



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1220114
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
-----------------------------------	-----------------	---

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: _____

1220114

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. <i>(Submit ACO-5)</i> <input type="checkbox"/> Other <i>(Specify)</i> _____	PRODUCTION INTERVAL: _____ _____
--	--	---

Date 6-14-14 District Mallodge KS Ticket No. 62829
 Company Quail Oil & Gas Rig Duke 6
 Lease Leon Well No. 1-23
 County Comanche State KS
 Location Vic Protection KS Field _____

CASING DATA: Conductor PTA Squeeze Misc
 Surface Intermediate Production Liner
 Size 8 5/8 Type _____ Weight 24 Collar _____

Casing Depths: Top _____ Bottom 641

Drill Pipe: Size _____ Weight _____ Collars _____
 Open Hole: Size 12 1/4 T.D. 641 ft. P.B. to _____ ft.

CAPACITY FACTORS:

Casing: Bbbls/Lin. ft. _____ Lin. ft./Bbl. _____
 Open Holes: Bbbls/Lin. ft. _____ Lin. ft./Bbl. _____
 Drill Pipe: Bbbls/Lin. ft. _____ Lin. ft./Bbl. _____
 Annulus: Bbbls/Lin. ft. _____ Lin. ft./Bbl. _____
 Bbbls/Lin. ft. _____ Lin. ft./Bbl. _____
 Perforations: From _____ ft. to _____ ft. Amt. _____

CEMENT DATA:

Spacer Type: _____
 Amt. _____ Sks Yield _____ ft³/sk Density _____ PPG

LEAD: Pump Time _____ hrs. Type 65:35:626d+
3%cc + 1/4# Floreal Excess _____

Amt. 250 Sks Yield 1.99 ft³/sk Density 12.5 PPG

TAIL: Pump Time _____ hrs. Type Class A + 3%cc
 Excess _____

Amt. 100 Sks Yield 1.33 ft³/sk Density 14.8 PPG

WATER: Lead 10.9 gals/sk Tail 6.3 gals/sk Total _____ Bbbls.

Pump Trucks Used 471/265

Bulk Equip. 421/290

Float Equip: Manufacturer _____

Shoe: Type _____ Depth _____

Float: Type _____ Depth _____

Centralizers: Quantity _____ Plugs Top _____ Btm. _____

Stage Collars _____

Special Equip. _____

Disp. Fluid Type _____ Amt. _____ Bbbls. Weight _____ PPG

Mud Type _____ Weight _____ PPG

COMPANY REPRESENTATIVE Dacon

CEMENTER Jason Thiersel

TIME	PRESSURES PSI		FLUID PUMPED DATA			REMARKS
	AM/PM	DRILL PIPE CASING	ANNULUS	TOTAL FLUID	Pumped Per Time Period	
600PM						On loc. Spot in Rig up safety man...
853 PM	1500			1/4 BBL	1/4	Run casing
855 PM				88 1/2 BBL		Size ball thru w/ 1 1/2"
				24 BBL		Press test
						Mix + Pump LD cement slurry
						Mix + Pump TL cement slurry
						Release plug
930 PM	100				3 1/2	Start Displacement
	250			30 BBL	2 1/2	Slow to Bump
1000 PM	800			38 1/2 BBL	0	Bump Plug
						Release
						Float did hold
						Cement did circulate

FINAL DISP. PRESS: 250 PSI BUMP PLUG TO 800 PSI BLEEDBACK 1/2 BBLs. THANK YOU

ALLIED OIL & GAS SERVICES, LLC 062829

Federal Tax I.D. # 20-8651475

REMIT TO P.O. BOX 93999
SOUTHLAKE, TEXAS 76092

SERVICE POINT:
Medicine Lodge KS

DATE <u>6-14-14</u>	SEC. <u>23</u>	TWP. <u>32</u>	RANGE <u>21</u>	CALLED OUT <u>2:30 PM</u>	ON LOCATION <u>5:30 PM</u>	JOB START <u>8:50 PM</u>	JOB FINISH <u>12:00 PM</u>
LEASE <u>Leon</u>		WELL # <u>1-23</u>		LOCATION <u>Protection KS, Sweet to Rd 30,</u>		COUNTY <u>Comanche</u>	STATE <u>KS</u>
OLD OR NEW (Circle one) <u>NEW</u>			<u>4 North, East into</u>				

