



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1223148
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: _____

1223148

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: <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> _____
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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: _____ _____
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Form	ACO1 - Well Completion
Operator	Ring Energy, Inc.
Well Name	Wedel Trust 33 3
Doc ID	1223148

Tops

Name	Top	Datum
Heebner	4111	
Toronto	4130	
Lansing	4210	
Stark	4524	
Hushpuckney	4576	
Bandera	4768	
Pawnee	4774	
Labette	4794	
Cherokee	4810	
Osage	5312	
Viola	5546	
Arbuckle	5760	

ALLIED OIL & GAS SERVICES, LLC 053185

Federal Tax I.D.# 20-5975804

EMIT TO P.O. BOX 31
RUSSELL, KANSAS 67665

SERVICE POINT:

Copeland, KS

DATE	8-21-14	SEC.	33	TWP.	245	RANGE	30W	CALLED OUT	ON LOCATION	JOB START	JOB FINISH
WELL #	Model Trust 35	WELL #	3	LOCATION	Copeland, KS east CR-4,			COUNTY	Haskell	STATE	KS
WELL OR NEW	(Circle one)			LOCATION	North to CR5, west into						

CONTRACTOR Tomcat 4 OWNER Ring Energy

TYPE OF JOB Surface
 HOLE SIZE 12 1/4 T.D. 1820
 CASING SIZE 8 5/8 DEPTH 1814
 TUBING SIZE DEPTH
 DRILL PIPE DEPTH
 TOOL DEPTH
 PRES. MAX 1500 PSI MINIMUM
 MEAS. LINE SHOE JOINT 42.00
 CEMENT LEFT IN CSG. 42.00 Rt
 PERFS.
 DISPLACEMENT 113 bbl/s

EQUIPMENT
 PUMP TRUCK CEMENTER Edgar Kobayashi
 # 903-501 HELPER Jaime Maldonado
 BULK TRUCK DRIVER Manuel Covarrubias
 # 705-542
 BULK TRUCK DRIVER Daniel Rosales
 # 562-642

REMARKS:
 CEMENT AMOUNT ORDERED 640 sks Class A, 6.70 gel, 3% CC, 0.25 lb/sk Hoseal, 200 Skts Class A meet, 3% CC, 0.25 lb/sk Hoseal

DEPTH OF JOB	SERVICE	TOTAL
1814		19385.40
PUMP TRUCK CHARGE	1	2213.75
Light 40 mi	@ 4.40	176.00
Heavy 40 mi	@ 7.70	308.00
MANIFOLD Handling	1 @ 275.00	275.00
Damage	953.93 Pjs @ 2.48	2365.74
Additional Hrs	1605.30 Ton @ 2.75	4414.59
	2	880.00
TOTAL		10633.08

