

1218206

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
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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> <i>(Submit ACO-4)</i> <input type="checkbox"/> Other <i>(Specify)</i> _____	PRODUCTION INTERVAL: _____ _____
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810 E 7TH
 PO Box 92
 EUREKA, KS 67045
 (620) 583-5561

Elite

**Cementing & Acidizing
 of Kansas, LLC**



Cement or Acid Field Report
 Ticket No. **1522**
 Foreman Rick Ledford
 Camp Eureka X^s

Date	Cust. ID #	Lease & Well Number	Section	Township	Range	County	State	
7-16-14	1017	Butcher #17				CA	KS	
Customer <u>Southwinds Energy</u>			Unit #		Driver		Unit #	Driver
Mailing Address <u>P.O. Box 322</u>			102		Chris B.			
City <u>CANEY</u>			113		Chris M			
State <u>KS</u>			145		Allan G.			
Zip Code <u>67333</u>								

Job Type <u>LIS</u>	Hole Depth <u>1340'</u>	Slurry Vol. <u>46 Bbl</u>	Tubing _____
Casing Depth <u>1329'</u>	Hole Size <u>6 3/4"</u>	Slurry Wt. <u>13.7#</u>	Drill Pipe _____
Casing Size & Wt. <u>4 1/2"</u>	Cement Left in Casing <u>0</u>	Water Gal/SK <u>9.0</u>	Other _____
Displacement <u>21 Bbl</u>	Displacement PSI <u>1000</u>	Bump Plug to <u>1000</u>	BPM _____

Remarks: Safety meeting - Rig up to 4 1/2" casing. Break circulation w/ 5 Bbl fresh water Pump 6 sks gel-flush, 5 Bbl water spacer. Mixed 140 sks thickset cement w/ 5# Kol-seal/sk + 1# phososeal/sk @ 13.7# / gal. Washout pump + lines, release plug. Displace w/ 21 Bbl fresh water. Final pump pressure 600 PSI. Bump plug to 1000 PSI. release pressure. Shut + plug held. Good cement returns to surface - 2 Bbl slurry to pit. Job complete. Rig down.

"Thank You"

Code	Qty or Units	Description of Product or Services	Unit Price	Total
C102	1	Pump Charge	1050.00	1050.00
C107	50	Mileage	3.95	197.50
C201	140 sks	thickset cement	19.50	2730.00
C207	700#	5# Kol-seal/sk	.45	315.00
C208	140#	1# phososeal/sk	1.25	175.00
C206	300#	gel-flush	.20	60.00
C108B	7.7	ton mileage bulk trk	1.35	519.75
C113	4 hrs	80 Bbl vac. tank	85.00	340.00
C224	3300 gal's	city water	10.00/1000	33.00
C463	1	4 1/2" top rubber plug	45.00	45.00
			subtotal	5465.25
			8.15% Sales Tax	273.68
Authorization <u>[Signature]</u> Title _____			Total	5738.93

I agree to the payment terms and conditions of services provided on the back of this job ticket. Any amendments to payment terms must be in writing on the front of this job ticket or in the Customer's records at ELITE's office.