CONTRACTOR Duke #6
 TYPE OF JOB Surface
 HOLE SIZE 12 1/4 T.D. 641
 CASING SIZE 8 3/8 24# DEPTH 641
 TUBING SIZE _____ DEPTH _____
 DRILL PIPE _____ DEPTH _____
 TOOL _____ DEPTH _____
 PRES. MAX 800 MINIMUM _____
 MEAS. LINE _____ SHOE JOINT 42
 CEMENT LEFT IN CSG. 42
 PERFS. _____
 DISPLACEMENT 38 1/2 BBLs Fresh H₂O

OWNER Quail Oil & Gas
 CEMENT
 AMOUNT ORDERED 250 x 65:35:6% Gel + 3% cc + 4# Fluor, 100 sx Class 1 + 3% cc

COMMON _____ @ _____
 POZMIX _____ @ _____
 GEL _____ @ _____
 CHLORIDE _____ @ _____
 ASC _____ @ _____
 _____ @ _____
 _____ @ _____
 _____ @ _____
 _____ @ _____
 _____ @ _____
 _____ @ _____
 HANDLING _____ @ _____
 MILEAGE _____ @ _____
 TOTAL _____

EQUIPMENT

PUMP TRUCK CEMENTER Jason Thimisch
 # 471/265 HELPER Robert Johnson
 BULK TRUCK
 # 421/290 DRIVER James Bowen
 BULK TRUCK
 # _____ DRIVER _____

REMARKS:

Did circ cement to Surface

SERVICE

DEPTH OF JOB _____
 PUMP TRUCK CHARGE _____
 EXTRA FOOTAGE _____ @ _____
 MILEAGE _____ @ _____
 MANIFOLD _____ @ _____
 _____ @ _____
 _____ @ _____
 TOTAL _____