CHARGE TO: Ring Energy
 STREET _____ STATE _____ ZIP _____
 CITY _____

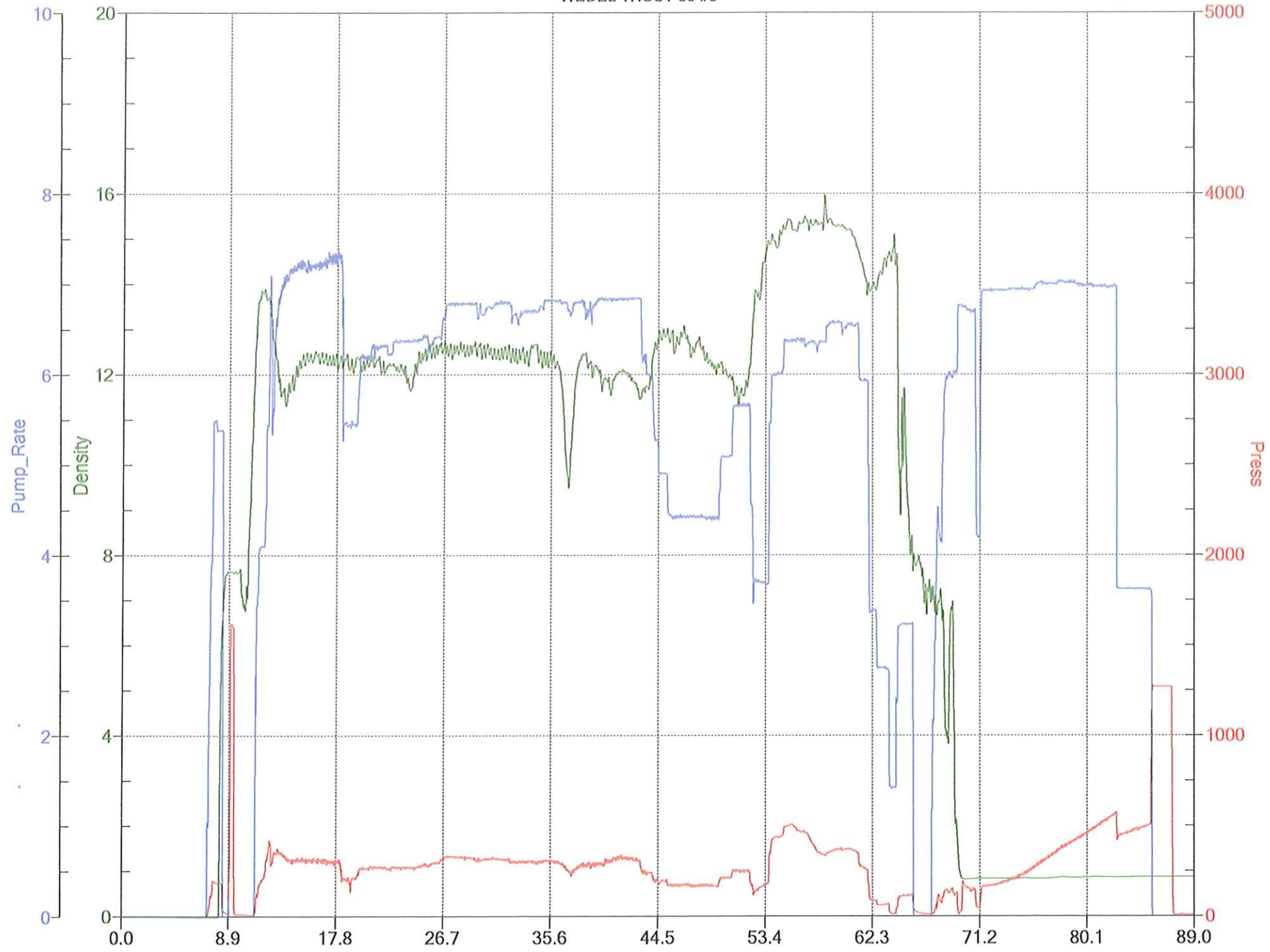
PLUG & FLOAT EQUIPMENT

Top Rubber Plug	1	@ 131.00	131.00
APM Fast Float Valve	1	@ 447.00	447.00
Quick Stop	1	@ 460.00	460.00
Centralizer	5	@ 75.00	375.00
TOTAL			1413.00

To: Allied Oil & Gas Services, LLC.
 You are hereby requested to rent cementing equipment and furnish cementer and helper(s) to assist owner or contractor to do work as is listed. The above work was done to satisfaction and supervision of owner agent or contractor. I have read and understand the "GENERAL TERMS AND CONDITIONS" listed on the reverse side.

