



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1207834
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: _____

1207834

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
--	---

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: <input type="checkbox"/> Yes <input type="checkbox"/> No
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Date of First, Resumed Production, SWD or ENHR.	Producing Method: <input type="checkbox"/> Flowing <input type="checkbox"/> Pumping <input type="checkbox"/> Gas Lift <input type="checkbox"/> Other <i>(Explain)</i> _____
---	--

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: _____ _____
--	--	---



REMIT TO
 Consolidated Oil Well Services, LLC
 Dept. 970
 P.O. Box 4346
 Houston, TX 77210-4346

MAIN OFFICE
 P.O. Box 884
 Chanute, KS 66720
 620/431-9210 • 1-800/467-8676
 FAX 620/431-0012

INVOICE

Invoice # 235379

Invoice Date: 07/22/2010 Terms: 0/30,n/30

Page 1

HAAS, GARY
 114 S. MAIN STREET
 GRIDLEY KS 66852
 () - -

LONG #9
 28964
 07-20-10

Part Number	Description	Qty	Unit Price	Total
1131	60/40 POZ MIX	165.00	11.3500	1872.75
1118B	PREMIUM GEL / BENTONITE	1135.00	.2000	227.00
1107A	PHENOSEAL (M) 40# BAG)	80.00	1.1500	92.00
1126A	THICK SET CEMENT	75.00	17.0000	1275.00
1110A	KOL SEAL (50# BAG)	375.00	.4200	157.50
1123	CITY WATER	3000.00	.0149	44.70
4404	4 1/2" RUBBER PLUG	1.00	45.0000	45.00
4251	TYPE A PACKER SHOE61/8X6	1.00	1315.0000	1315.00

Description	Hours	Unit Price	Total
437 80 BBL VACUUM TRUCK (CEMENT)	3.00	100.00	300.00
445 CEMENT PUMP	1.00	925.00	925.00
445 EQUIPMENT MILEAGE (ONE WAY)	30.00	3.65	109.50
515 TON MILEAGE DELIVERY	168.45	1.20	202.14
543 TON MILEAGE DELIVERY	168.45	1.20	202.14

CIC 15790

Parts:	5028.95	Freight:	.00	Tax:	367.13	AR	7134.86
Labor:	.00	Misc:	.00	Total:	7134.86		
Sublt:	.00	Supplies:	.00	Change:	.00		

Signed _____ Date _____



CONSOLIDATED
Oil Well Services, LLC

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Dept. 970
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Houston, TX 77210-4346

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Invoice # 235241

Invoice Date: 07/14/2010 Terms: 0/30,n/30

Page 1

HAAS, GARY
114 S. MAIN STREET
GRIDLEY KS 66852
() -

LONG #9
28908
07-13-10

Part Number	Description	Qty	Unit Price	Total
1104S	CLASS "A" CEMENT (SALE)	35.00	13.5000	472.50
1102	CALCIUM CHLORIDE (50#)	65.00	.7500	48.75
1118A	S-5 GEL/ BENTONITE (50#)	65.00	.2000	13.00

Description	Hours	Unit Price	Total
520 CEMENT PUMP (SURFACE)	1.00	725.00	725.00
520 EQUIPMENT MILEAGE (ONE WAY)	30.00	3.65	109.50
543 MIN. BULK DELIVERY	1.00	315.00	315.00

QUANTITY	DESCRIPTION	UNIT PRICE	TOTAL
35	CLASS A CEMENT	13.50	472.50
65	Calcium Chloride	.75	48.75
65	S-5 GEL	.20	13.00

OK 15771

Parts: 534.25 Freight: .00 Tax: 39.00 AR 1722.75
Labor: .00 Misc: .00 Total: 1722.75
Sublt: .00 Supplies: .00 Change: .00

Signed _____ Date _____



CONSOLIDATED
Oil Well Services, LLC



ENTERED

TICKET NUMBER 28964

LOCATION EUREKA

FOREMAN Kevin McCoy

PO Box 884, Chanute, KS 66720
620-431-9210 or 800-467-8676

FIELD TICKET & TREATMENT REPORT
CEMENT

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY																				
7-20-10	3409	Long #9				GW																				
CUSTOMER GARY HAAS OIL			<table border="1"> <thead> <tr> <th>TRUCK #</th> <th>DRIVER</th> <th>TRUCK #</th> <th>DRIVER</th> </tr> </thead> <tbody> <tr> <td>445</td> <td>Justin</td> <td></td> <td></td> </tr> <tr> <td>515</td> <td>CHRIS</td> <td></td> <td></td> </tr> <tr> <td>543</td> <td>DAVE</td> <td></td> <td></td> </tr> <tr> <td>437</td> <td>Troy</td> <td></td> <td></td> </tr> </tbody> </table>				TRUCK #	DRIVER	TRUCK #	DRIVER	445	Justin			515	CHRIS			543	DAVE			437	Troy		
TRUCK #	DRIVER	TRUCK #					DRIVER																			
445	Justin																									
515	CHRIS																									
543	DAVE																									
437	Troy																									
MAILING ADDRESS 600 Arrowhead Drive																										
CITY New STRAWN	STATE KS	ZIP CODE 66839																								
SKYY DRILG. Co.																										