CHARGE TO: Quail Oil & Gas
 STREET _____
 CITY _____ STATE _____ ZIP _____

PLUG & FLOAT EQUIPMENT

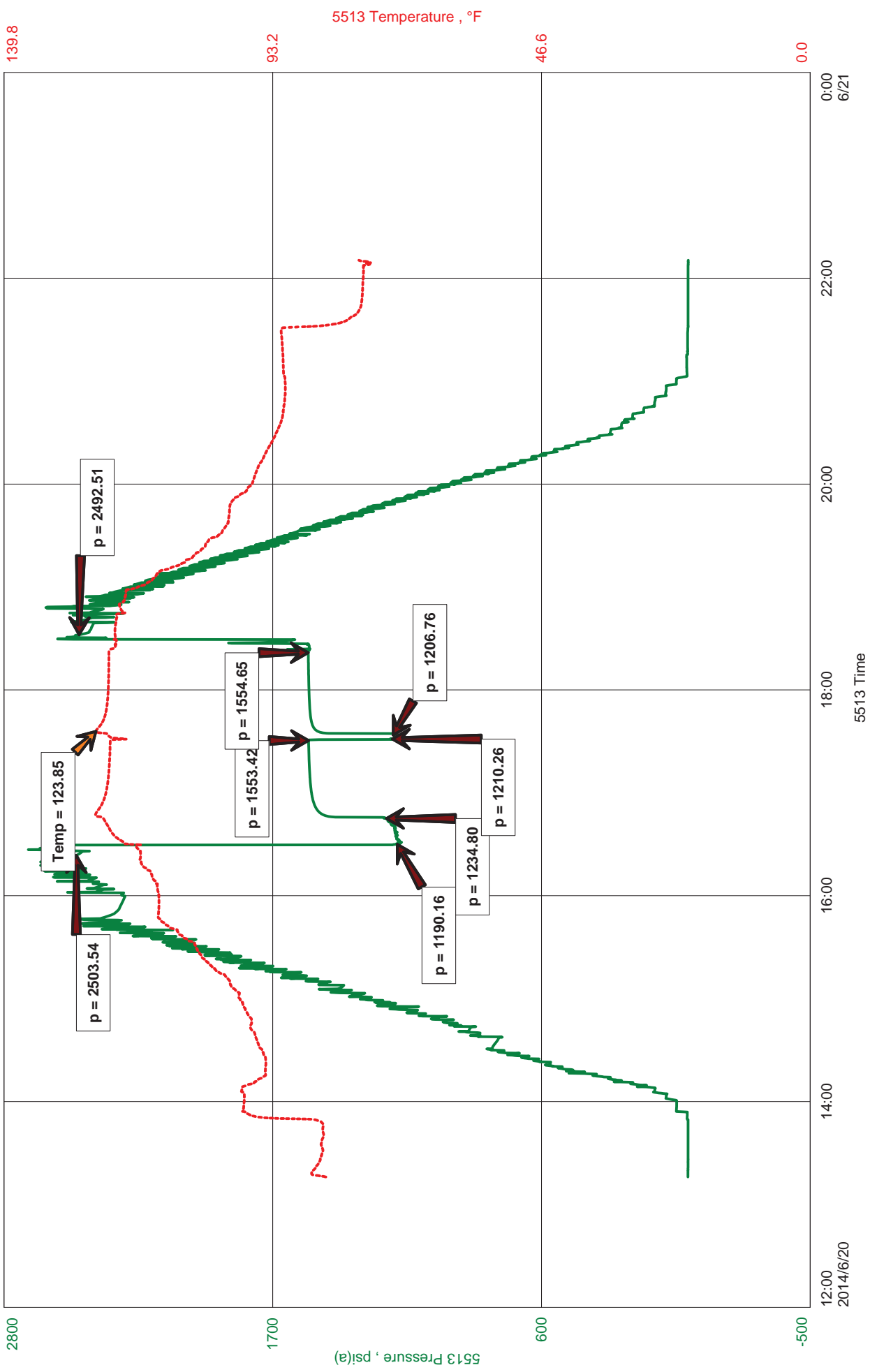
_____ @ _____
 _____ @ _____
 _____ @ _____
 _____ @ _____
 _____ @ _____

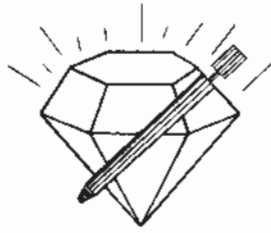
To: Allied Oil & Gas Services, LLC.
 You are hereby requested to rent cementing equipment and furnish cementer and helper(s) to assist owner or

Quail Oil and Gas LC
DST #1 Morrow Sand 5236-5260
Start Test Date: 2014/06/20
Final Test Date: 2014/06/20

#1-23 Leon
Formation: Morrow Sand
Pool: Wildcat
Job Number: K135

#1-23 Leon





DIAMOND TESTING
P. O. Box 157
HOISINGTON, KANSAS 67544
(316) 653-7550
GAS VOLUME REPORT

Company Quail Oil and Gas LC Lease & Well No. #1-23 Leon
Date 6-20-14 Sec. 23 Twp. 32S Rge. 21W Location _____ County Clarke State KS
Drilling Contractor Duke #6 Formation Morrow Sand DST No. 1
Remarks: Gas to Surface in 1 Min., Shut in tool 5 min. into second flow, blowing oil vapor towards rig.