PRINTED NAME Clint Andrews
 SIGNATURE CLINT ANDREWS
 SALES TAX (If Any) _____
 TOTAL CHARGES 31,431.46
 DISCOUNT 8800.81 / 28% IF PAID IN 30 DAYS
Net = 22630.67

RING ENERGY
WEDEL TRUST 33 #3





CEMENT MIXING WATER GUIDELINES

Company Name: _____
Lease Name: **Ring Energy**
County: **Wedel Trust 33**
State: _____
Water Source: **Gray** _____
_____ **TANK** _____
Submitted By: **Edgar A. Rodriguez** Date: **8/20/2014**

pH Level: **Good** _____ Must be less than 8.5
Sulfates: **Good** _____ Must be less than 1,000 PPM
Chlorides: **Good** _____ Must be less than 3,000 PPM
Temperature: **70** _____

COMMENTS

Thank You

Customer Signature Chris Adams

ALLIED OIL & GAS SERVICES, LLC 053194

Federal Tax I.D.# 20-5975804

REMIT TO P.O. BOX 31
RUSSELL, KANSAS 67665

SERVICE POINT:

Cibola, KS

DATE	9-4-14	SEC	33	TWP	26s	RANGE	30w	CALLED OUT	ON LOCATION	3:00 am	JOB START	9:45 am	JOB FINISH	12:10 PM
LEASE	<u>Nudel Trust</u>	WELL #	3	LOCATION	<u>Capland Ks. East on CR 4</u>	COUNTY	Gray	STATE	KS					
OLD OR NEW	(NEW) Circle one													

CONTRACTOR Tomcat 4 OWNER King Energy

TYPE OF JOB Production

HOLE SIZE 7 7/8 T.D. 5565

CASING SIZE 5 1/2 DEPTH 5304

TUBING SIZE DEPTH

DRILL PIPE DEPTH

TOOL DEPTH

PRES. MAX 3000 psi MINIMUM

MEAS. LINE SHOE JOINT 45:00

CEMENT LEFT IN CSG. 45:00 ft

PERFS.

DISPLACEMENT 122 bbls

EQUIPMENT

PUMP TRUCK CEMENTER Kenny Baez

331-541 HELPER Edgar Rody E

BULK TRUCK DRIVER Jaime Torres

993-467 DRIVER Jaime Maldonado

BULK TRUCK DRIVER Alex Ayala

956-841 DRIVER Anales Zubia

REMARKS:

3968.89 / 25% TOTAL 15275.54

DEPTH OF JOB	SERVICE		
PUMP TRUCK CHARGE	1	3099.25	3099.25
MILEAGE	Light 40 mi @	440	176.00
	Heavy 40 mi @	7.70	308.00
MANIFOLD	1	275.00	275.00
Handling	5880.1 Pps @	2.48	14483.35
Drays	1015.61 Ton @	2.75	2792.92
Combo Plog beat	1875.00		1875.00
Additional hrs	440.00		2200.00
	TOTAL		12174.52

CHARGE TO: King Energy

STREET _____

CITY _____ STATE _____ ZIP _____

PLUG & FLOAT EQUIPMENT

Apa Flapper Float Shoe	1	@	545.00	545.00
Lathe-down Plug	1	@	600.00	600.00
Basket	3	@	395.00	1185.00
Centrifiger	15	@	57.00	855.00
Clamp / Stop collar	1	@	49.00	49.00
			TOTAL	3294.00

To: Allied Oil & Gas Services, LLC.

You are hereby requested to rent cementing equipment and furnish cementer and helper(s) to assist owner or contractor to do work as is listed. The above work was done to satisfaction and supervision of owner agent or contractor. I have read and understand the "GENERAL TERMS AND CONDITIONS" listed on the reverse side.

