



Confidentiality Requested:

Yes  No

KANSAS CORPORATION COMMISSION 1173420  
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: \_\_\_\_\_



1173420

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 <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  List All E. Logs Run: _____	<input type="checkbox"/> Log Formation (Top), Depth and Datum <input type="checkbox"/> Sample  Name Top Datum
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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
<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

<b>DISPOSITION OF GAS:</b> <input type="checkbox"/> Vented <input type="checkbox"/> Sold <input type="checkbox"/> Used on Lease <i>(If vented, Submit ACO-18.)</i>	<b>METHOD OF COMPLETION:</b> <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> _____ <i>(Submit ACO-4)</i>	<b>PRODUCTION INTERVAL:</b> _____ _____
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Form	ACO1 - Well Completion
Operator	SandRidge Exploration and Production LLC
Well Name	Toby 3419 1-8
Doc ID	1173420

Tops

Name	Top	Datum
Anhydrite	2392	
Heebner	4258	
Lansing	4451	
Marmaton	4981	
Big Lime	5018	
Oswego	5033	
Pawnee	5077	
Cherokee	5110	
Mississippi Unconformity	5252	
Mississippi Solid	5255	
Mississippi B (Osage)	5693	
Viola	6134	



**BASIN SERVICES, LLC**  
 P O BOX 4268  
 ABILENE, TX 79608-4268  
 Phone # (325)690-0053  
 Fax # (325)698-0055

# TICKET

TICKET NUMBER: WY-103-1  
 TICKET DATE: 08/19/2013

**ELECTRONIC**

SANDRIDGE ENERGY  
 \*\*\*\*\* DO NOT MAIL!!! \*\*\*\*\*  
 123 ROBERT S KERR AVE  
 OKLAHOMA CITY, OK 73102-6406

YARD: WY WAYNOKA OK  
 LEASE: Toby 3419  
 WELL#: 1-8  
 RIG #: Horizon 3  
 Co/St: COMANCHE, KS

DESCRIPTION	QUANTITY	RATE	AMOUNT
8/19/2013 DRILLED 30" CONDUCTOR HOLE			
8/19/2013 20" CONDUCTOR PIPE (.250 WALL)			
8/19/2013 6' X 6' CELLAR TINHORN WITH PROTECTIVE RING			
8/19/2013 DRILL & INSTALL 6' X 6' CELLAR TINHORN			
8/19/2013 DRILLED 20" MOUSE HOLE (PER FOOT)			
8/19/2013 16" CONDUCTOR PIPE (.250 WALL)			
8/19/2013 MOBILIZATION OF EQUIPMENT & ROAD PERMITTING FEE			
8/19/2013 WELDING SERVICES FOR PIPE & LIDS			
8/19/2013 PROVIDED EQUIPMENT & LABOR TO ASSIST IN PUMPING CONCRETE			
8/19/2013 PROVIDED METAL LIDS (1 FOR CONDUCTOR & 2 FOR MOUSEHOLE PIPE)			
8/19/2013 10 YARDS 10 SACK GROUT			
8/19/2013 TAXABLE ITEMS			4,600.00
8/19/2013 BID - TAXABLE ITEMS			11,900.00
		Sub Total:	16,500.00
		Tax COMANCHE COUNTY (6.3 %):	289.80
		TICKET TOTAL:	<u>\$ 16,789.80</u>

I, the undersigned, acknowledge the acceptance of the above listed goods and/or services.

Approved Signature \_\_\_\_\_

API No. <b>15-033-21725-00-00</b>
OTC/OCC Operator No. <b>34192-0</b>

**CEMENTING REPORT**  
To Accompany Completion Report

Form 1002C  
Rev. 1996

RECEIVED

SEP 9 2013

**OKLAHOMA CORPORATION COMMISSION**  
Oil & Gas Conservation Division  
Post Office Box 52000-2000  
Oklahoma City, Oklahoma 73152-2000  
OAC 165:10-3-4(h)

REGULATORY DEPT  
SANDRIDGE ENERGY

All operators must include this form when submitting the Completion Report, (Form 1002A). The signature on this statement must be that of qualified employees of the cementing company and operator to demonstrate compliance with OAC 165:10-3-4(h). It may be advisable to take a copy of this form to location when cementing work is performed.