INITIAL FLOW

Time O'Clock	Orifice Size	Gauge	CF/D
10	.75 in.	125# in.	1,626
	in.	in.	
	in.	in.	
	in.	in.	
	in.	in.	
	in.	in.	
	in.	in.	
	in.	in.	
	in.	in.	
	in.	in.	
	in.	in.	

FINAL FLOW IW

Time O'Clock	Orifice Size	Gauge	CF/D
	in.	in.	
	in.	in.	
	in.	in.	
	in.	in.	
	in.	in.	
	in.	in.	
	in.	in.	
	in.	in.	
	in.	in.	
	in.	in.	
	in.	in.	

FINAL FLOW



JASON MCLEMORE

CELL # 620-617-0527

General Information

Company Name	Quail Oil and Gas LC	Job Number	K135
Contact	Wray Valentine	Representative	Jason McLemore
Well Name	#1-23 Leon	Well Operator	Quail Oil and Gas LC
Unique Well ID	DST #1 Morrow Sand 5236-5260	Prepared By	Jason McLemore
Surface Location	23-32s-21w-Clarke	Qualified By	Roger Martin
Field	Wildcat	Test Unit	#7
Well Type	Vertical		

Test Information

Test Type	Drill Stem Test	Representative	Jason McLemore
Formation	Morrow Sand	Well Operator	Quail Oil and Gas LC
Well Fluid Type	01 Oil	Report Date	2014/06/20
Test Purpose (AEUB)	Initial Test	Prepared By	Jason McLemore
Start Test Date	2014/06/20	Start Test Time	13:16:00
Final Test Date	2014/06/20	Final Test Time	22:14:00

Test Results

RECOVERED:

60	Gassy Oil, 40% Gas, 60% Oil
635	VSOCMW, 1% Oil, 94% Water, 5% Mud
695	TOTAL FLUID

GRAVITY: 37

**CHLORIDES: 95,000
PH: 7**



DIAMOND TESTING
P.O. Box 157
HOISINGTON, KANSAS 67544
(800) 542-7313
DRILL-STEM TEST TICKET
FILE: 123leondst1

TIME ON: 1:16 PM
TIME OFF: 10:14 PM

Company Quail Oil and Gas LC Lease & Well No. #1-23 Leon
Contractor Duke #6 Charge to Quail Oil and Gas LC
Elevation KB 2044 Formation Morrow Sand Effective Pay _____ Ft. Ticket No. K135
Date 6-20-14 Sec. 23 Twp. _____ 32 S Range _____ 21 W County _____ Clarke State KANSAS
Test Approved By Roger Martin Diamond Representative Jason McLemore

Formation Test No. 1 Interval Tested from 5236 ft. to 5260 ft. Total Depth 5260 ft.
Packer Depth 5231 ft. Size 6 3/4 in. Packer depth _____ ft. Size 6 3/4 in.
Packer Depth 5236 ft. Size 6 3/4 in. Packer depth _____ ft. Size 6 3/4 in.

Depth of Selective Zone Set _____

Top Recorder Depth (Inside) 5217 ft. Recorder Number 5513 Cap. 5000 P.S.I.
Bottom Recorder Depth (Outside) 5218 ft. Recorder Number 5588 Cap. 6000 P.S.I.
Below Straddle Recorder Depth _____ ft. Recorder Number _____ Cap. _____ P.S.I.

Mud Type Chemical Viscosity 63 Drill Collar Length 260 ft. I.D. 2 1/4 in.
Weight 9.1 Water Loss 8.8 cc. Weight Pipe Length 0 ft. I.D. 2 7/8 in.
Chlorides 2900 P.P.M. Drill Pipe Length 4943 ft. I.D. 3 1/2 in.
Jars: Make STERLING Serial Number Jars & Joint Test Tool Length 33 ft. Tool Size 3 1/2-IF in.
Did Well Flow? No Reversed Out NO Anchor Length 24 ft. Size 4 1/2-FH in.
Main Hole Size 7 7/8 Tool Joint Size 4 1/2 XH in. Surface Choke Size 1 in. Bottom Choke Size 5/8 in.