PRINTED NAME Civit Andrews

SIGNATURE Civit Andrews

SALES TAX (if Any) _____

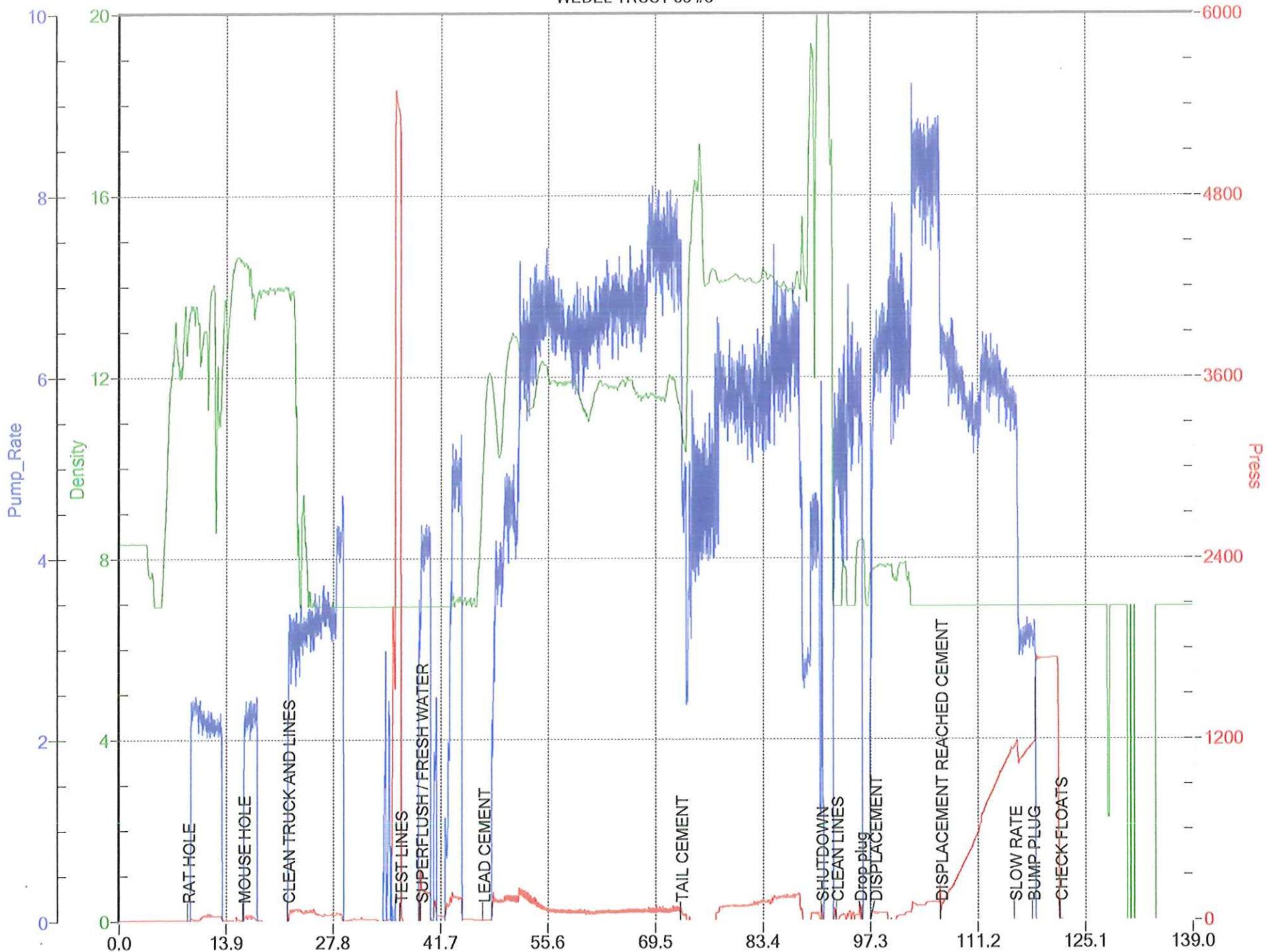
TOTAL CHARGES 31344.06

DISCOUNT 1836.02 / 0.5% IF PAID IN 30 DAYS

Net = 23508.05

RING ENERGY

WEDEL TRUST 33 #3





CEMENT MIXING WATER GUIDELINES

Company Name: _____
Lease Name: **Ring Energy Inc.**
County: **Wedel Trust 33**
State: _____
Water Source: **Gray** _____ **IKs**
TANK: _____
Submitted By: **Edgar A. Rodriguez** Date: **9/4/2014**

pH Level: **Good** Must be less than 8.5
Sulfates: **Good** Must be less than 1,000 PPM
Chlorides: **Good** Must be less than 3,000 PPM
Temperature: **60**

