



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1171077
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: _____



1171077

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> _____ <input type="checkbox"/> Other <i>(Specify)</i> _____	PRODUCTION INTERVAL: _____ _____
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Conservation Division
Finney State Office Building
130 S. Market, Rm. 2078
Wichita, KS 67202-3802



Phone: 316-337-6200
Fax: 316-337-6211
<http://kcc.ks.gov/>

Mark Sievers, Chairman
Thomas E. Wright, Commissioner
Shari Feist Albrecht, Commissioner

Sam Brownback, Governor

December 03, 2013

Leah A. Kasten
CMX, Inc.
1700 N WATERFRONT PKWY BLDG 300B
WICHITA, KS 67206

Re: ACO1
API 15-007-24087-00-00
Johnny B. Goode 1
SE/4 Sec.06-35S-11W
Barber County, Kansas

Dear Production Department:

We are herewith requesting that the Well Completion Form ACO-1 and attached information for the subject well be held confidential for a period of two years.

Should you have any questions or need additional information regarding subject well, please contact our office.

Respectfully,
Leah A. Kasten

Koda Services, Inc.

INVOICE

Conductor and Rat Hole Drilling, Landfill Gas Drilling and Well Construction Nationwide

Date	Invoice #
10/7/2013	10814

Bill To
CMX Oil & Gas Exploration 1700 N Waterfront Parkway Bldg 300, Suite B Wichita KS 67206

Legal Description	Ordered By	Terms	Field Ticket	Lease Name	Drill Rig
Sec.6-35S-11W	Dean Vesquez	Net 30	8164	Johnny B Good #1	

Item	Quantity	Description
Conductor	60	Drilled 60' of 32" hole for conductor
16" pipe	60	Furnished 60' of 16" Conductor Hole Pipe
Ream Hole		Ream Hole
60" X 5'	1	Furnished 5' X 5' tinhorn
Dirt Removal		Provided Labor and Equipment for dirt removal and cleanup
Mud/Water		Furnished Mud, Water, & Trucking
Welder		Welder
Grout		Furnished grout
Deliver Grout		Deliver grout to location
Cover Plate		Cover Plate
Safety Ring		Safety Ring

Thank you for your business.	Subtotal	\$9,550.00
	Sales Tax (7.15%)	\$269.91
	Total	\$9,819.91



PAGE 1 of 1	CUST NO 1000793	INVOICE DATE 09/26/2013
INVOICE NUMBER 1718 - 91296494		

Pratt (620) 672-1201
 B CMX INC
 I 1700 N WATERFRONT PKWY BLDG 300 STE B
 L WICHITA
 L KS US 67206
 T
 O ATTN: ACCOUNTS PAYABLE

J LEASE NAME Johnny B Goode 1
 O LOCATION
 B COUNTY Barber
 S STATE KS
 I JOB DESCRIPTION Cement-New Well Casing/Pi
 E JOB CONTACT

JOB #	EQUIPMENT #	PURCHASE ORDER NO.		TERMS	DUE DATE
40644601	19843			Net - 30 days	10/26/2013
		QTY	U of M	UNIT PRICE	INVOICE AMOUNT
<i>For Service Dates: 09/25/2013 to 09/25/2013</i>					
0040644601					
171807149A Cement-New Well Casing/Pi 09/25/2013 Cement 8 5/8 Surface					
A-Con Blend Common		245.00	EA	9.90	2,425.56 T
Common Cement		200.00	EA	8.80	1,760.04 T
Celloflake		112.00	EA	2.04	227.93 T
Calcium Chloride		1,069.00	EA	0.58	617.36 T
"Top Rubber Cmt Plug, 8 5/8""		1.00	EA	123.75	123.75
Centralizer 8 5/8 x 12 1/4		3.00	EA	79.75	239.26
"8 5/8"" Basket (Blue)"		1.00	EA	173.25	173.25
Flapper Type Insrt Float Valve 8 5/8(Blu		1.00	EA	154.00	154.00
"Unit Mileage Chg (PU, cars one way)"		55.00	MI	2.34	128.57
Heavy Equipment Mileage		165.00	MI	3.85	635.27
"Proppant & Bulk Del. Chgs., per ton mil		1,152.00	EA	0.88	1,013.79
Depth Charge; 501'-1000'		1.00	EA	660.02	660.02
Blending & Mixing Service Charge		445.00	BAG	0.77	342.66
Plug Contalner Util. Chg.		1.00	EA	137.50	137.50
"Service Supervisor, first 8 hrs on loc.		1.00	EA	96.25	96.25
PLEASE REMIT TO:				SEND OTHER CORRESPONDENCE TO:	
BASIC ENERGY SERVICES, LP		BASIC ENERGY SERVICES, LP		SUB TOTAL	8,735.21
PO BOX 841903		801 CHERRY ST, STE 2100		TAX	359.71
DALLAS, TX 75284-1903		FORT WORTH, TX 76102		INVOICE TOTAL	9,094.92