Blow: 1st Open: Strong, BOB in 10 Seconds, Gas to Surface in 1 Min., Gaging Gas, No Blowback
2nd Open: BOB on Open, Shut in After 5 Min., Blowing out Oil Vapor Towards Rig.

Recovered 60 ft. of Gassy Oil, 40% Gas, 60% Oil
Recovered 635 ft. of VSOCMW, 1% Oil, 94% Water, 5% Mud
Recovered 695 ft. of TOTAL FLUID

Recovered _____ ft. of _____	Price Job
Recovered _____ ft. of <u>CHLORIDES: 95,000</u>	Other Charges
Recovered _____ ft. of <u>PH: 7</u>	Insurance
Remarks: <u>GRAVITY: 37</u>	Total

Time Set Packer(s) 4:37 PM A.M. P.M. Time Started Off Bottom 6:30 PM A.M. P.M. Maximum Temperature 124

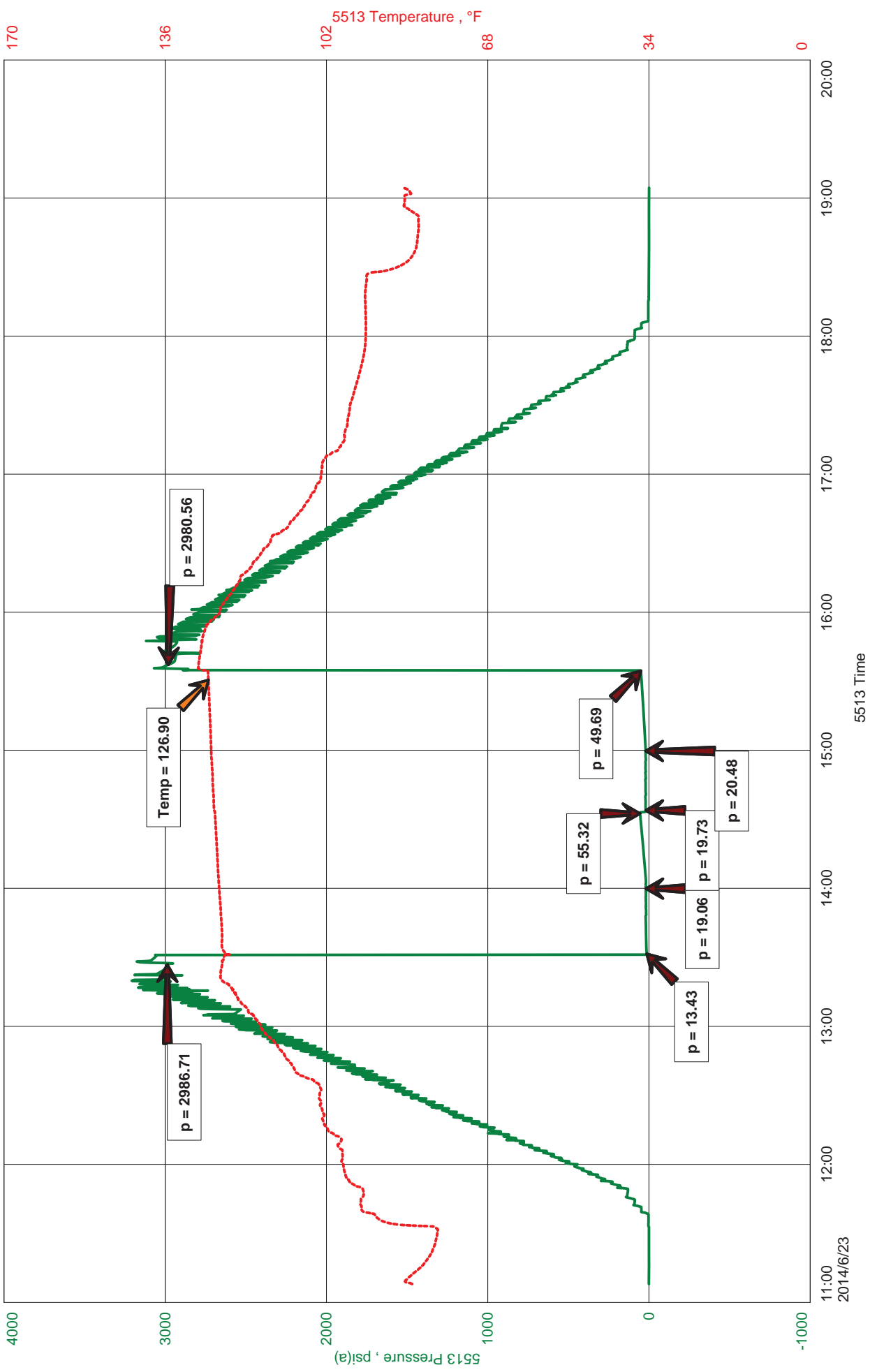
Initial Hydrostatic Pressure..... (A) 2504 P.S.I.
Initial Flow Period..... Minutes 15 (B) 1190 P.S.I. to (C) 1235 P.S.I.
Initial Closed In Period..... Minutes 45 (D) 1553 P.S.I.
Final Flow Period..... Minutes 5 (E) 1210 P.S.I. to (F) 1207 P.S.I.
Final Closed In Period..... Minutes 48 (G) 1555 P.S.I.
Final Hydrostatic Pressure..... (H) 2493 P.S.I.

