



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1160982
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: _____

1160982

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 <i>(Attach Additional Sheets)</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Log	Formation (Top), Depth and Datum	<input type="checkbox"/> Sample
Samples Sent to Geological Survey	<input type="checkbox"/> Yes <input type="checkbox"/> No	Name	Top	Datum
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:				

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: 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

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> <input type="checkbox"/> Other <i>(Specify)</i> _____	PRODUCTION INTERVAL: _____ _____
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Form	ACO1 - Well Completion
Operator	Lario Oil & Gas Company
Well Name	Helten 2-35
Doc ID	1160982

All Electric Logs Run

CDL/CNL/PE
MEL
SONIC
DIL

Form	ACO1 - Well Completion
Operator	Lario Oil & Gas Company
Well Name	Helten 2-35
Doc ID	1160982

Tops

Name	Top	Datum
Heebner	2628	-1183
Lansing	2943	-1498
KC	3160	-1715
Stark Shale	3320	-1875
Hushpuckney	3353	-1908
Base KC	3397	-1952
Marmaton	3469	-2024
Pawnee	3529	-2084
Ft. Scott	3566	-2121
Mississippian	3741	-2296
Kinderhook	4032	-2587

Form	ACO1 - Well Completion
Operator	Lario Oil & Gas Company
Well Name	Helten 2-35
Doc ID	1160982

Casing

Purpose Of String	Size Hole Drilled	Size Casing Set	Weight	Setting Depth	Type Of Cement	Number of Sacks Used	Type and Percent Additives
surface	12.25	8.625	23	264	60/40 Poz	170	3% cc, 2% gel
production	7.875	5.5	15.5	4009	AA2	170	.2% defoamer, .8% FLA-322,
production	7.875	5.5	15.5	4009	AA2	170	10# salt, .75 gas block and
production	7.875	5.5	15.5	4009	AA2	170	.25% cellflake



PAGE 1 of 1	CUST NO 1002301	INVOICE DATE 10/07/2013
INVOICE NUMBER 1718 - 91303681		

Pratt (620) 672-1201
 B LARIO OIL & GAS
 I P O BOX 84
 L MURDOCK
 T KS US 67111
 O ATTN: ACCOUNTS PAYABLE

J LEASE NAME Helten 2-35
 O LOCATION
 B COUNTY Kingman
 S STATE KS
 I JOB DESCRIPTION Cement-New Well Casing/Pi
 E JOB CONTACT

JOB #	EQUIPMENT #	PURCHASE ORDER NO.	TERMS	DUE DATE
40648442	19905	APC# 13271	Net - 30 days	11/06/2013

	QTY	U of M	UNIT PRICE	INVOICE AMOUNT
<i>For Service Dates: 10/01/2013 to 10/01/2013</i>				
0040648442				
171809135A Cement-New Well Casing/Pi 10/01/2013 Cement 8 5/8 Surface				
60/40 POZ	170.00	EA	8.04	1,366.71 T
Celloflake	43.00	EA	2.48	106.59 T
Calcium Chloride	441.00	EA	0.70	310.22 T
"Wooden Cmt Plug, 8 5/8""	1.00	EA	107.19	107.19
"Unit Mileage Chg (PU, cars one way)"	45.00	MI	2.85	128.13
Heavy Equipment Mileage	90.00	MI	4.69	422.07
"Proppant & Bulk Del. Chgs., per ton mil	331.00	EA	1.07	354.81
Depth Charge; 0-500'	1.00	EA	669.95	669.95
Blending & Mixing Service Charge	170.00	BAG	0.94	159.45
Plug Container Util. Chg.	1.00	EA	167.49	167.49
"Service Supervisor, first 8 hrs on loc.	1.00	EA	117.24	117.24

RECEIVED
 OCT 16 2013
 BS

BS
 10-9-13

PLEASE REMIT TO:	SEND OTHER CORRESPONDENCE TO:	SUB TOTAL	3,909.85
BASIC ENERGY SERVICES, LP	BASIC ENERGY SERVICES, LP	TAX	123.06
PO BOX 841903	801 CHERRY ST, STE 2100	INVOICE TOTAL	4,032.91
DALLAS, TX 75284-1903	FORT WORTH, TX 76102		

