

1153758

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 <div style="display: flex; justify-content: space-between;"> Name Top Datum </div>
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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 (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 <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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Quality Well Service, Inc.

324 Simpson St.
Pratt, KS 67124

Invoice

Date	Invoice #
2/27/2013	C-786

Bill To
Continental Operating P.O. Box 52 Hays, KS 67601

P.O. No.	Terms	Lease Name
		Hammerschmit #2

Description	Qty	Rate	Amount
Common	210	15.50	3,255.00T
Poz	140	9.50	1,330.00T
Gel	12	20.50	246.00T
Plug	1	950.00	950.00T
Handling	362	2.10	760.20T
.08 * sacks * miles	12,250	0.08	980.00T
LMV	35	2.00	70.00T
Pump Truck Mileage	35	8.00	280.00T
Discount	1,338.1	-1.00	-1,338.10T
Discount Expires after 30 days from the date of the invoice		0.00	0.00
Hammerschmit #2 Rooks Co.			
Thank You for your business			

Subtotal \$6,533.10

Sales Tax (6.3%) \$411.59

Total \$6,944.69

QUALITY WELL SERVICE, INC.

5830

Federal Tax I.D. # 481187368

Home Office 324 Simpson St., Pratt, KS 67124

Heath's Cell 620-727-3410

Office / Fax 620-672-3663

Rich's Cell 620-727-3409

Brady's Cell 620-727-6964

Date <u>2-26-13</u>	Sec.	Twp.	Range	County <u>Rooks</u>	State <u>KS</u>	On Location	Finish <u>11:00-11:30</u>
Lease <u>Hammerschmidt</u>	Well No. <u>2</u>		Location <u>Zurich, KS 2 1/2 S Winto</u>				
Contractor <u>CO Tools</u>				Owner			
Type Job <u>PTA</u>				To Quality Well Service, Inc. You are hereby requested to rent cementing equipment and furnish cementer and helper to assist owner or contractor to do work as listed.			
Hole Size		T.D.		Charge To <u>Continental operating</u>			
Csg. <u>8 5/8</u>		Depth		Street			
Tbg. Size		Depth		City			
Tool		Depth		State			
Cement Left in Csg.		Shoe Joint		The above was done to satisfaction and supervision of owner agent or contractor.			
Meas Line		Displace		Cement Amount Ordered <u>350sx 60 1/4 9 1/2 gel</u>			
EQUIPMENT							
Pumptrk	No. <u>8</u>	<u>Coody</u>		Common <u>210</u>			
Bulktrk	No. <u>7</u>	<u>Mike</u>		Poz. Mix <u>140</u>			
Bulktrk	No.			Gel. <u>12</u>			
Pickup	No.			Calcium			
JOB SERVICES & REMARKS							
Rat Hole				Hulls			
Mouse Hole				Salt			
Centralizers				Flowseal			
Baskets				Kol-Seal			
D/V or Port Collar				Mud CLR 48			
<u>1st plug @ 620 = 275sx - come out of hole and put 5 1/2 sledge on 9 5/8 casing and top off with 75sx</u>				CFL-117 or CD110 CAF 38			
				Sand			
				Handling <u>362</u>			
				Mileage <u>35</u>			
FLOAT EQUIPMENT							
<u>Pressured up to 300psi and shut in @ 150psi</u>				Guide Shoe			
				Centralizer			
				Baskets			
				AFU Inserts			
				Float Shoe			
				Latch Down			
				Pumptrk Charge <u>PTA</u>			
				Mileage <u>35</u>			
				Tax			
				Discount			
				Total Charge			
X Signature <u>Kory Pfeiffer</u>							

Thank you.