Diamond Testing shall not be liable for damages of any kind to the property or personnel of the one for whom a test is made or for any loss suffered or sustained, directly or indirectly, through the use of its equipment, or its statement or opinion concerning the result of any test. Tools lost or damaged in the hole shall be paid for at cost by the party for whom the test is made.

Quail Oil and Gas LC
DST #2 Viola 6364-6410
Start Test Date: 2014/06/23
Final Test Date: 2014/06/23

#1-23 Leon
Formation: Viola
Pool: Wildcat
Job Number: K136

#1-23 Leon





JASON MCLEMORE

CELL # 620-617-0527

General Information

Company Name	Quail Oil and Gas LC	Job Number	K136
Contact	Wray Valentine	Representative	Jason McLemore
Well Name	#1-23 Leon	Well Operator	Quail Oil and Gas LC
Unique Well ID	DST #2 Viola 6364-6410	Prepared By	Jason McLemore
Surface Location	23-32s-21w-Clark	Qualified By	Roger Martin
Field	Wildcat	Test Unit	#7
Well Type	Vertical		

Test Information

Test Type	Drill Stem Test	Representative	Jason McLemore
Formation	Viola	Well Operator	Quail Oil and Gas LC
Well Fluid Type	01 Oil	Report Date	2014/06/23
Test Purpose (AEUB)	Initial Test	Prepared By	Jason McLemore

Start Test Date	2014/06/23	Start Test Time	11:08:00
Final Test Date	2014/06/23	Final Test Time	19:08:00

Test Results

RECOVERED:

5	Drilling Mud
5	TOTAL FLUID



DIAMOND TESTING
P.O. Box 157
HOISINGTON, KANSAS 67544
(800) 542-7313
DRILL-STEM TEST TICKET
FILE: 123leondst2

TIME ON: 11:08 AM
TIME OFF: 7:08 PM

Company Quail Oil and Gas LC Lease & Well No. #1-23 Leon
Contractor Duke #6 Charge to Quail Oil and Gas LC
Elevation KB 2044 Formation _____ Viola Effective Pay _____ Ft. Ticket No. K136
Date 6-23-14 Sec. 23 Twp. _____ 32 S Range _____ 21 W County _____ Clarke State KANSAS
Test Approved By Roger Martin Diamond Representative Jason McLemore

Formation Test No. 2 Interval Tested from 6364 ft. to 6410 ft. Total Depth 6410 ft.
Packer Depth 6359 ft. Size 6 3/4 in. Packer depth _____ ft. Size 6 3/4 in.
Packer Depth 6364 ft. Size 6 3/4 in. Packer depth _____ ft. Size 6 3/4 in.