Customer Lario Oil and Gas	Lease No.	Date 10-1-13
Lease Hellen	Well # 235	
Field Order # 4135	Station Pratt, Kansas	Casing 2 3/8
		Depth 264 Feet
Type Job C.N.W. - Surface	Formation	County Kingman
		State Kansas
		Legal Description 35-275-5W

PIPE DATA		PERFORATING DATA		CEMENT USED		TREATMENT RESUME		
Casing Size 2 3/8	Tubing Size 1 7/8	Shots/Ft	170 sacks	Acid 60/40 Poz with	RATE	PRESS	ISIP	
Depth 263 Feet	Depth	From	To 22 Gall.	Pre Pad 3% Calcium Chloride	Max	25 lb/s	5 Min.	Cell plate
Volume 16.8 Bbl.	Volume	From	To	Pad 14.8 lb/gal.	Min.	5.18 Gal/stk.	10 Min.	10 cu. ft/stk.
Max Press 250 P.S.I.	Max Press	From	To	Frac	Avg		15 Min.	
Well Connection Flue Con	Annulus Vol. 1.1	From	To		HHP Used			Annulus Pressure
Plug Depth 243 feet	Packer Depth	From	To	Flush 16 Bbl. Fresh Water	Gas Volume			Total Load

Customer Representative Cecil Farmer	Station Manager Kevin Gordley	Treater Clarence R. Messick
Service Units 37216	77686	19905
Driver Names Messick	Mc Graw	Abel
19960	21010	

Time A.M.	Casing Pressure	Tubing Pressure	Bbls. Pumped	Rate	Service Log
1:30					Trucks on location and hold safety meeting.
5:30					Maverick Drilling start to run 6 Joints 23 lb/ft 8 5/8" casing.
6:30					Casing in well. Circulate for 5 minutes.
6:45	200			5	Start Fresh Water Pre-Flush.
	225		10	5	Start mixing 170 sacks 60/40 Poz cement
	-0-		46		Stop pumping. Shut in well. Release Wooden Plug. Open well.
7:11	150			5	Start Fresh Water Displacement.
7:15	250		16		Plug down. Shut in well.
					Circulated 20 Bbl. cement to pit
					Wash up pump truck
8:00					Job complete
					Thank You.
					Clarence, Mike James



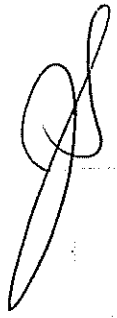
PAGE 1 of 1	CUST NO 1002301	INVOICE DATE 10/10/2013
INVOICE NUMBER 1718 - 91306755		

Pratt (620) 672-1201
 B LARIO OIL & GAS
 I P O BOX 84
 L MURDOCK
 L KS US 67111
 T O ATTN: ACCOUNTS PAYABLE

J O B S I T E
 LEASE NAME Helton 2-35 (APE #12271)
 LOCATION
 COUNTY Kingman
 STATE KS
 JOB DESCRIPTION Cement-New Well Casing/Pi
 JOB CONTACT

JOB #	EQUIPMENT #	PURCHASE ORDER NO.	TERMS	DUE DATE
40649645	20920		Net - 30 days	11/09/2013

	QTY	U of M	UNIT PRICE	INVOICE AMOUNT
<i>For Service Dates: 10/08/2013 to 10/08/2013</i>				
0040649645				
171808197A Cement-New Well Casing/Pi 10/08/2013 Cement 5 1/2" Longstring				
AA2 Cement	170.00	EA	11.39	1,936.21 T
60/40 POZ	50.00	EA	8.04	401.99 T
Celloflake	43.00	EA	2.48	106.59 T
Salt	921.00	EA	0.33	308.53 T
C-41P	32.00	EA	2.68	85.76 T
C-44	160.00	EA	3.45	552.06 T
FLA-322	80.00	EA	5.02	401.99 T
Super Flush	500.00	EA	1.64	820.73 T
Claymax KCL Substitute	5.00	EA	23.45	117.25 T
"Top Rubber Cmt Plug, 5 1/2""	1.00	EA	70.35	70.35
"Guide Shoe - Regular, 5 1/2"" (Blue)"	1.00	EA	167.50	167.50
"Turbolizer, 5 1/2"" (Blue)"	6.00	EA	73.70	442.19
Flapper Type Insrt Float Valve 5 1/2"(BI	1.00	EA	144.05	144.05
"Unit Mileage Chg (PU, cars one way)"	45.00	MI	2.85	128.13
Heavy Equipment Mileage	90.00	MI	4.69	422.09
"Proppant & Bulk Del. Chgs., per ton mil	457.00	EA	1.07	489.89
Depth Charge; 4001'-5000'	1.00	EA	1,688.35	1,688.35
Blending & Mixing Service Charge	220.00	BAG	0.94	206.35
Plug Container Util. Chg.	1.00	EA	167.50	167.50
"Service Supervisor, first 8 hrs on loc.	1.00	EA	117.25	117.25