JOB TYPE Longstring O HOLE SIZE 6^{3/4} HOLE DEPTH 1855' CASING SIZE & WEIGHT 4 1/2 10.5" New
 CASING DEPTH 1853' DRILL PIPE _____ TUBING _____ OTHER _____
 SLURRY WEIGHT 12.6-13.5 SLURRY VOL 83 BBL WATER gal/sk 9.0 CEMENT LEFT in CASING 0'
 DISPLACEMENT 30 BBL DISPLACEMENT PSI 750 PSI 1100 Bump Plug RATE _____

REMARKS: Safety Meeting: Rig up to 4 1/2 Casing w/ Packer Shoe. Drop Trip BALL. Set Packer Shoe @ 1100 psi. Break Circulation w/ 10 BBL Fresh water. MIXED 165 sks 60/40 Pozmix Cement w/ 8% Gel, 1/2" PhenoSeal @ 12.6"/gal, yield 2.05, TAIL in w/ 75 sks THICK Set Cement w/ 5" Kol-Seal/sk @ 13.5"/gal, yield 1.75. Wash out Pump & Lines. Shut down. Release Plug. Displace w/ 30 BBL Fresh water. FINAL Pumping Pressure 750 psi. Bump Plug to 1100 psi. Wait 2 minutes. Release Pressure. Float Held. Shut Casing in @ 0 psi. Good Cement Returns to Surface = 15 BBL Slurry to Pit. Job Complete. Rig down.

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401	1	PUMP CHARGE	925.00	925.00
5406	30	MILEAGE	3.65	109.50
1131	165 sks	60/40 Pozmix Cement	11.35	1872.75
1118 B	1135 "	Gel 8%	.20	227.00
1107 A	80 "	Pheno Seal 1/2" /sk	1.15	92.00
1126 A	75 sks	THICK Set Cement	17.00	1275.00
1110 A	375 "	Kol-Seal 5" /sk	.42	157.50
5407A	11.23 Tons	30 miles BULK Delv.	1.20	404.28
5502 c	3 Hrs	80 BBL VAC TRUCK	100.00	300.00
1123	3000 gals	City water	14.90/1000	44.70
4404	1	4 1/2 Top Rubber Plug	45.00	45.00
4251	1	4 1/2 x 6 3/4 Type "A" Packer Shoe	1315.00	1315.00
			Sub Total	6767.73
		THANK You	SALES TAX	367.13
			ESTIMATED TOTAL	7134.86

Ravin 3737

AUTHORIZATION Witnessed By Ben Harrell TITLE SKYY DRILG Toolpusher DATE 7-20-10

I acknowledge that the payment terms, unless specifically amended in writing on the front of the form or in the customer's account records, at our office, and conditions of service on the back of this form are in effect for services identified on this form.



CONSOLIDATED
Oil Well Services, LLC

ENTERED

TICKET NUMBER 28908

LOCATION Eureka

FOREMAN Steve Mead

PO Box 884, Chanute, KS 66720
620-431-9210 or 800-467-8676

FIELD TICKET & TREATMENT REPORT
CEMENT

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
7-13-10	34109	Long #9	17	23	13E	Greenwood
CUSTOMER <u>Gary Haas</u>						
MAILING ADDRESS <u>600 Arrowhead Drive</u>						
CITY <u>New Strawn</u>						
STATE <u>Ks</u>		ZIP CODE <u>66839</u>				

TRUCK #	DRIVER	TRUCK #	DRIVER
<u>520</u>	<u>John</u>		
<u>543</u>	<u>Chris</u>		

JOB TYPE Surface 0 HOLE SIZE 12 1/4 HOLE DEPTH 44' CASING SIZE & WEIGHT 8 3/8
 CASING DEPTH 40' DRILL PIPE _____ TUBING _____ OTHER _____
 SLURRY WEIGHT _____ SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT in CASING _____
 DISPLACEMENT 2 bbls DISPLACEMENT PSI _____ MIX PSI _____ RATE _____

REMARKS: Safety Meeting Rig up To 8 1/2" Casing Break Circulation w/ Fresh Water. Mix 35 sks Class A Cement w/ 2% Cacl2 + 2% Gel. At 14.8' ps/gal Displace with 3 bbls Fresh water. Shut well in. Good cement Returns to surface. Job Complete Rig down

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
54015	1	PUMP CHARGE	725.00	725.00
5406	30	MILEAGE	3.65	109.50
11045	35 sks	Class A Cement	13.50	472.50
1102	65"	Cacl2 2%	.75	48.75
1118A	65"	Gel 2%	.20	13.00
5407		Tenmikoja Bulk Truck	m/c	315.00
			SubTotal	1683.75
			SALES TAX	39.00
			ESTIMATED TOTAL	1722.75

Ravin 3737

235041

AUTHORIZATION Called by Ben Harroli TITLE Tool pusher DATE 7-13-10

I acknowledge that the payment terms, unless specifically amended in writing on the front of the form or in the customer's account records, at our office, and conditions of service on the back of this form are in effect for services identified on this form.