Depth of Selective Zone Set _____
Top Recorder Depth (Inside) 6345 ft. Recorder Number 5513 Cap. 5000 P.S.I.
Bottom Recorder Depth (Outside) 6346 ft. Recorder Number 5588 Cap. 6000 P.S.I.
Below Straddle Recorder Depth _____ ft. Recorder Number _____ Cap. _____ P.S.I.

Mud Type Chemical Viscosity 63 Drill Collar Length 260 ft. I.D. 2 1/4 in.
Weight 9.1 Water Loss 10.8 cc. Weight Pipe Length 0 ft. I.D. 2 7/8 in.
Chlorides 4200 P.P.M. Drill Pipe Length 6071 ft. I.D. 3 1/2 in.
Jars: Make STERLING Serial Number _____ Jars & Joint _____ Test Tool Length 33 ft. Tool Size 3 1/2-IF in.
Did Well Flow? No Reversed Out NO Anchor Length 46 ft. Size 4 1/2-FH in.
Main Hole Size 7 7/8 Tool Joint Size 4 1/2 XH in. Surface Choke Size 1 in. Bottom Choke Size 5/8 in.

Blow: 1st Open: Weak Surface Blow, Died in 16 Min.
2nd Open: Dead

Recovered <u>5</u> ft. of <u>Drilling Mud</u>	
Recovered <u>5</u> ft. of <u>TOTAL FLUID</u>	
Recovered _____ ft. of _____	
Recovered _____ ft. of _____	
Recovered _____ ft. of _____	Price Job
Recovered _____ ft. of _____	Other Charges
Remarks: _____	Insurance
	Total

Time Set Packer(s) 1:38 PM A.M. P.M. Time Started Off Bottom 3:38 PM A.M. P.M. Maximum Temperature 127
Initial Hydrostatic Pressure..... (A) 2987 P.S.I.
Initial Flow Period..... Minutes 30 (B) 13 P.S.I. to (C) 19 P.S.I.
Initial Closed In Period..... Minutes 30 (D) 55 P.S.I.
Final Flow Period..... Minutes 30 (E) 20 P.S.I. to (F) 20 P.S.I.
Final Closed In Period..... Minutes 30 (G) 50 P.S.I.
Final Hydrostatic Pressure..... (H) 2981 P.S.I.

Diamond Testing shall not be liable for damages of any kind to the property or personnel of the one for whom a test is made or for any loss suffered or sustained, directly or indirectly, through the use of its equipment, or its statement or opinion concerning the result of any test. Tools lost or damaged in the hole shall be paid for at cost by the party for whom the test is made.

620-271-0236

ALLIED

OIL & GAS SERVICES, LLC

CEMENTING LOG

STAGE NO.

6-25-14 District ML Ks Ticket No. 63202
 Company Quail Oil & Gas Rig Duke L
 Lease Leon Well No. 1-25
 County Clarke State Ks
 Location U.C Protection Ks Field 25 32 21

CEMENT DATA:

Spacer Type: _____
 Amt. _____ Skys Yield _____ ft³/sk Density _____ PPG

LEAD: Pump Time _____ hrs. Type 60:40:4/60
 Excess _____
 Amt. _____ Skys Yield 1.4 ft³/sk Density 14.1 PPG

TAIL: Pump Time _____ hrs. Type _____
 Excess _____
 Amt. _____ Skys Yield _____ ft³/sk Density _____ PPG

WATER: Lead 6.7 gals/sk Tail _____ gals/sk Total _____ Bbls.