xe

xe

BS
10-15-13

PLEASE REMIT TO:	SEND OTHER CORRESPONDENCE TO:	SUB TOTAL	8,774.76
BASIC ENERGY SERVICES, LP	BASIC ENERGY SERVICES, LP	TAX	326.45
PO BOX 841903	801 CHERRY ST, STE 2100	INVOICE TOTAL	9,101.21
DALLAS, TX 75284-1903	FORT WORTH, TX 76102		



BASIC
ENERGY SERVICES
PRESSURE PUMPING & WIRELINE

10244 NE Hwy. 61
P.O. Box 8613
Pratt, Kansas 67124
Phone 620-672-1201

FIELD SERVICE TICKET

1718 00197 A

DATE _____ TICKET NO. _____

DATE OF JOB <u>10-8-13</u> DISTRICT <u>Pratt</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>Larin Oil & Gas</u>		LEASE <u>HELTON</u> 2:35 WELL NO.							
ADDRESS		COUNTY <u>Kingman</u> STATE <u>KS</u>							
CITY STATE		SERVICE CREW <u>Scott Jacob Joe O'Brien</u>							
AUTHORIZED BY		JOB TYPE: <u>CNW Long Strings</u>							
EQUIPMENT#	HRS	EQUIPMENT#	HRS	EQUIPMENT#	HRS	TRUCK CALLED	DATE	AM	TIME
<u>477520920</u>	<u>45 min</u>						<u>10-7-13</u>		<u>1115</u>
<u>70954-19918</u>	<u>45 min</u>					ARRIVED AT JOB	<u>10-8-13</u>	AM	<u>12:30</u>
<u>28443</u>						START OPERATION	<u>6</u>	AM	<u>3:30</u>
<u>27283</u>						FINISH OPERATION	<u>7</u>	AM	<u>4:15</u>
						RELEASED	<u>1</u>	AM	<u>5:15</u>
						MILES FROM STATION TO WELL			<u>45</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: [Signature]
(WELL OWNER, OPERATOR, CONTRACTOR OR AGENT)

ITEM/PRICE REF. NO.	MATERIAL, EQUIPMENT AND SERVICES USED	UNIT	QUANTITY	UNIT PRICE	\$ AMOUNT
CP 105	AA2 Cement	SK	170		3,890 00
CP 103	60/40 POZ	SK	50		600 00
CL 111	SALT	lb	921		460 50
CL 102	cello flake	lb	43		159 10
CL 105	C-41 P	lb	32		128 00
CL 129	FLA-322	lb	80		600 00
CL 115	C-44	lb	160		824 00
CF 251	Guide shoe	eq	1		250 00
CF 103	TOP Rubber Plug	eq	1		105 00
CF 1451	Flapper Insert	eq	1		215 00
CF 1651	Turbolizer	eq	6		660 00
C 704	Clonmax	gal	5		175 00
CI 154	super flush	gal	500		1,225 00
E 101	Heavy Mileage	mi	90		630 00
CE 240	Mixing Charge	SK	220		308 00
E 113	Blk ONEL Interv	TM	457		730 80
CE 205	DEPTH Charge	4hrs	1		2,520 00
CE 504	Plug Con Taper	TAB	1		250 00
S 003	Supervisor	eq	1		175 00
E 100	Pickup Mileage	mi	45		191 25
				SUB TOTAL	<u>66 8,774 76</u>
CHEMICAL / ACID DATA:					
				SERVICE & EQUIPMENT	%TAX ON \$
				MATERIALS	%TAX ON \$
				TOTAL	