COMMENTS

Thank You

Customer Signature 



Customer Ring Energy Inc.
Date 9/4/2014
Lease Name/No Wedel Trust 33# 3
Well Location Gray, Ks
Supervisor Edgar A. Rodriguez

Equipment Operators Edgar A. Rodriguez, Jaime Torres, Alex Ayala, Andres Zubia,

Performance

WAS THE APPEARANCE OF THE PERSONNEL AND EQUIPMENT SATISFACTORY?	<input checked="" type="radio"/> YES	<input type="radio"/> NO
WAS THE JOB PERFORMED IN A PROFESSIONAL MANNER?	<input checked="" type="radio"/> YES	<input type="radio"/> NO
WERE THE CALCULATIONS PREPARED AND EXPLAINED PROPERLY?	<input checked="" type="radio"/> YES	<input type="radio"/> NO
WERE THE CORRECT SERVICES DISPATCHED TO THE JOB SITE?	<input checked="" type="radio"/> YES	<input type="radio"/> NO
WERE THE SERVICES PERFORMED AS REQUESTED?	<input checked="" type="radio"/> YES	<input type="radio"/> NO
DID THE JOB SITE ENVIRONMENT REMAIN UNCHANGED?	<input checked="" type="radio"/> YES	<input type="radio"/> NO
DID THE EQUIPMENT PERFORM IN THE MANNOR EXPECTED?	<input checked="" type="radio"/> YES	<input type="radio"/> NO
DID THE MATERIALS MEET YOUR EXPECTATIONS?	<input checked="" type="radio"/> YES	<input type="radio"/> NO
WAS THE CREW PREPARED FOR THE JOB?	<input checked="" type="radio"/> YES	<input type="radio"/> NO
WAS THE CREW PROMPT IN THE RIG-UP AND ACTUAL JOB?	<input checked="" type="radio"/> YES	<input type="radio"/> NO
WERE REASONABLE RECOMMENDATIONS GIVEN, AS REQUESTED?	<input checked="" type="radio"/> YES	<input type="radio"/> NO
DID THE CREW PERFORM SAFELY?	<input checked="" type="radio"/> YES	<input type="radio"/> NO
WAS THE JOB PERFORMANCE TO YOUR SATISFACTION?	<input checked="" type="radio"/> YES	<input type="radio"/> NO

CUSTOMER SIGNATURE:

DATE: 9-4-14

ADDITIONAL COMMENTS:



**TRILOBITE
TESTING, INC**

DRILL STEM TEST REPORT

FLUID SUMMARY

Ring Energy **33-26s-30w Gray Co. KS**

P.o Box 11350
Midland TX. 79702

Wedel #33

Job Ticket: 57720

DST#: 1

ATTN: Austin Garner

Test Start: 2014.08.26 @ 17:32:00

Mud and Cushion Information

Mud Type: Gel Chem

Mud Weight: 9.00 lb/gal

Viscosity: 45.00 sec/qt

Water Loss: 8.79 in³

Resistivity: ohm.m

Salinity: 5000.00 ppm

Filter Cake: inches

Cushion Type:

Cushion Length: ft

Cushion Volume: bbl

Gas Cushion Type:

Gas Cushion Pressure: psig

Oil API:

Water Salinity: deg API

ppm

Recovery Information

Recovery Table

Length ft	Description	Volume bbl

Total Length: ft Total Volume: bbl

Num Fluid Samples: 0 Num Gas Bombs: 0 Serial #:

Laboratory Name: Laboratory Location:

Recovery Comments:

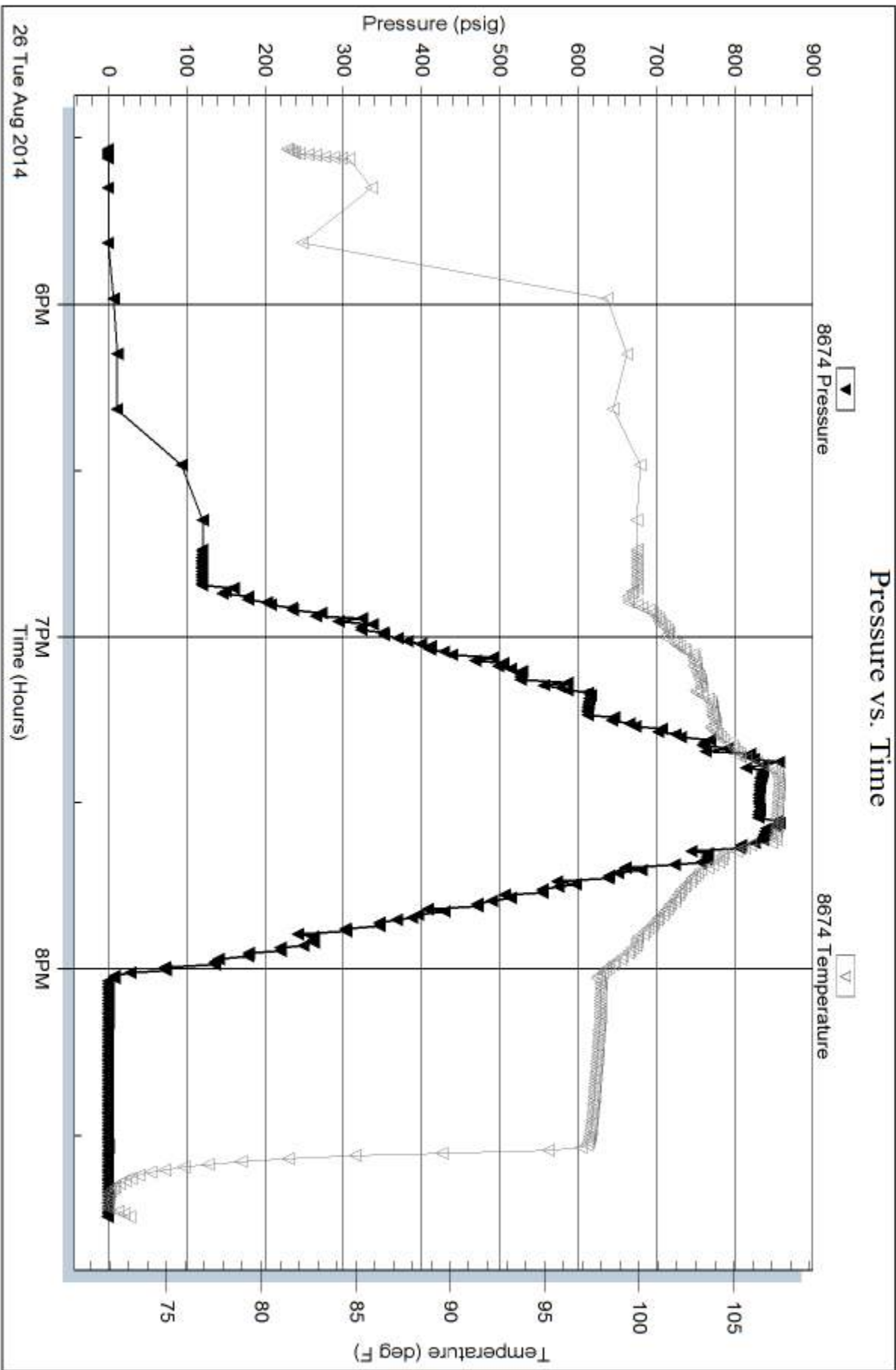
Serial #: 8674

Inside

Ring Energy

Well #33

DST Test Number: 1



Trilobite Testing, Inc

Ref. No: 57720

Printed: 2014.08.27 @ 07:42:31



NATIONWIDE: 800-395-9332



WATER-BASE MUD REPORT		
Report #	18	Measured Depth
THURSDAY		5,900 ft
Date	4-Sep-14	TVD (Estimated)
		5,900 ft
Spud Date	18-Aug-14	Present Activity
		RIG UP CASING CREW