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 07149 A

DATE _____ TICKET NO. _____

DATE OF JOB: 9-25-2013 DISTRICT		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: CMX, INC.		LEASE: JOHNNY B. RICE WELL NO. 1							
ADDRESS:		COUNTY: BARBER STATE: KS.							
CITY: STATE:		SERVICE CREW: LEELEN MARGUEZ PAUL GRAYES							
AUTHORIZED BY:		JOB TYPE: CND - 2 3/4" S.T.							
EQUIPMENT#	HRS	EQUIPMENT#	HRS	EQUIPMENT#	HRS	TRUCK CALLED	DATE	ARR PM	TIME
375816	4						9-25-13		7:00
198449-198443	4							ARR PM	3:30
19831-198402	4							ARR PM	5:30
199600-21010	4							ARR PM	7:30
								ARR PM	10:00
						MILES FROM STATION TO WELL			

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: William Vasquez
(WELL OWNER, OPERATOR, CONTRACTOR OR AGENT)

ITEM/PRICE REF. NO.	MATERIAL, EQUIPMENT AND SERVICES USED	UNIT	QUANTITY	UNIT PRICE	\$ AMOUNT
CP 101	A-COMB BLEND CONTAINER	SK	245		4,410.00
CP 100C	PRIMAION CATT.	SK	200		3,200.00
CC 102	CELLOFLAKE	lb	112		4,144.00
CC 109	CALCIUM CHLORIDE	lb	1069		1,122.45
CF 105	TOP RUBBER CATT. 1209, 8 5/8"	EA	1		225.00
CF 1453	FLAPPER TUBE INSERT FLOAT VALVE 8 5/8"	EA	1		280.00
CF 1773	CENTRALIZER 8 5/8" x 12 1/4"	EA	3		435.00
CF 1903	BASKET 8 5/8"	EA	1		315.00
E 100	PICKUP MILEAGE	MI	55		233.75
E 101	HEAVY EQUIPMENT MILEAGE	MI	165		1,155.00
F 113	BULK DELIVERY	TM	1.52		1,843.60
FE 201	DEPTH CHARGE, 501-1000'	HR	1.4		1,200.00
FE 240	BLENDING SERVICE CHARGE	SK	445		623.00
FE 504	PLUG CONTAINER CHARGE	YCB	1		250.00
S 003	SERVICE SUPERVISOR	EA	1		175.00

SUB TOTAL: 8735.21

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: William Vasquez
(WELL OWNER OPERATOR CONTRACTOR OR AGENT)

FIELD SERVICE ORDER NO. _____

BASIC

energy services, L.P.

TREATMENT REPORT

Customer CMX, INC.	Lease No.	Date 9-25-2013
Lease JOHNNY B. GOODE	Well # 1	
Field Order # 0729	Station PRATT, Ks.	Casings 8 5/8" Depth
Type Job CNW-8 5/8" S.P.	Formation TD-1012'	County BARBER State Ks.
		Legal Description 6-355-11W

PIPE DATA		PERFORATING DATA		FLUID USED		TREATMENT RESUME		
Casing Size	Tubing Size	Shots/Ft	CNT -	Acid	RATE	PRESS	ISIP	
5 1/2 X 2 1/2			CNT -	245 SKS. A-CON				
Depth 1011.5'	Depth	From	To	Pre-Pad @ 2.47 CUFT³	Max		5 Min.	
Volume 67.3 BBL	Volume	From	To	Red 200 SKS. COMMON	Min SV = 32.2'		10 Min.	
Max Press 300	Max Press	From	To	Frac @ 1.20 CUFT³	Avg		15 Min.	
Well Connection P.L.	Annulus Vol.	From	To		HHP Used		Annulus Pressure	
Plug Depth 177.3'	Packer Depth	From	To	Flush 602 BBL	Gas Volume		Total Load	