SERVICE REPRESENTATIVE: [Signature]
THE ABOVE MATERIAL AND SERVICE ORDERED BY CUSTOMER AND RECEIVED BY: [Signature]
(WELL OWNER OPERATOR CONTRACTOR OR AGENT)

FIELD SERVICE ORDER NO. _____

10-8-13

Lapin @ 11.8 lbs
Halter 2.35

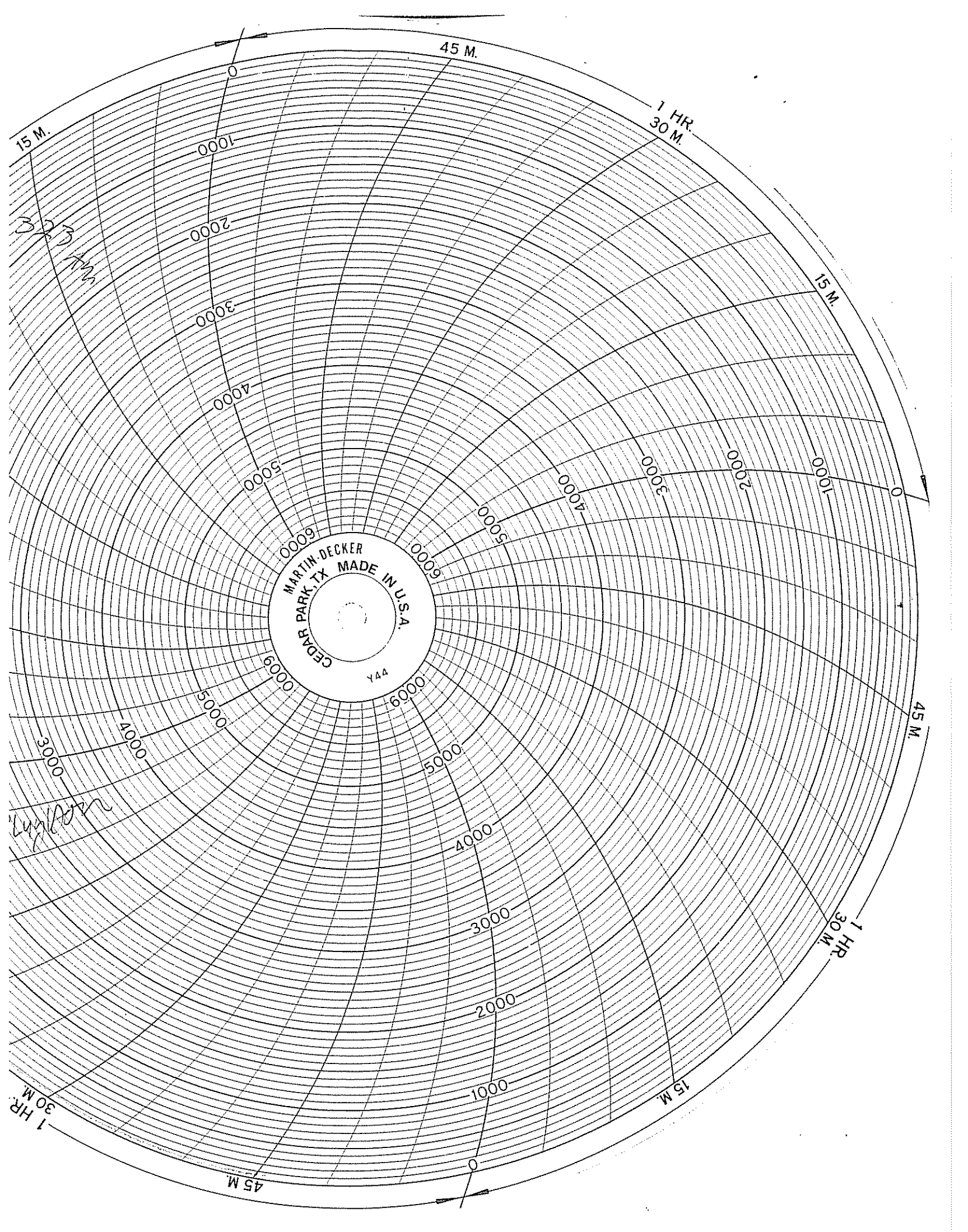
5 1/2 LS

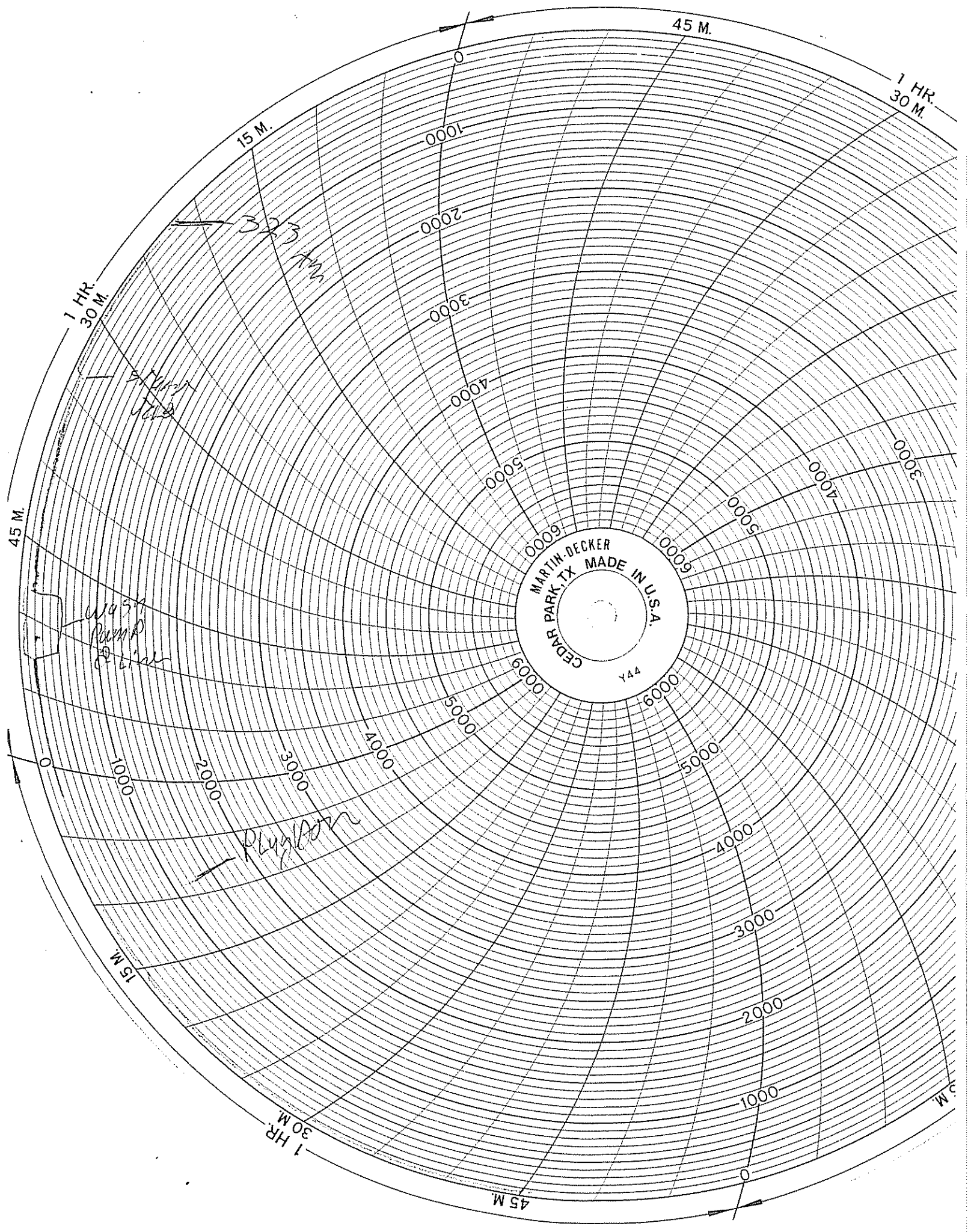
SCOTT

JACB

JT

STEVE





323 Hz

Wash Pump & Filter

Plywood

MARTIN-DECKER
CEDAR PARK, TX MADE IN U.S.A.
Y44



TRILOBITE TESTING, INC.