**TYPE OR USE BLACK INK ONLY**

*Field Name <b>Comanche Prospect</b>	OCC District
*Operator <b>Sandridge Exploration &amp; Production</b>	OCC/OTC Operator No <b>34192-0</b>
*Well Name/No. <b>Toby 3419 1-8</b>	County <b>Comanche</b>
*Location 1/4    1/4    1/4    1/4	Sec <b>8</b> Twp <b>34S</b> Rge <b>19W</b>

Cement Casing Data	Conductor Casing	Surface Casing	Alternative Casing	Intermediate Casing	Production String	Liner
Cementing Date		<b>8/27/2013</b>				
*Size of Drill Bit (Inches)		<b>12 1/4"</b>				
*Estimated % wash or hole enlargement used in calculations		<b>150%</b>				
*Size of Casing (inches O.D.)		<b>8 5/8"</b>				
*Top of Liner (if liner used) (ft.)		<b>N/A</b>				
*Setting Depth of Casing (ft.) from ground level		<b>850</b>				
Type of Cement (API Class) In first (lead) or only slurry		<b>O-TEX Lite Premium Plus</b>				
In second slurry		<b>Premium Plus (Class C)</b>				
In third slurry		<b>N/A</b>				
Sacks of Cement Used In first (lead) or only slurry		<b>350</b>				
In second slurry		<b>135</b>				
In third slurry		<b>N/A</b>				
Vol of slurry pumped (Cu ft)(14.X15.) in first (lead) or only slurry		<b>703.5</b>				
In second slurry		<b>178.2</b>				
In third slurry		<b>N/A</b>				
Calculated Annular Height of Cement behind Pipe (ft)		<b>Surface</b>				
Cement left in pipe (ft)		<b>45.54</b>				

\*Amount of Surface Casing Required (from Form 1000) \_\_\_\_\_ ft.

*Was cement circulated to Ground Surface? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	*Was Cement Staging Tool (DV Tool) used? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
*Was Cement Bond Log run? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (If so, Attach Copy)	*If Yes, at what depth? _____ ft

**CEMENTING COMPANY AND OPERATOR MUST COMPLY WITH THE INSTRUCTIONS ON REVERSE SIDE OF FORM**

\* Designates items to be completed by Operator.  
Items **not** so designated shall be completed by the Cementing Company.

<b>JOB SUMMARY</b>			PROJECT NUMBER <b>SOK 3016</b>	TICKET DATE <b>09/08/13</b>
COUNTY <b>Comanche</b>	State <b>Oklahoma</b>	COMPANY <b>Sandridge Exploration &amp; Production</b>	CUSTOMER REP <b>Luis Solis</b>	
LEASE NAME <b>Toby 3419</b>	Well No. <b>1-8</b>	JOB TYPE <b>Production</b>	EMPLOYEE NAME <b>LOUIS ARNEY</b>	

EMP NAME					
LOUIS ARNEY		0			
MARCOS QUINTANA					
DANNY TEWELL					
DUSTIN ODOM					

Form. Name \_\_\_\_\_ Type: \_\_\_\_\_  
 Packer Type \_\_\_\_\_ Set At \_\_\_\_\_ 0  
 Bottom Hole Temp. **155** Pressure \_\_\_\_\_  
 Retainer Depth \_\_\_\_\_ Total Depth **6277**

	Called Out	On Location	Job Started	Job Completed
Date	<b>9/7/2013</b>	<b>9/7/2013</b>	<b>9/8/2013</b>	<b>9/8/2013</b>
Time	<b>0930</b>	<b>1930</b>	<b>0356</b>	<b>0530</b>

Tools and Accessories		
Type and Size	Qty	Make
Auto Fill Tube	0	IR
Insert Float Val	0	IR
Centralizers	0	IR
Top Plug	0	IR
HEAD	0	IR
Limit clamp	0	IR
Weld-A	0	IR
Texas Pattern Guide Shoe	0	IR
Cement Basket	0	IR

Well Data						
	New/Used	Weight	Size	Grade	From	To
Casing		<b>17#</b>	<b>5 1/2"</b>		Surface	
Liner						
Liner						
Tubing			<b>0</b>			
Drill Pipe						
Open Hole			<b>7 7/8"</b>		Surface	<b>6,315</b>
Perforations						Shots/Ft.
Perforations						
Perforations						

Materials			
Mud Type	WBM	Density	<b>9</b> Lb/Gal
Disp. Fluid	Fresh Water	Density	<b>8.33</b> Lb/Gal
Spacer type	Fresh Water BBL.		<b>20</b> 8.33
Spacer type	Caustic BBL.		<b>10</b> 8.40
Acid Type	Gal.		%
Acid Type	Gal.		%
Surfactant	Gal.		In
NE Agent	Gal.		In
Fluid Loss	Gal/Lb		In
Gelling Agent	Gal/Lb		In
Fric. Red.	Gal/Lb		In
MISC.	Gal/Lb		In
Perfpac Balls	Qty.		
Other			
Other			
Other			
Other			

Hours On Location		Operating Hours		Description of Job
Date	Hours	Date	Hours	
<b>9/7</b>	<b>4.5</b>	<b>9/8</b>	<b>1.5</b>	Production
<b>9/8</b>	<b>5.5</b>			
Total	<b>10.0</b>	Total	<b>1.5</b>	

Pressures	
MAX	<b>5,000 PSI</b>
AVG	<b>500</b>
Average Rates in BPM	
MAX	<b>8 BPM</b>
AVG	<b>6</b>
Cement Left in Pipe	
Feet	<b>95</b>
Reason <b>SHOE JOINT</b>	

Cement Data				W/Rq.	Yield	Lbs/Gal
Stage	Sacks	Cement	Additives			
<b>1</b>	<b>345</b>	<b>50/50 POZ PREMIUM</b>	<b>4% Gel - 0.4% FL-17 - 0.2% C-51 - 0.1% C-20 - 0.1% C-37 - 0.5% C-41P - 1</b>	<b>6.77</b>	<b>1.44</b>	<b>13.60</b>
<b>2</b>	<b>0</b>	<b>0</b>		<b>0</b>	<b>0.00</b>	<b>0.00</b>
<b>3</b>	<b>0</b>	<b>0</b>		<b>0</b>	<b>0.00</b>	<b>0.00</b>

Summary			
Preflush Breakdown	Type: <b>MAXIMUM</b>	5,000 PSI	Preflush: BBI <b>30.00</b>
	Lost Returns-N	NO/FULL	Load & Bkdn: Gal - BBI <b>N/A</b>
	Actual TOC		Excess /Return BBI <b>N/A</b>
Average	Bump Plug PSI: <b>1,160</b>		Calc. TOC: <b>3,484</b>
ISIF	5 Min. <b>10 Min.</b>	15 Min. <b>15 Min.</b>	Final Circ. PSI: <b>760</b>
			Cement Slurry: BBI <b>88.5</b>
			Total Volume BBI <b>260.50</b>
			Type: <b>Gel Spacer</b>
			Pad:Bbl -Gal <b>N/A</b>
			Calc. Disp Bbl <b>144</b>
			Actual Disp. <b>142.00</b>
			Disp:Bbl

CUSTOMER REPRESENTATIVE \_\_\_\_\_ SIGNATURE 

<b>JOB SUMMARY</b>			PROJECT NUMBER <b>SOK 2987</b>	TICKET DATE <b>08/25/13</b>
COUNTY <b>Comanche</b>	State <b>Kansas</b>	COMPANY <b>Sandridge Exploration &amp; Production</b>	CUSTOMER REP <b>Greg Rivera</b>	
LEASE NAME <b>Toby 3419</b>	Well No. <b>1-8</b>	JOB TYPE <b>Lost Circulation Plug</b>	EMPLOYEE NAME <b>Johnny Breeze</b>	

EMP NAME	Johnny Breeze	0				
	Bryan Douglas					
	Flo Helkena					
	Joseph Klemm					

Form. Name \_\_\_\_\_ Type: \_\_\_\_\_  
Packer Type \_\_\_\_\_ Set At **0**  
Bottom Hole Temp. **155** Pressure \_\_\_\_\_  
Retainer Depth \_\_\_\_\_ Total Depth **150**

Date	Called Out <b>8/24/2013</b>	On Location <b>8/24/2013</b>	Job Started <b>8/25/2013</b>	Job Completed <b>8/25/2013</b>
Time	<b>1700</b>	<b>2300</b>	<b>0016</b>	<b>0000</b>

Type and Size	Qty	Make
Auto Fill Tube	0	IR
Insert Float Val	0	IR
Centralizers	0	IR
Top Plug	0	IR
HEAD	0	IR
Limit clamp	0	IR
Weld-A	0	IR
Texas Pattern Guide Shoe	0	IR
Cement Basket	0	IR

	New/Used	Weight	Size	Grade	From	To	Max. Allow
Casing							
Liner							
Liner							
Tubing			0				
Drill Pipe			4		Surface	125	2,000
Open Hole			0		Surface	150	Shots/Ft.
Perforations							
Perforations							
Perforations							

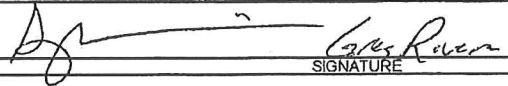
Materials			
Mud Type	WBM	Density	Lb/Gal
Disp. Fluid	Fresh Water	8.33	
Spacer type	resh Water BBL.	2	8.33
Spacer type	BBL.		
Acid Type	Gal.		%
Acid Type	Gal.		%
Surfactant	Gal.		In
NE Agent	Gal.		In
Fluid Loss	Gal/Lb		In
Gelling Agent	Gal/Lb		In
Fric. Red.	Gal/Lb		In
MISC.	Gal/Lb		In
Perfpac Balls	Qty.		
Other			
Other			
Other			
Other			

Hours On Location		Operating Hours		Description of Job
Date	Hours	Date	Hours	
8/24	1.0	8/25	4.0	Lost Circulation Plug
8/25	24.0			
Total	25.0	Total	4.0	

Pressures	
MAX	2000psi
AVG	10
Average Rates in BPM	
MAX	5bpm
AVG	1
Cement Left in Pipe	
Feet	Reason

Stage	Sacks	Cement	Additives	W/Rq.	Yield	Lbs/Gal
1	300	Premium Plus (Class C)	2% Calcium Chloride - ¼ pps Celloflake	6.32	1.32	14.80
2	0	0		0	0.00	0.00
3	0	0		0	0.00	0.00

Summary								
Preflush		Type:		Preflush:	BBI	2.00	Type:	Fresh water
Breakdown		MAXIMUM	2000psi	Load & Bkdn:	Gal - BBI	N/A	Pad:Bbl -Gal	N/A
		Lost Returns-N	NO/FULL	Excess /Return	BBI	N/A	Calc.Disp Bbl	1
		Actual TOC		Calc. TOC:			Actual Disp.	1.28
Average		Bump Plug PSI:		Final Circ.	PSI:	10	Disp:Bbl	
ISIP	5 Min.	10 Min.	15 Min.	Cement Slurry:	BBI	35.0		
				Total Volume	BBI	38.28		

CUSTOMER REPRESENTATIVE \_\_\_\_\_ SIGNATURE 

<b>JOB LOG</b>				PROJECT NUMBER <b>SOK 2987</b>	TICKET DATE <b>08/25/13</b>
COMPANY <b>Sandridge Exploration &amp; Production</b>		COUNTRY <b>USA</b>		STATE <b>Kansas</b>	COUNTY <b>Comanche</b>
LEASE NAME <b>Toby 3419 1-8</b>		EMPLOYEE NAME <b>Johnny Breeze</b>		CUSTOMER REP <b>Greg Rivera</b>	
FIELD <b>Comanche Prospect</b>		SEC / TWP / RNG <b>8/34S/19W</b>		TICKET AMOUNT <b>12,526.95</b>	
API/WVI # <b>15-033-21725-00-00</b>		JOB PURPOSE <b>Lost Circulation Plug</b>		WELL TYPE <b>Oil &amp; Gas</b>	

Date	Time	Rate (BPM)	Volume (BBL)(GAL)	Press.(PSI)		Job Description / Remarks
				CSG.	Tbg	
8/24/2013	1800					TIME ARRIVED IN YARD
	1830					Headed to location from yard!
	2300					Arrived on location
	2305					Safety meeting
	2315					Rig up
8/25/2013	0016				2000	Test pump and lines
	0018	1.0	2.0	10		Pump H2O spacer
	0020					Mix cement to weight
	0022	0.7	17.6	10		Pump cement slurry @ 14.8 ppg
	0039	0.7	1.0	10		Pump displacement
	0040					Shutdown/washup/sting out
	0045					WOC
	1130					Wait on rig to drill
	2018	0.7	2.0	10		Pump H2O spacer
	2021					Mix cement to weight
	2022	1.0	31.0	10		Pump cement slurry @ 14.8 ppg
	2051	1.3	1.5	10		Pump displacement
	2052					Shutdown/washup/sting out
	2100					WOC
8/26/2013	2300					Rig down
	0000					Job complete
						Pump and trailer left on location per company mans request
Bumped Plug	Final lift Psi	Floats Held	PSI ON CSG		CEMENT SURFACE	SUPERVISOR SIGNATURE X 