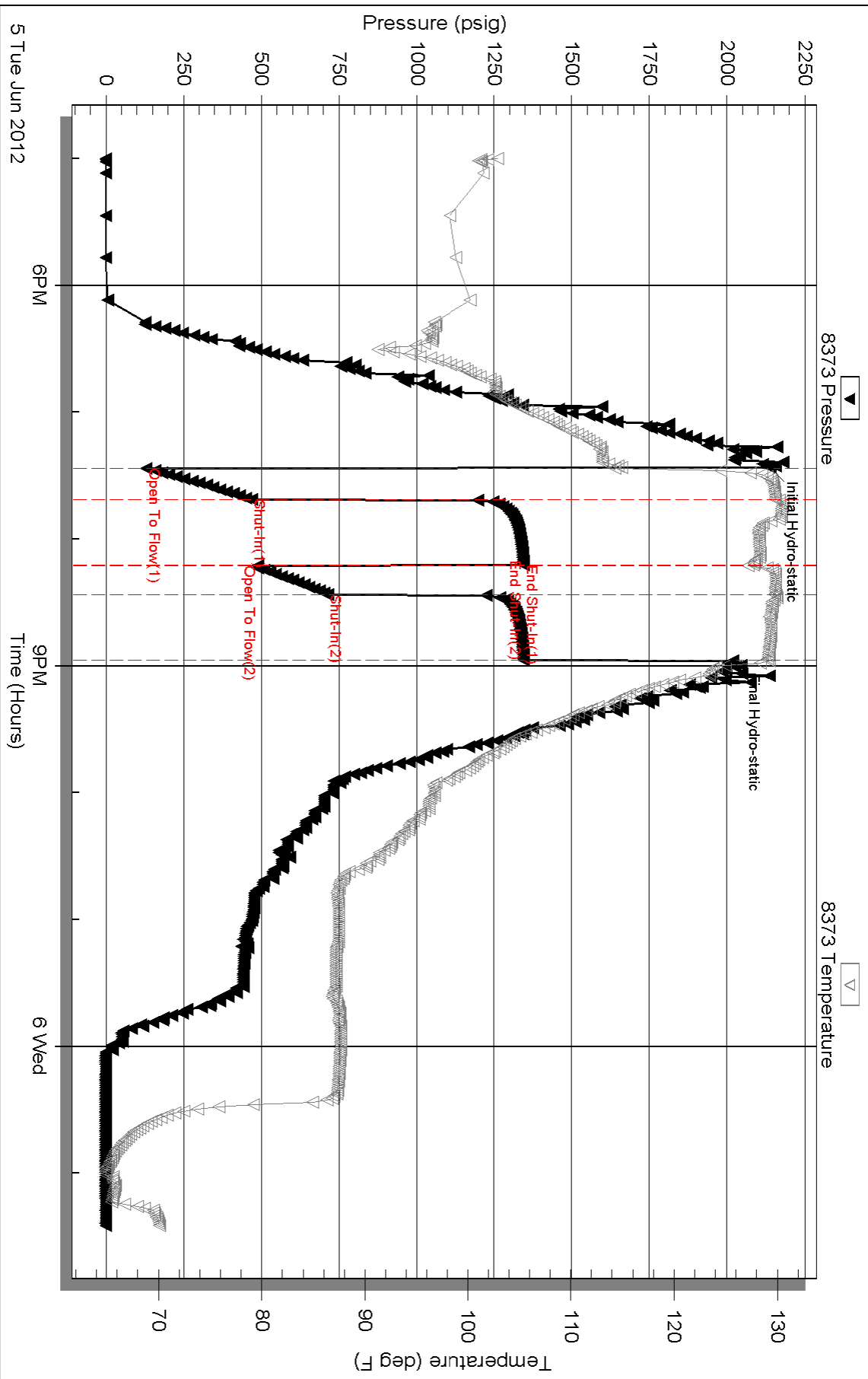
Inside

DK Operating Inc

Antrim Unit # 1-17

DST Test Number: 3

Pressure vs. Time



Triobite Testing, Inc

Ref. No: 47977

Printed: 2012.06.06 @ 07:56:41



CHARGE TO: **DK OPERATING**

ADDRESS

CITY, STATE, ZIP CODE

TICKET

Nº **22675**

PAGE **1** OF **2**

WELL/PROJECT NO. **NESS CITY, KS** LEASE **ANTRIM 1-17** COUNTY/PARISH **HODGEMAN** STATE **KS.** CITY **SEYMORE, KS.** DATE **6/5/12** OWNER

TICKET TYPE SERVICE SALES CONTRACTOR **PICKRELL DRILLING RIG #1** RIG NAME/NO. **HODGEMAN** ORDER NO.