Operator	RING ENERGY	Contractor	TOMCAT	Rig #	4
Report for	CLINT ANDREWS	Report for	OSCAR MARTINEZ	Sec-T-R or Abs	S33 T26S R31R
Well Name and No. WEDEL TRUST 33-3		Field or Block	County GRAY	State KANSAS	

DRILLING ASSEMBLY			CASING			MUD VOLUME		PUMP DATA			CIRCULATION DATA		
Bit Size	15	Jets	Conductor	set @	I.D.	Annulus	String	Pump #1	Pump #2	% Eff	Pump Pressure		
7 7/8	15	15	30	5	29.000	229	78	6.1 X 17.3	6.1 X 17.3	95%	Ann Velocities		
DP Size	ID	Length	Surface	set @	I.D.	Pits	Storage	Bbl/Stk	Bbl/Stk	Total Output	OH/DC	OH/DP	CSG/DP
4 1/2	3.826	5,289	8 5/8	1,810	7.921	200		0.1485	0.1485		433	238	234
DP Size	ID	Length	Interm.	set @	I.D.	Tot. Circ. Volume		Stk/min	Stk/min	Gal/min	Minutes		
						508		65		405	Sur-Bit		
BHA	ID	Length	Prod.	set @	I.D.	Mud Type	LIGNITE	Bbl/min	Bbl/min	Bbl/min	Bott-Up	24	1,546
6 1/4	2.250	611						9.65		9.65	Surf-Surf	32	2,072
BIT & HYDRAULIC DATA			SOLIDS CONTROL EQUIPMENT										
Bit Type	HX GX30C	P Bit	508	Hrs	Screen Size	DISC-ppg	DISC-gpm	HRS	FLUID SPECIFICATIONS				
Bit No.	4	% P Bit		Shaker 1		De-Sander			Mud Weight		8.8-9.0		
A _n	0.5177	HHP Bit	120	Shaker 2		De-Silter			Viscosity		55-60		
V _n	251	HHP/in ² Bit	2.47	Shaker 3		Centrifuge			API Filtrate		<10		
F _i	474	Sys HHP		Shaker 4		Centrifuge			LCM (lb/bbl)		5		
Washout %		%Sys HHP		STEEL PITS		Mud Cnr.			pH		10-11.5		