Customer Representative DEON	Station Manager K. GORDLEY	Treater K. LESLEY
Service Units 37586	19889	19862
Driver Names LESLEY	MARQUEZ	PHYE GRAVES

Time	Casing Pressure	Tubing Pressure	Bbls. Pumped	Rate	Service Log
3:30 PM					ON LOCATION - SAFETY MEETING
5:30 PM					RUN 24 JTS. 8 5/8" x 24 #
					CENT. - 1, 10, 20
					BASK. - 4
7:45 PM					CSG. ON BOTTOM
8:00 PM					HOOK UP TO CSG./BREAK CIRC. W/RIG
8:29 PM	400		5	6	H2O AHEAD
8:30 PM	300		108	6	MIX 245 SKS. A-CON @ 12 PPG
8:42 PM	200		43	6	MIX 200 SKS. COMMON @ 15.6 PPG
8:55 PM					DROP T.R. PLUG
9:01 PM	0		0	6	START DISPLACEMENT
9:04 PM	400		20	5	LIFT PRESSURE
9:11 PM	400		55	3	SLOW RATE
9:15 PM	400		62	2	PLUG DOWN! - HELD
					CIRC. THRU JOB
					CIRC. 30 BBL TO PIT
					JOB COMPLETE,
					THANKS -
					KEVIN LESLEY



PAGE 1 of 1	CUST NO 1000793	INVOICE DATE 10/09/2013
INVOICE NUMBER 1718 - 91305524		

Pratt (620) 672-1201
 B CMX INC
 I 1700 N WATERFRONT PKWY BLDG 300 STE B
 L WICHITA
 L KS US 67206
 T
 O ATTN: ACCOUNTS PAYABLE

J LEASE NAME Johnny B. Goode 1
 O LOCATION
 B COUNTY Barber
 S STATE KS
 I JOB DESCRIPTION Cement-New Well Casing/Pi
 T
 E JOB CONTACT

JOB #	EQUIPMENT #	PURCHASE ORDER NO.	TERMS	DUE DATE
40649041	19843		Net - 30 days	11/08/2013

	QTY	U of M	UNIT PRICE	INVOICE AMOUNT
<i>For Service Dates: 10/04/2013 to 10/04/2013</i>				
0040649041				
171809122A Cement-New Well Casing/Pi 10/04/2013 Cement 5 1/2" Longstring				
AA2 Cement	275.00	EA	10.88	2,992.07 T
Salt	1,382.00	EA	0.32	442.25 T
Gilsonite	1,375.00	EA	0.43	589.61 T
C-41P	52.00	EA	2.56	133.12 T
FLA-322	130.00	EA	4.80	624.02 T
Cement Friction Reducer	78.00	EA	3.84	299.53 T
"Latch Down Plug & Baffle, 5 1/2" (Blu	1.00	EA	256.01	256.01
"5 1/2" Basket (Blue)"	2.00	EA	185.61	371.21
"Auto Fill Float Shoe 5 1/2" (Blue)"	1.00	EA	230.41	230.41
"Turbolizer, 5 1/2" (Blue)"	7.00	EA	70.40	492.81
Mud Flush	500.00	EA	0.55	275.21 T
Heavy Equipment Mileage	110.00	MI	4.48	492.81
Blending & Mixing Service Charge	275.00	BAG	0.90	246.41
"Proppant & Bulk Del. Chgs., per ton mil	712.00	EA	1.02	729.11
Depth Charge; 5001-6000'	1.00	EA	1,843.24	1,843.24
Plug Container Util. Chg.	1.00	EA	160.00	160.00
"Service Supervisor, first 8 hrs on loc.	1.00	EA	112.00	112.00
"Unit Mileage Chg (PU, cars one way)"	55.00	MI	2.72	149.60

PLEASE REMIT TO:	SEND OTHER CORRESPONDENCE TO:	SUB TOTAL	10,439.42
BASIC ENERGY SERVICES, LP	BASIC ENERGY SERVICES, LP	TAX	382.94
PO BOX 841903	801 CHERRY ST, STE 2100	INVOICE TOTAL	10,822.36
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 09122 A