Pump Trucks Used 892/555
 Bulk Equip. 364

CASING DATA: Conductor PTA Squeeze Misc
 Surface Intermediate Production Liner
 Size _____ Type _____ Weight _____ Collar _____

Casing Depths: Top _____ Bottom _____

Drill Pipe: Size 4 1/2 Weight _____ Collars _____
 Open Hole: Size 7 7/8 T.D. _____ ft. P.B. to _____ ft.

CAPACITY FACTORS:

Casing: Bbls/Lin. ft. 0.633 Lin. ft./Bbl. 15.76
 Open Holes: Bbls/Lin. ft. 0.662 Lin. ft./Bbl. 16.5995
 Drill Pipe: Bbls/Lin. ft. 0.1422 Lin. ft./Bbl. 70.52
 Annulus: Bbls/Lin. ft. 0.406 Lin. ft./Bbl. 24.6474
 Bbls/Lin. ft. 0.440 Lin. ft./Bbl. _____

Perforations: From _____ ft. to _____ ft. Amt. _____

Float Equip: Manufacturer _____
 Shoe: Type _____ Depth _____
 Float: Type _____ Depth _____
 Centralizers: Quantity _____ Plugs Top _____ Btm. _____
 Stage Collars _____
 Special Equip. _____
 Disp. Fluid Type Fresh/mud Amt. _____ Bbls. Weight _____ PPG
 Mud Type Native Weight _____ PPG

COMPANY REPRESENTATIVE _____

CEMENTER Jake Head

TIME	PRESSURES PSI		FLUID PUMPED DATA			REMARKS
	AM/PM	DRILL PIPE CASING	ANNULUS	TOTAL FLUID	Pumped Per Time Period	
<u>11:00A</u>						<u>On Location Safety meeting</u>
						<u>pick up Safety Meeting</u>
						<u>laying down D/pipe</u>
						<u>D test</u>
<u>3:10P</u>		<u>1500</u>				<u>Pump Spacer</u>
		<u>100</u>	<u>8.5</u>		<u>3</u>	<u>Mix + Pump Cmt</u>
		<u>100</u>	<u>12.5</u>		<u>3</u>	<u>Pump Spacer</u>
		<u>100</u>	<u>3</u>		<u>3</u>	<u>Pump Mud</u>
<u>3:30P</u>		<u>100</u>	<u>8 3/4</u>		<u>3</u>	
		<u>100</u>	<u>8.5</u>		<u>3</u>	<u>Pump Spacer</u>
		<u>100</u>	<u>12.5</u>		<u>3</u>	<u>Mix + Pump Cmt</u>
		<u>100</u>	<u>3</u>		<u>3</u>	<u>Pump Spacer</u>
<u>4:15</u>		<u>100</u>	<u>3 1/4</u>		<u>3</u>	<u>Pump Mud</u>
		<u>100</u>	<u>8.5</u>		<u>3</u>	<u>Pump Spacer</u>
		<u>100</u>	<u>12.5</u>		<u>3</u>	<u>Mix + Pump Cmt</u>
		<u>100</u>	<u>3</u>		<u>3</u>	<u>Pump Spacer</u>
<u>4:30</u>		<u>100</u>	<u>16</u>		<u>3</u>	<u>Flush Hole</u>
		<u>100</u>	<u>10</u>		<u>3</u>	<u>Mix + Pump cmt</u>
<u>5:00</u>		<u>100</u>	<u>1 1/4</u>		<u>3</u>	<u>Displace</u>
		<u>100</u>	<u>5</u>		<u>3</u>	<u>load Hole</u>
<u>5:10</u>		<u>100</u>	<u>8.5</u>		<u>3</u>	<u>Mix Cmt fill circ</u>
<u>5:26</u>		<u>100</u>			<u>3</u>	
<u>5:30D</u>		<u>100</u>	<u>12.5</u>		<u>3</u>	<u>Plug Rat + Mouse</u>
<u>7:00</u>						