

LOG-TECH OF KANSAS, INC.

86 SW 10 AVE.
GREAT BEND, KANSAS 67530
(620) 792-2167

INVOICE
7506

Date 8-27-13

CHARGE TO: DSDW Well Servicing, Inc
 ADDRESS _____
 R/A SOURCE NO. _____ CUSTOMER ORDER NO. _____
 LEASE AND WELL NO. Herschmidt #14 FIELD _____
 NEAREST TOWN _____ COUNTY Ellsworth STATE KS
 SPOT LOCATION N/2-NW-SE-NE SEC. 4 TWP. 16S RANGE 10W
 ZERO G.L. CASING SIZE 4 1/2" WEIGHT _____
 CUSTOMER'S T.D. _____ LOG TECH _____ FLUID LEVEL _____
 ENGINEER Leibatz OPERATOR Heath Buchler

PERFORATING				
Description	No. Shots	Depth		Amount
		From	To	
<u>Dwell HSC 3125-332 Square Holes</u>	<u>2</u>		<u>400</u>	
<u>" " " " " "</u>	<u>2</u>		<u>1000</u>	
<u>" " " " " "</u>	<u>2</u>		<u>1300</u>	
				<u>1550.00</u>

DEPTH AND OPERATIONS CHARGES					
Description	Depth		Total No. Ft.	Price Per Ft.	Amount
	From	To			

MISCELLANEOUS		
Description	Quantity	Amount
<u>Service Charge</u>	<u>1</u>	<u>550.00</u>

PRICES SUBJECT TO CORRECTION BY BILLING DEPARTMENT

RECEIVED THE ABOVE SERVICES ACCORDING TO THE TERMS AND CONDITIONS SPECIFIED ON THE REVERSE SIDE TO WHICH WE HEREBY AGREE.

Customer Signature [Signature] Date _____

Sub Total	<u>2100.00</u>
Code Ref. Tool Insurance	
Tax	
	<u>1350.00</u>

TREATMENT REPORT

Acid Stage No.

Date 8-28-13 District F. O. No. 41371
 Company DS+W
 Well Name & No. HEITSCHEMIDT #4
 Location Field
 County ELLSWORTH State KS

Casing: Size 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. Swung at ft.
 Perforated from ft. to ft.
 Open Hole Size T. D. ft. P. B. to ft.

Type Treatment: Amt. Type Fluid Sand Size Pounds of Sol.

Bkdown 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. /G
 Pump Trucks No. Used: 318 Sp. Twin
 Auxiliary Equipment 327
 Packer: Set at
 Auxiliary Tools
 Plugging or Sealing Materials: Type Gal.

Company Representative Jim Treater Brecker

TIME a.m / p.m.	PRESSURES		Total Fluid Pumped	REMARKS
	Tubing	Casing		
<u>8:30</u>				<u>ON LOCATION</u>
:				<u>pump 35 sks Com w/ 3 1/2 cc at 1300'</u>
:				<u>pump 35 sks Com w/ 3 1/2 cc at 1000'</u>
:				<u>Circulate cement to surface Com 400</u>
:				<u>w 50 sks 60/40 4 1/2 gal</u>
:				<u>Pump 100 sks 60/40 4 1/2 out surface</u>
:				<u>TOP OFF w/ 110 sks 60/40 4 1/2</u>
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Thanks
Brecker