REMIT TO
 Consolidated Oil Well Services, LLC
 Dept. 970
 P.O. Box 4346
 Houston, TX 77210-4346

MAIN OFFICE
 P.O. Box 884
 Chanute, KS 66720
 620/431-9210 • 1-800/467-8676
 FAX 620/431-0012

INVOICE

Invoice # 235241

=====
 Invoice Date: 07/14/2010 Terms: 0/30,n/30 Page 1

HAAS, GARY
 114 S. MAIN STREET
 GRIDLEY KS 66852
 () -

LONG #9
 28908
 07-13-10

Part Number	Description	Qty	Unit Price	Total
1104S	CLASS "A" CEMENT (SALE)	35.00	13.5000	472.50
1102	CALCIUM CHLORIDE (50#)	65.00	.7500	48.75
1118A	S-5 GEL/ BENTONITE (50#)	65.00	.2000	13.00

Description	Hours	Unit Price	Total
520 CEMENT PUMP (SURFACE)	1.00	725.00	725.00
520 EQUIPMENT MILEAGE (ONE WAY)	30.00	3.65	109.50
543 MIN. BULK DELIVERY	1.00	315.00	315.00

OK 15771

=====
 Parts: 534.25 Freight: .00 Tax: 39.00 AR 1722.75
 Labor: .00 Misc: .00 Total: 1722.75
 Sublt: .00 Supplies: .00 Change: .00
 =====

Signed _____ Date _____



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HAAS, GARY
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LONG #9
 28964
 07-20-10

Part Number	Description	Qty	Unit Price	Total
1131	60/40 POZ MIX	165.00	11.3500	1872.75
1118B	PREMIUM GEL / BENTONITE	1135.00	.2000	227.00
1107A	PHENOSEAL (M) 40# BAG)	80.00	1.1500	92.00
1126A	THICK SET CEMENT	75.00	17.0000	1275.00
1110A	KOL SEAL (50# BAG)	375.00	.4200	157.50
1123	CITY WATER	3000.00	.0149	44.70
4404	4 1/2" RUBBER PLUG	1.00	45.0000	45.00
4251	TYPE A PACKER SHOE61/8X6	1.00	1315.0000	1315.00

Description	Hours	Unit Price	Total
437 80 BBL VACUUM TRUCK (CEMENT)	3.00	100.00	300.00
445 CEMENT PUMP	1.00	925.00	925.00
445 EQUIPMENT MILEAGE (ONE WAY)	30.00	3.65	109.50
515 TON MILEAGE DELIVERY	168.45	1.20	202.14
543 TON MILEAGE DELIVERY	168.45	1.20	202.14

CK 15790

=====
 Parts: 5028.95 Freight: .00 Tax: 367.13 AR 7134.86
 Labor: .00 Misc: .00 Total: 7134.86
 Sublt: .00 Supplies: .00 Change: .00
 =====

Signed _____ Date _____



CONSOLIDATED
Oil Well Services, LLC

ENTERED

TICKET NUMBER 28908

LOCATION Eureka

FOREMAN Steve Meud

PO Box 884, Chanute, KS 66720
620-431-9210 or 800-467-8676

FIELD TICKET & TREATMENT REPORT
CEMENT

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
7-13-10	3409	Long #9	17	23	13E	Greenwood
CUSTOMER			TRUCK #			
Mailing Address			DRIVER			
CITY			TRUCK #			
STATE			DRIVER			
ZIP CODE						

JOB TYPE Surface 0 HOLE SIZE 18 1/4 HOLE DEPTH 44' CASING SIZE & WEIGHT 8 5/8
 CASING DEPTH 40' DRILL PIPE _____ TUBING _____ OTHER _____
 SLURRY WEIGHT _____ SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT in CASING _____
 DISPLACEMENT 266ls DISPLACEMENT PSI _____ MIX PSI _____ RATE _____

REMARKS: Safety Meeting Rig up to 8 5/8 casing Break circulation w/ fresh water. Mix 35 sks Class A Cement w/ 2% CaCl2 + 2% Gel. At 14.8# ppgal Displace with 266ls Fresh water. Shut well in. Good cement returns to surface. Job complete Rig down