MUD PROPERTIES				MATERIAL INVENTORY						
Sample from	IN			Materials	Initial	Rec'd	Used	Balance	Total Used	
Time Sample Taken	04:30			60/40 BLEND	385			385	429	
Sample Temperature (°F)	100			ALUMINUM STEARATE	5			5	0	
Depth (ft)	5,900			CAUSTIC SODA	49			49	71	
Weight (lb/gal)	9.00			FRESH GEL	184			184	866	
Funnel Viscosity (sec/qt)	57			LIGNITE	70			70	98	
Plastic Viscosity (cP) @ °F	18			LIME	27			27	23	
Yield Point (lb/100 ft ²)	16			SOAP STICKS	-			-	50	
Gel strengths (10-sec/10 min) (lb/100 ft ²)	15 / 19			SODA ASH	2			2	47	
Mud Gradient (psi/ft)	0.468			WALNUT MEDIUM	50			50	0	
API Filtrate (mL/30 min)	9.0			ZPAC LV	-			-	0	
LCM (lb/bbl) (In/Out)	3 / 3			ZPAC R	1			1	19	
Cake Thickness (32nd) (API/HTHP)	2				-			-	0	
Solids (% by volume uncorrected)	5.0				-			-	0	
Oil Content (% by vol) S.G.= 0.84	0.0				-			-	0	
Water Content (% by volume)	95.0				-			-	0	
Sand Content (% by volume)	0.00				-			-	0	
Methylene Blue Test (ppg equiv.)	23				-			-	0	
pH (Whole Mud / Filtrate)	10.5 / 10.1				-			-	0	
Mud Alkalinity(Pm) (mL of N/50 H ₂ SO ₄)	1.1			FORK LIFT W/OPERAT	-			-	4	
Filtrate Alkalinity (Pf/Mf) (mL- N/50 H ₂ SO ₄)	0.7 / 1.4			TRUCKING	-			-	6	
Chlorides (mg/L)	3,300			24 HOUR SERVICE	-	1	1	-	18	
Total Hardness (mg/L)	60			PALLETS	-			-	35	
Low Gravity Solids (% by volume)	4.84			SHRINKWRAP	-			-	27	
Low Gravity Solids (lb/bbl)	44.04			SubTotal					\$900.00	
High Gravity Solids %	-0.03			Transportation						
High Gravity Solids (lb/bbl)	0.00			Tax @ 7.250%					\$0.00	
Drill Solids (lb/bbl)	21.04			Cum. Cost Cor			Daily Cost		\$900.00	
Drill Solids %	2.31			Prev. Cost	\$53,373.00		Cum. Cost		\$54,273.00	

REMARKS	TOURLY TREATMENTS
SET PLUG @ TOP OF ARBUCKLE, LDDP, RIGGING UP CASING CREW @ TIME OF REPORT.	NO TREATMENT
FINAL REPORT EST. TOTAL MUD COST \$54,273.00 TOTAL DAYS ON WELL 18 (EXPECTED 11)	
HORIZON MUD APPRECIATES YOUR BUSINESS AND LOOKS FORWARD TO FUTURE PROJECTS TOGETHER	

P-RATE/BIT INFORMATION/VOLUME ANALYSIS				RHEOLOGICAL PROPERTIES						
ROP		Total Cum. Hole Losses	0	600 RPM	52	Ann Sec.	OH/DC	OH/DP	CSG/DP	CSG/DC
WOB		Total Cum. Jetted	2,690	300 RPM	34	Sec. Length	611	3479	1810	
RPM'S String/Motor		Ending Volume	508	200 RPM	25	Ann Vel, ft/min	433	238	234	0
Bit Type		HOLE DEVIATION		100 RPM	18	Crit Vel, ft/min	438	352	195	434
Starting Volume	492			6 RPM	5	Crit GPM	410	600	337	419
Water Additions				3 RPM	4	Re _{ann}	2,787	1,551	1,520	0
Oil Additions				n AND K FACTORS		Re _c Lam	2,840	2,840	2,840	2,840
Whole Mud Additions		MISCELLANEOUS INFO		n _{pipe}	0.6126	Re _c Turb	3,640	3,640	3,640	3,640
Total Additions	0	Total Depth (MD)	5,900	K _{pipe}	3.8087	Eff VisAnn	30	62	63	
Bbls Jetted		Total Depth (TVD)	5,900	n _{ann}	0.4600	Flow Type	LAM	LAM	LAM	LAM
Solids Control Losses		Total Days on Well	18	K _{ann}	9.8634	Notable Depths:				
Surface Losses		KOP		Hyd. Head	2,761					
Hole Losses		EOC		ECD	9.62	Time On/Off Location:				

Engineer	WES WESTERN	STOCK POINT	LIBERAL KS	24 HOUR SERVICE NUMBER	(800) 395-9332	PHONE #S	MOBILE	580 339 0795	HOME	
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The information in this report is based on our experience and represents our best judgement in the matter and is intended to be helpful, but we cannot assume responsibility for any loss or accident that may result from its use.

THANK YOU FOR THE BUSINESS!