DRILL STEM TEST REPORT

Lario Oil & Gas Company

35-27-5 Kingman Co

301 S Market ST
Wichita KS 67202

Hellen #2-35

Job Ticket: 52437

DST#: 1

ATTN: Jay Schweiket/ Steve

Test Start: 2013.10.06 @ 00:43:00

GENERAL INFORMATION:

Formation: **Mississippi**

Deviated: No Whipstock: ft (KB)

Time Tool Opened: 04:52:15

Time Test Ended: 10:30:30

Interval: **3742.00 ft (KB) To 3800.00 ft (KB) (TVD)**

Total Depth: 3800.00 ft (KB) (TVD)

Hole Diameter: 7.88 inches Hole Condition: Fair

Test Type: Conventional Bottom Hole (Initial)

Tester: Chris Staats

Unit No: #47

Reference Elevations: 1445.00 ft (KB)

1435.00 ft (CF)

KB to GR/CF: 10.00 ft

Serial #: 8676

Outside

Press@RunDepth: 198.73 psig @ 3743.00 ft (KB)

Capacity: 8000.00 psig

Start Date: 2013.10.06 End Date: 2013.10.06

Last Calib.: 2013.10.06

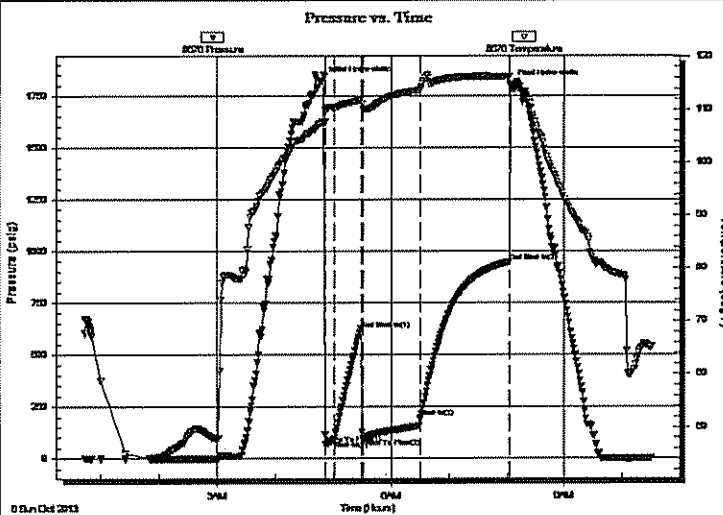
Start Time: 00:43:05 End Time: 10:30:30

Time On Btm: 2013.10.06 @ 04:48:00

Time Off Btm: 2013.10.06 @ 08:04:15

TEST COMMENT: IF: Strong blow BOB 1 min
IS: No blow back
FF: Strong blow BOB 1 min GTS 21 min TSTM
FSI: Weak blow back 4"

PRESSURE SUMMARY



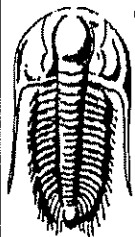
Time (Min.)	Pressure (psig)	Temp (deg F)	Annotation
0	1820.99	107.53	Initial Hydro-static
5	67.64	109.82	Open To Flow (1)
13	89.44	110.48	Shut-In(1)
41	623.04	111.90	End Shut-In(1)
43	96.40	109.99	Open To Flow (2)
103	198.73	113.92	Shut-In(2)
195	947.51	116.20	End Shut-In(2)
197	1803.61	114.34	Final Hydro-static

Recovery

Length (ft)	Description	Volume (bbl)
0.00	3725" GIP	0.00
135.00	G,M w iyh oil spots 2%gas 98%mud	1.89
120.00	G,W,M 2%gas 8%w ater 90%mud	1.68
120.00	M,W 10%mud 90%w ater	1.68