DATE _____ TICKET NO. _____

DATE OF JOB 10-4-13	DISTRICT Pratt KS	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 C111X	LEASE JOHNNY B. Goode 1 WELL NO.									
ADDRESS		COUNTY BARBER	STATE KS							
CITY		STATE								
AUTHORIZED BY		SERVICE CREW Sullivan, Edwards, JCF-								
		JOB TYPE: CNW 5 1/2 hour shift								
EQUIPMENT#	HRS	EQUIPMENT#	HRS	EQUIPMENT#	HRS	TRUCK CALLED	DATE	AM	PM	TIME
19889-19893	45						10-4-13			4:00
19826-19860	45									8:00
37900										10:40
										11:25
										12:19
						MILES FROM STATION TO WELL	55			

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: _____
(WELL OWNER, OPERATOR, CONTRACTOR OR AGENT)

ITEM/PRICE REF. NO.	MATERIAL, EQUIPMENT AND SERVICES USED	UNIT	QUANTITY	UNIT PRICE	\$ AMOUNT
CP 105	HA-2 cement	SK	225		3 825 00
CP 105	HA-2 cement	SK	50		850 00
CC 111	SALT	lb	1382		691 00
CC 201	oil cement	lb	1375		921 25
CC 105	(4) P	lb	52		208 00
CC 129	JLA-322	lb	130		975 00
CC 112	CMT Fracture RL	lb	78		468 00
CF 607	Latch (Hose) Plus & RATH 5 1/2"	SA	1		400 00
CF 1901	Basket	SA	2		580 00
CF 1251	Auto Fill Shoe FIT 10 1/2"	SA	1		360 00
CF 1651	Tool-	SA	7		770 00
CC 151	road fluid	mi	500		430 00
C 101	Hydro Separator	mi	110		770 00
CE 240	Rubber - mixer	SK	225		385 00
E 113	Bulk Oil	mm	712		1 139 60
CE 206	Deposit Cleaner 4000-600'	SA	1		2 880 00
CE 504	Ally. Cont. - 1000' RTH	SA	1		250 00
S 003	Spine Separator	SA	1		175 00
S 400	Bucky	mi	55		233 75

SUB TOTAL
HC P, 439.42

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]
---------------------------------------	--

FIELD SERVICE ORDER NO. _____

(WELL OWNER OPERATOR CONTRACTOR OR AGENT)

BASIC

energy services, L.P.

TREATMENT REPORT

Customer CNX	Lease No.	Date 10-4-13
Lease Johury Goude	Well # 1	
Field Order # 9122	Station PRATT KS	Casing 5 1/2
		Depth 5188
Type Job CNW 5 1/2 log Str	Formation	County BARBER
		State KS
		Legal Description 6-35-11

PIPE DATA		PERFORATING DATA		FLUID USED		TREATMENT RESUME		
Casing Size	Tubing Size	Shots/Ft		Acid	RATE	PRESS	ISIP	
5 1/2								
Depth 5188	Depth	From	To	Pre Pad	Max		5 Min.	
Volume 123	Volume	From	To	Pad	Min		10 Min.	
Max Press 2,000	Max Press	From	To	Frac	Avg		15 Min.	
Well Connection PL	Annulus Vol.	From	To		HHP Used		Annulus Pressure	
Plug Depth 5132	Packer Depth	From	To	Flush	Gas Volume		Total Load	

Customer Representative	Station Manager DAVE Scott	Treater Robert Jellison
-------------------------	--------------------------------------	-----------------------------------

Service Units	37900	19889	19843	19826	19860				
Driver Names	Sullivan	E. L. ...	JOHN						

Time	Casing Pressure	Tubing Pressure	Bbls. Pumped	Rate	Service Log
9:30					on loc safety meth
					Run 123 JTS 5 1/2 # 15.5 csg
9:50					Casing on Bottom
10:00					Hook the circ csg
10:40	100		5	4.5	1st SPACER
			12		1st MOD flush
			5		Spacer
			5		mix 225 sk AA-7 cont @ 15 pipe
			57		cont mix & shut down wash, pump back
					Release Plug
				6	1st Dip
	250		79		Libt Psi
	600			4	Slow Rate
11:25	2,000		123		Plug down
			7	2	phy 24 w/ 30 sk 60/40 cont
			5		plug mod of 20 sk
					Job Complete

