



TREATMENT REPORT

Acid Stage No. _____

Date 7/28/2014 District G.B. F.O. No. C42675
 Company Titan Well Service-Sandridge
 Well Name & No. Frusher 1-10
 Location _____ Field _____
 County Hodgeman State KS

Type Treatment: Amt. Type Fluid Sand Size Pounds of Sand
 Bkdown _____ Bbl./Gal. _____
 _____ Bbl./Gal. _____
 _____ Bbl./Gal. _____
 _____ Bbl./Gal. _____
 Flush _____ Bbl./Gal. _____
 Treated from _____ ft. to _____ ft. No. ft. 0
 from _____ ft. to _____ ft. No. ft. 0
 from _____ ft. to _____ ft. No. ft. 0

Casing: Size 7" Type & Wt. _____ Set at _____ ft.
 Formation: _____ Perf. _____ to _____
 Formation: _____ Perf. _____ to _____
 Formation: _____ Perf. _____ to _____
 Liner: Size _____ Type & Wt. _____ Top at _____ ft. Bottom at _____ ft.
 Cemented: Yes Perforated from _____ ft. to _____ ft.
 Tubing: Size & Wt. 2.5" Swung at _____ ft.
 Perforated from _____ ft. to _____ ft.

Actual Volume of Oil / Water to Load Hole: _____ Bbl./Gal.
 Pump Trucks. No. Used: Std. 320 Sp. _____ Twin _____
 Auxiliary Equipment 317/308
 Personnel Nathan Greg Joe
 Auxiliary Tools _____
 Plugging or Sealing Materials: Type _____ Gals. _____ lb.

Open Hole Size _____ T.D. _____ ft. P.B. to _____ ft.

Company Representative _____ Treater Nathan W.

TIME a.m./p.m.	PRESSURES		Total Fluid Pumped	REMARKS
	Tubing	Casing		
7:00	2.5"	7"		On Location. Rig up and wait on water.
8:00				Mix 30sks 60/40poz 4%gel with circulation at 4420' Lay down tubing.
9:45				Out of hole with tubing. Rig up to shoot of casing and pull out of hole.
2:00				Begin pulling 7" casing.
5:00				Out of hole with casing. Rig up to run tubing back in.
				Mix 50sks 60/40poz 4%gel at 1340'
6:20				Mix 50sks at 760'
6:45				Mix 30sks at 60' Circulated cement to surface.
6:55				Top off with 55sks. Wait 45min. and top off with 50sks.
				Total=265sks (105sks additional)
8:00				Thank You!
				Nathan W.



Attn: Dakota

FIELD ORDER N° C 42675

BOX 438 • HAYSVILLE, KANSAS 67060
316-524-1225

DATE 7-24-14 20

IS AUTHORIZED BY: Titan Well Service. (S-a-d-i-g)
(NAME OF CUSTOMER)

Address _____ City _____ State _____

To Treat Well As Follows: Lease Frisher Well No. 1-10 Customer Order No. _____

Sec. Twp. Range _____ County Hodgeman State ks

CONDITIONS: As a part of the consideration hereof it is agreed that Copeland Acid Service is to service or treat at owners risk, the hereinbefore mentioned well and is not to be held liable for any damage that may accrue in connection with said service or treatment. Copeland Acid Service has made no representation, expressed or implied, and no representations have been relied on, as to what may be the results or effect of the servicing or treating said well. The consideration of said service or treatment is payable. There will be no discount allowed subsequent to such date. 6% interest will be charged after 60 days. Total charges are subject to correction by our invoicing department in accordance with latest published price schedules.

The undersigned represents himself to be duly authorized to sign this order for well owner or operator.

THIS ORDER MUST BE SIGNED BEFORE WORK IS COMMENCED _____ By _____
Well Owner or Operator Agent

CODE	QUANTITY	DESCRIPTION	UNIT COST	AMOUNT
2	70	milesa pump truck	4. ^{00/100}	280. ^{00/100}
2	70	milesa pickup	2. ^{00/100}	140. ^{00/100}
2	1	Pump Charge - Plus		450. ^{00/100}
2	265	60/450 gal. 2% sol.	10. ^{00/100}	2,650. ^{00/100}
2	5	2% addl. sol.	22. ^{00/100}	110. ^{00/100}
2	9 hrs.	Pump Truck Charge after 4 hrs	100. ^{00/100}	900. ^{00/100}
		Sales Tax	7.3%	257. ^{50/100}
2	270	Bulk Charge	1. ^{25/100}	337. ^{50/100}
2		Bulk Truck Miles 11.917 x 70 = 833.79 x 1. ^{10/100}	1. ^{10/100}	917. ^{00/100}
		Process License Fee on _____ Gallons		
TOTAL BILLING				6,541.^{87/100}

I certify that the above material has been accepted and used; that the above service was performed in a good and workmanlike manner under the direction, supervision and control of the owner, operator or his agent, whose signature appears below.

Copeland Representative Nathan W.

Station G.B

Anthony Smith
Well Owner, Operator or Agent

Remarks _____

NET 30 DAYS