WELL TYPE **OIL** WELL CATEGORY **DEVELOPMENT** JOB PURPOSE **S&HONGSTRING** DELIVERED TO

INVOICE INSTRUCTIONS

REFERRAL LOCATION **NTORDX; 8E, 1S, W1270** WELL LOCATION **NTORDX; 8E, 1S, W1270** WELL PERMIT NO.

PRICE REFERENCE	SECONDARY REFERENCE/ PART NUMBER	ACCOUNTING		DESCRIPTION	QTY.	UM	QTY.	UM	UNIT PRICE	AMOUNT
		LOC	ACCT							
575				MILEAGE #110	25	MIL			6.00	150.00
402				CENTRALIZERS	9	EA			70.00	630.00
578				PUMP CHARGE	1	JOB	435	GA	1500.00	1500.00
403				CEMENT BASKETS	2	EA			250.00	500.00
404				PORT COLLAR	1	EA	150	FT.	2400.00	2400.00
406				LATCH DOWN PLUG & BAFFLE	1	EA			250.00	250.00
407				INSERT FLOAT SHOE W/AUTO FILL	1	EA			350.00	350.00
281				MUD FLUSH	500	YAL			1.25	625.00
221				LIQUID KCL	2	YAL			25.00	50.00
419				ROTATING HEAD RENTAL	1	JOB			200.00	200.00

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

X **Ruby Popp** TIME SIGNED **2000** A.M. P.M.

DATE SIGNED **6/5/12**

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

SURVEY
 OUR EQUIPMENT PERFORMED WITHOUT BREAKDOWN?
 WE UNDERSTOOD AND MET YOUR NEEDS?
 OUR SERVICE WAS PERFORMED WITHOUT DELAY?
 WE OPERATED THE EQUIPMENT AND PERFORMED JOB CALCULATIONS SATISFACTORILY?
 ARE YOU SATISFIED WITH OUR SERVICE?
 YES NO

PAGE TOTAL 11,863.01
Subtotal 11,196.50
Hodgeman TAX 7.45% 666.51
TOTAL 11,863.01

CUSTOMER ACCEPTANCE OF MATERIALS AND SERVICES The customer hereby acknowledges receipt of the materials and services listed on this ticket.

SWIFT OPERATOR **Janet Koff** APPROVAL

Thank You!



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

TICKET CONTINUATION

TICKET No. 22675

DATE 6 Jun 12 PAGE 8 OF 8

CUSTOMER DK OPERATING WELL ANTRIM 1-17

PRICE REFERENCE	SECONDARY REFERENCE/ PART NUMBER	ACCOUNTING		TIME	DESCRIPTION	QTY.		U/M	QTY.	U/M	UNIT PRICE	AMOUNT
		LOC	ACCT			DF						
274					FLOCELE	44	lbs.				2.00	88.00
283					SALT	900	lbs.				2.00	1800.00
284					CALSCAL	8	bx				35.00	280.00
292					HALAD-322	124	lbs.				7.25	901.00
290					D-AIR	2	pc				35.00	70.00
325					STANDARD CEMENT EA-2	175	bx				13.50	2362.50
581					SERVICE CHARGE							
582					MILEAGE CHARGE							
						CUBIC FEET	175	bx			2.00	350.00
						TON MILES	228.97				250.00	250.00
						LOADED MILES	25					
						TOTAL WEIGHT	18318					

CONTINUATION TOTAL 4541.50



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

TICKET CONTINUATION

TICKET No. 22675

CUSTOMER DK OPERATING WELL ANTRIM 1-17

DATE 6 Jun 12 PAGE 2 OF 8

PRICE REFERENCE	SECONDARY REFERENCE/ PART NUMBER	ACCOUNTING		TIME	DESCRIPTION	QTY.	U/M	QTY.	U/M	UNIT PRICE	AMOUNT
		LOC	ACCT								
276					FLOCELE	44	lbs.			2 ⁰⁰	88 ⁰⁰
283					SALT	900	lbs			2 ⁰⁰	180 ⁰⁰
284					CALSGAL	8	bx			35 ⁰⁰	280 ⁰⁰
292					HALAD-322	124	lbs.			7 ⁷⁵	961 ⁰⁰
290					D-AIR	2	gal			35 ⁰⁰	70 ⁰⁰
325					STANDARD CEMENT EA-2	175	bx			13 ⁵⁰	2362 ⁵⁰
581					CUBIC FEET	175	bx			2 ⁰⁰	350 ⁰⁰
582					TON MILES	228.97				250 ⁰⁰	250 ⁰⁰

CONTINUATION TOTAL 4541⁵⁰



Services, Inc.