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
54015	1	PUMP CHARGE	725.00	725.00
5406	30	MILEAGE	3.65	109.50
11045	35 sks	Class A Cement	13.50	472.50
1102	65#	CaCl2 2%	.75	48.75
1118A	65#	Gel 2%	.20	13.00
5407		Ten mileage Bulk Truck	mic	315.00
			SubTotal	1683.75
			SALES TAX	39.00
			ESTIMATED TOTAL	1722.75

Ravin 3737

235041

AUTHORIZATION Called by Ben Harroli TITLE Tool pusher DATE 7-13-10

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CONSOLIDATED
Oil Well Services, LLC



ENTERED

TICKET NUMBER 28964

LOCATION EUREKA

FOREMAN Kevin McCoy

PO Box 884, Chanute, KS 66720
620-431-9210 or 800-467-8676

FIELD TICKET & TREATMENT REPORT
CEMENT

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY																				
7-20-10	3409	Long #9				GW																				
CUSTOMER <u>GARY HAAS OIL</u>			<table border="1"> <thead> <tr> <th>TRUCK #</th> <th>DRIVER</th> <th>TRUCK #</th> <th>DRIVER</th> </tr> </thead> <tbody> <tr> <td>445</td> <td>Justin</td> <td></td> <td></td> </tr> <tr> <td>515</td> <td>CHRIS</td> <td></td> <td></td> </tr> <tr> <td>543</td> <td>DAVE</td> <td></td> <td></td> </tr> <tr> <td>437</td> <td>Troy</td> <td></td> <td></td> </tr> </tbody> </table>				TRUCK #	DRIVER	TRUCK #	DRIVER	445	Justin			515	CHRIS			543	DAVE			437	Troy		
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445	Justin																									
515	CHRIS																									
543	DAVE																									
437	Troy																									
MAILING ADDRESS <u>600 ARROWHEAD DRIVE</u>																										
CITY <u>NEW STRAWN</u>																										
STATE <u>Ks</u>		ZIP CODE <u>66839</u>																								

JOB TYPE Longstring 0 HOLE SIZE 6 3/4 HOLE DEPTH 1855' CASING SIZE & WEIGHT 4 1/2 10.5" New
 CASING DEPTH 1853' DRILL PIPE _____ TUBING _____ OTHER _____
 SLURRY WEIGHT 12.6 - 13.5 SLURRY VOL 83 BBL WATER gal/sk 9.0 CEMENT LEFT in CASING 0'
 DISPLACEMENT 30 BBL DISPLACEMENT PSI 750 ~~MAX~~ PSI 1100 Bump Plug RATE _____

REMARKS: Safety Meeting: Rig up to 4 1/2 Casing w/ Packer Shoe. Drop Trip BALL. Set Packer Shoe @ 1100 psi. Break Circulation w/ 10 BBL fresh water. MIXED 165 SKS 60/40 Pozmix Cement w/ 8% Gel, 1/2" PhenoSeal @ 12.6"/GAL, yield 2.05, TAIL IN w/ 75 SKS THICK Set Cement w/ 5" Kol-Seal /sk @ 13.5"/GAL, yield 1.75. Wash out Pump & Lines. Shut down. Release Plug. Displace w/ 30 BBL fresh water. FINAL Pumping Pressure 750 psi. Bump Plug to 1100 psi. wait 2 minutes. Release Pressure, Float Held. Shut casing in @ 0 psi. Good Cement Returns to SURFACE = 15 BBL slurry to Pit. Job Complete. Rig down.

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401	1	PUMP CHARGE	925.00	925.00
5406	30	MILEAGE	3.65	109.50
1131	165 SKS	60/40 Pozmix Cement	11.35	1872.75
1118 B	1135 "	Gel 8%	.20	227.00
1107 A	80 "	Pheno Seal 1/2" /sk	1.15	92.00
1126 A	75 SKS	THICK Set Cement	17.00	1275.00
1110 A	375 "	Kol-Seal 5" /sk	.42	157.50
5407A	11.23 TONS	30 miles BULK Delv.	1.20	404.28
5502 c	3 Hrs	80 BBL UAC TRUCK	100.00	300.00
1123	3000 gals	CITY WATER	14.90/1000	44.70
4404	1	4 1/2 Top Rubber Plug	45.00	45.00
4251	1	4 1/2 x 6 3/4 Type "A" Packer Shoe	1315.00	1315.00
			Sub Total	6767.73
THANK YOU			7.3%	SALES TAX 367.13
			ESTIMATED TOTAL	7134.86

Ravin 3737

THANK YOU

235319

AUTHORIZATION Witnessed By Ben Harrell

TITLE Skyy DR19 Toolpusher

DATE 7-20-10

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