

1125740

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 ☐ Yes ☐ No
 (Attach Additional Sheets)

 Samples Sent to Geological Survey ☐ Yes ☐ No

 Cores Taken ☐ Yes ☐ No

 Electric Log Run ☐ Yes ☐ No

 Electric Log Submitted Electronically ☐ Yes ☐ No
 (If no, Submit Copy)

List All E. Logs Run:

☐ Log Formation (Top), Depth and Datum ☐ Sample
 Name Top Datum
CASING RECORD ☐ New ☐ 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 (Amount and Kind of Material Used)	Depth

TUBING RECORD:	Size:	Set At:	Packer At:	Liner Run: <input type="checkbox"/> Yes <input type="checkbox"/> No
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 (Explain) _____			
Estimated Production Per 24 Hours	Oil Bbls.	Gas Mcf	Water Bbls.	Gas-Oil Ratio Gravity

DISPOSITION OF GAS: <input type="checkbox"/> Vented <input type="checkbox"/> Sold <input type="checkbox"/> Used on Lease (If vented, Submit ACO-18.)	METHOD OF COMPLETION: <input type="checkbox"/> Open Hole <input type="checkbox"/> Perf. <input type="checkbox"/> Dually Comp. (Submit ACO-5) <input type="checkbox"/> Commingled (Submit ACO-4) <input type="checkbox"/> Other (Specify) _____	PRODUCTION INTERVAL: _____ _____
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Services, Inc.

CHARGE TO:

ADDRESS

Charter Energy

TICKET

Nº 22852

CITY, STATE, ZIP CODE

PAGE 1 OF 1

SERVICE LOCATIONS

WELL/PROJECT NO.

LEASE

COUNTY/PARISH

STATE

CITY

DATE

OWNER

1. *Shoe Creek*

500

Shoe Creek

Texas

TX

500

4-27-12

same

2. *Ness City, KS*

500

Shoe Creek

Texas

TX

500

4-27-12

same

3. *WELL TYPE*

500

Shoe Creek

Texas

TX

500

4-27-12

same

4. REFERRAL LOCATION

INVOICE INSTRUCTIONS

LEASE

COUNTY/PARISH

STATE

CITY

DATE

OWNER

PRICE REFERENCE

SECONDARY REFERENCE/ PART NUMBER

ACCOUNTING LOC ACT DF

DESCRIPTION

QTY.

UM

QTY.

UM

UNIT PRICE

AMOUNT

575

1

1

1

MILEAGE

50 mi

50 mi

1 mi

1621

1500.00

1500.00

1500.00

300.00

578

1

1

1

Ramp Charge (1 hour)

2 mi

2 mi

1621

1500.00

1500.00

1500.00

70.00

290

1

1

1

D. H. H.

2 mi

2 mi

1621

1500.00

1500.00

1500.00

350.00

401

1

1

1

Swift Foot Shoe

1 mi

1 mi

1621

1500.00

1500.00

1500.00

350.00

4380

2

2

2

Swift Foot Shoe

2 mi

2 mi

1621

1500.00

1500.00

1500.00

350.00

376

2

2

2

Fleece

50 mi

50 mi

1621

1500.00

1500.00

1500.00

100.00

581

2

2

2

Comat Service Charge

2 mi

2 mi

1621

1500.00

1500.00

1500.00

400.00

583

2

2

2

Drillage

489 mi

489 mi

1621

1500.00

1500.00

1500.00

499.00

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 *9-27-12* TIME SIGNED *11:15*

☒ A.M. ☐ P.M.

REMIT PAYMENT TO:

SWIFT SERVICES, INC.

P.O. BOX 466

NESS CITY, KS 67560

785-798-2300

SURVEY

AGREE

UN-DECIDED

DIS-AGREE

PAGE TOTAL

619.00

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?

☐

☐

☐

☐

☐

CUSTOMER ACCEPTANCE OF MATERIALS AND SERVICES

The customer hereby acknowledges receipt of the materials and services listed on this ticket.

SWIFT OPERATOR

APPROVAL

Thank You!