CHARGE TO: DK Operating

TICKET No. **23118**

ADDRESS
CITY, STATE, ZIP CODE

PAGE 1 OF 1

SERVICE LOCATIONS	WELL/PROJECT NO.	LEASE	COUNTY/PARISH	STATE	CITY	DATE	OWNER
1. <u>Hodgeman KS</u>	<u>1-17</u>	<u>Artwin</u>	<u>Hodgeman</u>	<u>KS</u>	<u>Jetmore</u>	<u>15 Jun 12</u>	
TICKET TYPE <input type="checkbox"/> SERVICE <input type="checkbox"/> SALES	CONTRACTOR	RIG NAME/NO.	SHIPPED	DELIVERED TO	ORDER NO.	WELL LOCATION	
3. <u>Development</u>	<u>HD</u>	<u>Development</u>	<u>YES</u>	<u>location</u>			
WELL TYPE	WELL CATEGORY	JOB PURPOSE	WELL PERMIT NO.	WELL LOCATION			
<u>011</u>	<u>Development</u>	<u>Cement port collar</u>					
4. REFERRAL LOCATION	INVOICE INSTRUCTIONS						

PRICE REFERENCE	SECONDARY REFERENCE/ PART NUMBER	ACCOUNTING			DESCRIPTION	QTY.		UNIT		AMOUNT
		LOC	ACCT	DF		QTY.	UM	QTY.	UM	
575		1			MILEAGE TRK 114	30	mi	1250	180.00	
576D		1			Pump Charge	1	ea	1250	1250.00	
330		1			SMB cement	135	sb	16.50	2227.50	
276		1			Floccle	50	lb	2.00	100.00	
290		1			D-air	2	gal	35.00	70.00	
104		1			Port Collar tool rental	1	ea	2500.00	2500.00	
581		1			Service Charge Cement	175	sk	2.60	350.00	
582		1			Drayage (min)	1	ea	250	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
DATE SIGNED [Signature] A.M. P.M.

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

SURVEY

OUR EQUIPMENT PERFORMED WITHOUT BREAKDOWN?	AGREE	UN-DECIDED	DIS-AGREE
WE UNDERSTOOD AND MET YOUR NEEDS?			
OUR SERVICE WAS PERFORMED WITHOUT DELAY?			
WE OPERATED THE EQUIPMENT AND PERFORMED JOB CALCULATIONS SATISFACTORILY?			
ARE YOU SATISFIED WITH OUR SERVICE?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	

CUSTOMER DID NOT WISH TO RESPOND

PAGE TOTAL	4677.50
TAX	197.24
TOTAL	4874.74

CUSTOMER ACCEPTANCE OF MATERIALS AND SERVICES The customer hereby acknowledges receipt of the materials and services listed on this ticket.
SWIFT OPERATOR [Signature] APPROVAL [Signature]
Thank You!

JOB LOG

SWIFT Services, Inc.

DATE 15 Jun 12 PAGE NO.

CUSTOMER DK operating WELL NO. 1-17 LEASE Antreim JOB TYPE cement port collar TICKET NO. 23118

CHART NO.	TIME	RATE (BPM)	VOLUME (BBL) (GAL)	PUMPS		PRESSURE (PSI)		DESCRIPTION OF OPERATION AND MATERIALS
				T	C	TUBING	CASING	
								125 sk SMD w/ 1/2" floccle
								2 1/2" x 5 1/2" port collar 1458'
	0800							on loc TRK 114
	0900					1000	1000	test to 1000 psi - held wait on cement
	1050							open tool inj rate 3 1/2 @ 350
	1055	3 1/2	2			350		inj rate 3 1/2 @ 350
		3 1/2	2			350		mix SMD cement @ 11.2 ppg fluid to surface
	1115	3 1/2	75			500		- cement to surface - 135 sk mixed 20 to pit
	1120							close tool
						1000	1000	test to 1000 psi - holding
	1130							Run 4 joints
	1135		20					Reverse hole clean - 2 cement plugs
								Wash truck
								Rack up
								Job complete
								thub
								Dave, Flint, Doug, Blaine & Isaac