Gas Rates

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



**TRILOBITE
TESTING, INC.**

DRILL STEM TEST REPORT

Lario Oil & Gas Company

35-27-5 Kingman Co

301 S Market ST
Wichita KS 67202

Hellen #2-35

Job Ticket: 52437

DST#: 1

ATTN: Jay Schweiket/ Steve

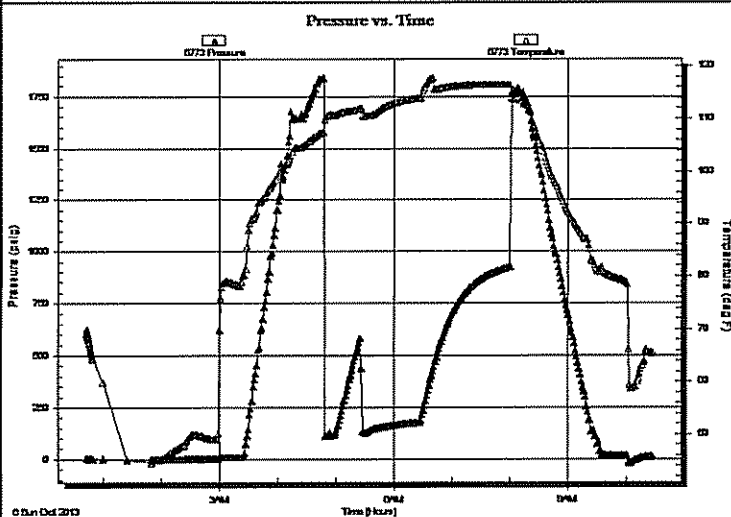
Test Start: 2013.10.06 @ 00:43:00

GENERAL INFORMATION:

Formation: **Mississippi**
 Deviated: No Whipstock: ft (KB)
 Time Tool Opened: 04:52:15
 Time Test Ended: 10:30:30
 Interval: **3742.00 ft (KB) To 3800.00 ft (KB) (TVD)**
 Total Depth: **3800.00 ft (KB) (TVD)**
 Hole Diameter: **7.88 inches** Hole Condition: Fair
 Test Type: Conventional Bottom Hole (Initial)
 Tester: Chris Staats
 Unit No: #47
 Reference Elevations: 1445.00 ft (KB)
 1435.00 ft (CF)
 KB to GR/CF: 10.00 ft

Serial #: **6773** Inside
 Press@RunDepth: psig @ 3743.00 ft (KB)
 Start Date: 2013.10.06 End Date: 2013.10.06
 Start Time: 00:43:05 End Time: 10:28:15
 Capacity: 8000.00 psig
 Last Calib.: 2013.10.06
 Time On Btm:
 Time Off Btm:

TEST COMMENT: IF: Strong blow BOB 1 min
 IS: No blow back
 FF: Strong blow BOB 1 min GTS 21 min TSTM
 FSI: Weak blow back 4"



PRESSURE SUMMARY

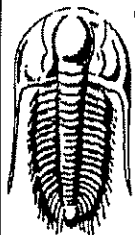
Time (Min.)	Pressure (psig)	Temp (deg F)	Annotation

Recovery

Length (ft)	Description	Volume (bbl)
0.00	3725" GIP	0.00
135.00	G,M w iyh oil spots 2%gas 98%mud	1.89
120.00	G,W,M 2%gas 8%w ater 90%mud	1.68
120.00	M,W 10%mud 90%w ater	1.68

Gas Rates

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



**TRILOBITE
TESTING, INC.**

DRILL STEM TEST REPORT

FLUID SUMMARY

Lario Oil & Gas Company

35-27-5 Kingman Co

301 S Market ST
Wichita KS 67202

Hellen #2-35

Job Ticket: 52437

DST#: 1

ATTN: Jay Schweiket/ Steve

Test Start: 2013.10.06 @ 00:43:00

Mud and Cushion Information

Mud Type: Gel Chem

Mud Weight: 9.00 lb/gal

Viscosity: 51.00 sec/qt

Water Loss: 9.59 in³

Resistivity: 0.00 ohm.m

Salinity: 4000.00 ppm

Filter Cake: 0.02 inches

Cushion Type:

Cushion Length: ft

Cushion Volume: bbl

Gas Cushion Type:

Gas Cushion Pressure: psig

Oil API: deg API

Water Salinity: 35000 ppm

Recovery Information

Recovery Table

Length ft	Description	Volume bbl
0.00	3725" GIP	0.000
135.00	G,M w iyh oil spots 2%gas 98%mud	1.894
120.00	G,W,M 2%gas 8%w ater 90%mud	1.683
120.00	M,W 10%mud 90%w ater	1.683

Total Length: 375.00 ft Total Volume: 5.260 bbl

Num Fluid Samples: 0

Num Gas Bombs: 0

Serial #:

Laboratory Name:

Laboratory Location:

Recovery Comments:

