



Confidentiality Requested:

Yes  No

KANSAS CORPORATION COMMISSION 1189768  
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: \_\_\_\_\_

1189768

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> _____ <input type="checkbox"/> Other <i>(Specify)</i> _____	<b>PRODUCTION INTERVAL:</b> _____ _____
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Form	ACO1 - Well Completion
Operator	Chieftain Oil Co., Inc.
Well Name	Molz 22
Doc ID	1189768

All Electric Logs Run

Geologist Log
Sonic Cement Bond Log
Compensated Denisty / Neutron Log
Sonic Log
Micro Log
Dual Induction Log

Form	ACO1 - Well Completion
Operator	Chieftain Oil Co., Inc.
Well Name	Molz 22
Doc ID	1189768

Tops

Name	Top	Datum
Heebner	3820	-2411
Lansing	4376	-2967
Cherokee	4746	-3337
Mississippian	4826	-3417
Kinderhook	5024	-3615
Viola	5232	-3823
Simpson	5326	-3917
Simpson SDST	5350	-3941
Arbuckle	5559	-4150
Total Depth	5621	-4212





PAGE 1 of 1	CUST NO 1000/19	INVOICE DATE 10/28/2013
INVOICE NUMBER <b>1718 - 91322024</b>		

Pratt (620) 672-1201  
 B CHIEFTAIN OIL COMPANY  
 I PO Box: 124  
 L KIOWA  
 L KS US 67070  
 T  
 O ATTN: ACCOUNTS PAYABLE

J LEASE NAME Molz 22  
 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
40655866	78983		Net - 30 days	11/27/2013

	QTY	U of M	UNIT PRICE	INVOICE AMOUNT
<i>For Service Dates: 10/25/2013 to 10/25/2013</i>				
0040655866				
171809504A Cement-New Well Casing/Pi 10/25/2013				
Cement 13 3/8 Conductor				
60/40 POZ	350.00	EA	9.00	3,150.14 T
Celloflake	88.00	EA	2.78	244.21 T
Calcium Chloride	903.00	EA	0.79	711.14 T
"Unit Mileage Chg (PU, cars one way)"	45.00	MI	3.19	143.44
Heavy Equipment Mileage	90.00	MI	5.25	472.52
"Proppant & Bulk Del. Chgs., per ton mil	677.00	EA	1.20	812.44
Depth Charge; 0-500'	1.00	EA	750.03	750.03
Blending & Mixing Service Charge	350.00	BAG	1.05	367.52
"Service Supervisor, first 8 hrs on loc.	1.00	EA	131.26	131.26

**ENTERED**  
 OCT 30 2013  
 9121 BC

PLEASE REMIT TO:	SEND OTHER CORRESPONDENCE TO:	SUB TOTAL	6,782.70
BASIC ENERGY SERVICES, LP	BASIC ENERGY SERVICES, LP	TAX	293.54
PO BOX 841903	801 CHERRY ST, STE 2100	INVOICE TOTAL	7,076.24
DALLAS, TX 75284-1903	FORT WORTH, TX 76102		



Customer <u>Chattain O.I.</u>	Lease No.	Date <u>10-25-13</u>
Lease <u>Molz 22</u>	Well # <u>22</u>	
Field Order # <u>9504</u>	Station <u>Pratt</u>	Casing <u>13 7/8</u>
Type Job <u>CNW-13 7/8</u>	Formation <u>conductor</u>	Depth <u>300</u>
		County <u>Barber</u>
		State <u>KS</u>
		Legal Description <u>10-39-12</u>

PIPE DATA		PERFORATING DATA		FLUID USED		TREATMENT RESUME		
Casing Size	Tubing Size	Shots/Ft		Acid	RATE	PRESS	ISIP	
<u>13 7/8</u>			<u>350</u>	<u>60/40 P02</u>				
Depth <u>300</u>	Depth	From	To <u>290</u>	Pre Pad <u>300</u>	Max		5 Min.	
Volume <u>77.1</u>	Volume	From	To <u>41</u>	Pad <u>100</u>	Min		10 Min.	
Max Press <u>120</u>	Max Press	From	To	Frac	Avg		15 Min.	
Well Connection <u>5+V</u>	Annulus Vol.	From	To		HHP Used		Annulus Pressure	
Plug Depth <u>270</u>	Packer Depth	From	To	Flush <u>47</u>	Gas Volume		Total Load	

Customer Representative <u>Jimmy</u>	Station Manager <u>Karen Goodley</u>	Treater <u>Steve Ueland</u>
Service Units <u>77283</u>	<u>78987</u>	<u>78983</u>
Driver Names <u>Oliver</u>	<u>Anthony</u>	<u>Whitfield</u>

Time	Casing Pressure	Tubing Pressure	Bbls. Pumped	Rate	Service Log
<u>10:30 AM</u>					<u>On location - Safety Meeting</u>
					<u>Run 7 5/8 13 7/8 casing</u>
					<u>Casing on bottom</u>
					<u>Flow test w/R</u>
<u>2:00 PM</u>	<u>200</u>		<u>74</u>	<u>4 g</u>	<u>mix 350 lbs 60/40 P02 @ 14.0 gpm</u>
	<u>0</u>		<u>6</u>	<u>11 g</u>	<u>51.5 11/2 Displacement</u>
	<u>200</u>		<u>30</u>	<u>1 g</u>	<u>Amount to surface</u>
<u>3:00 AM</u>	<u>200</u>		<u>47</u>	<u>1 g</u>	<u>Displacement complete</u>
					<u>Conductivity Test</u>
					<u>(conductivity) 10 hbl up</u>
					<u>Job Complete</u>
					<u>Thank you</u>





PAGE 1 of 1	CUST NO 1000/19	INVOICE DATE 11/06/2013
INVOICE NUMBER <b>1718 - 91330099</b>		

Pratt (620) 672-1201  
 B CHIEFTAIN OIL COMPANY  
 I PO Box: 124  
 L KIOWA  
 L KS US 67070  
 T  
 O ATTN: ACCOUNTS PAYABLE

J LEASE NAME Molz 22  
 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
40659282	20920			Net - 30 days	12/06/2013
		QTY	U of M	UNIT PRICE	INVOICE AMOUNT
<i>For Service Dates: 11/05/2013 to 11/05/2013</i>					
0040659282					
171809357A Cement-New Well Casing/Pi 11/05/2013 Cement 5 1/2' Longstring					
<b>ENTERED</b> Nov 08 2013 930480					
AA2 Cement		350.00	EA	11.90	4,165.06 T
C-41P		66.00	EA	2.80	184.80 T
Salt		1,733.00	EA	0.35	606.56 T
C-44		329.00	EA	3.61	1,186.07 T
FLA-322		264.00	EA	5.25	1,386.03 T
Mud Flush		500.00	EA	0.60	301.01 T
Super Flush II		500.00	EA	1.07	535.51 T
Gilsonite		1,750.00	EA	0.47	820.77 T
Claymax KCL Substitute		5.00	EA	24.50	122.50 T
"Latch Down Plug & Baffle, 5 1/2" (Blu		1.00	EA	280.01	280.01
"Auto Fill Float Shoe 5 1/2" (Blue)"		1.00	EA	252.00	252.00
"Turbolizer, 5 1/2" (Blue)"		7.00	EA	77.00	539.01
"5 1/2" Basket (Blue)"		2.00	EA	203.01	406.01
"Unit Mileage Chg (PU, cars one way)"		45.00	MI	2.98	133.88
Heavy Equipment Mileage		90.00	MI	4.90	441.01
"Proppant & Bulk Del. Chgs., per ton mil		740.00	EA	1.12	828.82
Depth Charge; 5001-6000'		1.00	EA	2,016.04	2,016.04
Blending & Mixing Service Charge		350.00	BAG	0.98	343.01
Plug Container Util. Chg.		1.00	EA	175.00	175.00
"Service Supervisor, first 8 hrs on loc.		1.00	EA	122.50	122.50

PLEASE REMIT TO:	SEND OTHER CORRESPONDENCE TO:	SUB TOTAL	14,845.60
BASIC ENERGY SERVICES, LP	BASIC ENERGY SERVICES, LP	TAX	665.54
PO BOX 841903	801 CHERRY ST, STE 2100	INVOICE TOTAL	15,511.14
DALLAS, TX 75284-1903	FORT WORTH, TX 76102		

10/24  
12



**BASIC**<sup>SM</sup>  
ENERGY SERVICES  
PRESSURE PUMPING & WIRELINE

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

FIELD SERVICE TICKET  
1718 09357 A

DATE \_\_\_\_\_ TICKET NO. \_\_\_\_\_

DATE OF JOB <b>11-5-13</b> DISTRICT <b>Pratt</b>		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 <b>Chieftain Oil Co Inc</b>		LEASE <b>Molz</b>		WELL NO. <b>22</b>				
ADDRESS		COUNTY <b>BAIB-</b>		STATE <b>KS</b>				
CITY STATE		SERVICE CREW <b>MATTAI, GIANI, PHY-</b>						
AUTHORIZED BY		JOB TYPE: <b>CON LS</b>						
EQUIPMENT#	HRS	EQUIPMENT#	HRS	EQUIPMENT#	HRS	TRUCK CALLED <b>11-4-13</b> DATE	AM PM	TIME
<b>37586</b>	<b>1</b>							<b>11:00</b>
						ARRIVED AT JOB <b>11-5-13</b>	AM PM	<b>8:00</b>
<b>3378 20920</b>	<b>1</b>					START OPERATION	AM PM	<b>1:50</b>
						FINISH OPERATION	AM PM	<b>3:00</b>
<b>19960/21010</b>	<b>1</b>					RELEASED	AM PM	<b>4:00</b>
						MILES FROM STATION TO WELL <b>45</b>		

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	AA 2 CNT	SK	300		5,100 00
CP 105	AA 2 CNT	SK	50		800 00
CC 165	C-41P DeFoamer	15	66		264 00
CC 111	SALT	15	1780		866 50
CC 115	C-44	15	329		1694 35
CC 129	FIA-327 10W Flu. Loss	10	264		1980 00
CC 201	GILSONITE	10	1750		1,172 50
CF 607	LTC4 DOWN PING + BARRIER 5 1/2	PA	1		400 00
CF 1251	Auto Kill Floater Stop 5 1/2	PA	1		360 00
CF 1651	THROBOLITE 5 1/2	PA	7		770 00
CF 1901	BASKET 5 1/2	PA	2		580 00
C 704	CLAYMAX	941	5		175 00
CC 151	M40 FLUSH	941	500		430 00
CC 155	SUPR-FLUSH II	941	200		765 00
SUB TOTAL					

CHEMICAL / ACID DATA:			

SERVICE & EQUIPMENT	%TAX ON \$	
MATERIALS	%TAX ON \$	
TOTAL		<b>KE</b>

SERVICE REPRESENTATIVE <b>MIKE MATTAI</b>	THE ABOVE MATERIAL AND SERVICE ORDERED BY CUSTOMER AND RECEIVED BY: _____
---	---

(WELL OWNER OPERATOR CONTRACTOR OR AGENT)

FIELD SERVICE ORDER NO. \_\_\_\_\_



**BASIC**<sup>SM</sup>  
ENERGY SERVICES  
PRESSURE PUMPING & WIRELINE

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

**FIELD SERVICE TICKET**

~~1718-00258~~ A

CONTINUATION OF 1718-0957

DATE \_\_\_\_\_ TICKET NO. \_\_\_\_\_

DATE OF JOB <b>11-5-13</b>		DISTRICT <b>PICUT</b>		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 <b>Chickatain oil co inc</b>		LEASE <b>Molz</b>		WELL NO. <b>22</b>					
ADDRESS		COUNTY <b>Baird</b>		STATE <b>KS</b>					
CITY		STATE		SERVICE CREW <b>MATTAI, GRASS, PHYC</b>					
AUTHORIZED BY		JOB TYPE: <b>CAN LS</b>							
EQUIPMENT#	HRS	EQUIPMENT#	HRS	EQUIPMENT#	HRS	TRUCK CALLED	DATE	AM PM	TIME
						ARRIVED AT JOB		AM PM	
						START OPERATION		AM PM	
						FINISH OPERATION		AM PM	
						RELEASED		AM PM	
						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: (WELL OWNER, OPERATOR, CONTRACTOR OR AGENT)

ITEM/PRICE REF. NO.	MATERIAL, EQUIPMENT AND SERVICES USED	UNIT	QUANTITY	UNIT PRICE	\$ AMOUNT
E 100	P.u. Miles	MT	45		19125
E 101	HEAVY eq. Miles	MT	90		63000
E 113	Prod + Bulk Del	FM	740		1,18440
CE 206	DEPTH charge 5001-6000'	4hrs	15		2,88000
CE 240	Blend + mix charge	SK	35		49000
CE 504	PIHG CONT UTILIZATION	TJS	1		25000
5005	Service Supervisor	ea	1		17500

SUB TOTAL **14,845 60**

CHEMICAL / ACID DATA:			

SERVICE & EQUIPMENT	%TAX ON \$
MATERIALS	%TAX ON \$
TOTAL	

SERVICE REPRESENTATIVE <b>MIKE MATTAI</b>	THE ABOVE MATERIAL AND SERVICE ORDERED BY CUSTOMER AND RECEIVED BY:
---	---

FIELD SERVICE ORDER NO.

(WELL OWNER OPERATOR CONTRACTOR OR AGENT)

Customer <b>Chieftain Oil Co. Inc.</b>	Lease No.	Date <b>11-5-13</b>
Lease <b>M012</b>	Well # <b>22</b>	
Field Order # <b>9357</b>	Station <b>P19TT</b>	Casing <b>5 1/2</b>
		Depth <b>5623.64</b>
Type Job <b>CNW LS</b>	Formation	County <b>BAKER</b>
		State <b>KS</b>
		Legal Description <b>10-35-12</b>

PIPE DATA		PERFORATING DATA		FLUID USED		TREATMENT RESUME		
Casing Size <b>5 1/2</b>	Tubing Size	Shots/Ft		Acid <b>350 SWS AA2</b>	Rate <b>Chieftain</b>	Press <b>(1500)</b>	ISIP	
Depth <b>5623.64</b>	Depth	From	To	Pre Pad	Max		5 Min.	
Volume <b>133.84</b>	Volume	From	To	Pad	Min		10 Min.	
Max Press <b>1500</b>	Max Press	From	To	Frac	Avg		15 Min.	
Well Connection <b>P2</b>	Annulus Vol.	From	To		HHP Used		Annulus Pressure	
Plug Depth <b>5602.29</b>	Packer Depth	From	To	Flush <b>134</b>	Gas Volume		Total Load	

Customer Representative <b>RYAN MILZ</b>	Station Manager <b>Kevin Guidley</b>	Treater <b>MIKE MATTAR</b>
Service Units <b>37586</b>	<b>33708</b>	<b>20920</b>
Driver Names <b>MATTAR</b>	<b>GRAVES</b>	<b>PHYE</b>

Time	Casing Pressure	Tubing Pressure	Bbls. Pumped	Rate	Service Log
8:00 AM					ON LOCATION / SAKIN MOUNTAIN
					Run 134 JTS 5 1/2 15.5# CSAG
					TURBOS ON 10, 12, 15, 17, 18, 21, 22
					BASKET ON 2, 15 MARK JT #17
10:55					CIRC. HALF WAY 30 MINUTE
12:35					CSAG ON BOTTOM
12:40					Hook up to CSAG/Break circ. w RIS
1:50	100		12	5	PUMP 12 BBL AND FLUSH
1:55	100		3	5	PUMP 3 BBL H2O
1:56	100		12	5	PUMP 12 BBL SWS FINISH II
2:05	100		3	5	PUMP 3 BBL H2O
2:06	100		80	5	MIX 300 SWS AA2 CONT
2:25					WASH PUMP + LINES, (1+1) (2) (3) (4)
2:30	50			5.5	START KCL DISPLACEMENT
2:56	700		120	4	SLOW RATE
3:00 PM	900/1500		134		PLUG DOWN, PSI TO 1500. RELEASED, HOLD
					PLUG R.H. + M.H.
					CIRC THRU JOB
					JOB COMPLETE
					THANK YOU
					MIKE MATTAR

