

Confidentiality Requested:

KANSAS CORPORATION COMMISSION OIL & GAS CONSERVATION DIVISION 1223319

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 #	API No. 15
Name:	Spot Description:
Address 1:	
Address 2:	Feet from Dorth / South Line of Section
City: State: Zip:+	Feet from East / West Line of Section
Contact Person:	Footages Calculated from Nearest Outside Section Corner:
Phone: ()	□ NE □ NW □ SE □ SW
CONTRACTOR: License #	GPS Location: Lat:, Long:
Name:	(e.g. xx.xxxx) (e.gxxx.xxxx)
Wellsite Geologist:	Datum: NAD27 NAD83 WGS84
Purchaser:	County:
Designate Type of Completion:	Lease Name: Well #:
New Well Re-Entry Workover	Field Name:
	Producing Formation:
	Elevation: Ground: Kelly Bushing:
☐ OG ☐ GSW ☐ Temp. Abd.	Total Vertical Depth: Plug Back Total Depth:
CM (Coal Bed Methane)	Amount of Surface Pipe Set and Cemented at: Feet
Cathodic Other (Core, Expl., etc.):	Multiple Stage Cementing Collar Used?
If Workover/Re-entry: Old Well Info as follows:	If yes, show depth set: Feet
Operator:	If Alternate II completion, cement circulated from:
Well Name:	feet depth to:w/sx cmt.
Original Comp. Date: Original Total Depth:	
Deepening Re-perf. Conv. to ENHR Conv. to SWD	Drilling Fluid Management Plan
Plug Back Conv. to GSW Conv. to Producer	(Data must be collected from the Reserve Pit)
	Chloride content: ppm Fluid volume: bbls
Commingled     Permit #:       Dual Completion     Permit #:	Dewatering method used:
SWD Permit #:	Location of fluid disposal if hauled offsite:
ENHR Permit #:	Location of huid disposal in hadred offshe.
GSW Permit #:	Operator Name:
	Lease Name: License #:
Spud Date or Date Reached TD Completion Date or	Quarter Sec TwpS. R East West
Recompletion Date Recompletion Date	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 Approved by: Date:

	Page Two	1223319
Operator Name:	Lease Name:	Well #:
Sec TwpS. R East West	County:	
INCTRUCTIONS. Chow important tang of formations populated	Dotail all coros Roport all	final conject of drill stome tasts giving interval tasted, time tool

**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 (Attach Additional Sh	eets)	Yes No		-	on (Top), Depth a		Sample
Samples Sent to Geolog	gical Survey	Yes No	Nam	e		Тор	Datum
Cores Taken Electric Log Run		☐ Yes ☐ No ☐ Yes ☐ No					
List All E. Logs Run:							
			RECORD Ne		ion, 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	L CEMENTING / SQL	JEEZE RECORD			
Purpose:	Depth Top Bottom	Type of Cement	# Sacks Used		Type and F	Percent Additives	

Purpose: Perforate	Depth Top Bottom	Type of Cement	# Sacks Used	Type and Percent Additives
Protect Casing				
Plug Off Zone				

Did you perform a hydraulic fracturing treatment on this well?	L
Does the volume of the total base fluid of the hydraulic fracturing treatment exceed 350,000 gallons?	
Was the hydraulic fracturing treatment information submitted to the chemical disclosure registry?	Γ

Yes	No No
Yes	No
Yes	No

(If No, skip questions 2 and 3) (If No, skip question 3)

(If No, fill out Page Three of the ACO-1)

Shots Per Foot		PERFORATION Specify Fo		RD - Bridge Plu Each Interval Pe		)e			ement Squeeze Record d of Material Used)	Depth
TUBING RECORD:	Si	ze:	Set At:		Packe	r At:	Liner R		No	
Date of First, Resumed	d Product	ion, SWD or ENH	۶.	Producing Me	ethod:	ping	Gas Lift	Other (Explain)		
Estimated Production Per 24 Hours		Oil Bb	ls.	Gas	Mcf	Wate	er	Bbls.	Gas-Oil Ratio	Gravity
DISPOSIT					METHOD	OF COMPLE			PRODUCTION INTER	2//41 -
Vented Sol	d 🗌	Used on Lease		Open Hole Other <i>(Specify)</i> _	Perf.	(Submit )	Comp.	Commingled (Submit ACO-4)		1VAL.

Form	ACO1 - Well Completion
Operator	CMX, Inc.
Well Name	Johnny Be Goode 2
Doc ID	1223319

## Casing

Purpose Of String	Size Hole Drilled	Size Casing Set	Weight	Setting Depth	Type Of Cement	Number of Sacks Used	Type and Percent Additives
Conductor	20	16	40	60	Grout	4.5	
Surface	12.25	8.625	24	1012	A-Con, Common		3%cc, .25 Cell Flk
Production	7.875	5.5	15.5	5155	AA-2		3% cc, .25 Cell Flk

## **\*\*CELLS WITH BLUE BACKGROUND**.

Company Name:
Fracture Start Date/Time:
Fracture End Date/Time:
State:
County:
Legal Description:
API Number:
Well Name:
Longitude:
Latitude:
Total Clean Fluid Volume* (gal):

Ingredients Section:

Trade Name	Supplier
Water	Operator
Sand (Proppant)	Uniman
Plexcide B7	Chemplex
Plexcide B7	Chemplex
Plexgel Breaker XPA	Chemplex
Plexset 730	Chemplex
Plexset 730	Chemplex
Plexsurf 580 ME	Chemplex
Plexsurf 580 ME	Chemplex
Plexslick 957	Chemplex
Claymax	Chemplex

Plexgel 907L-EB	Chemplex
Plexgel 907L-EB	Chemplex
Plexgel Breaker 10L	Chemplex

## ARE THE ONLY CELLS TO BE ED

CMX Inc.
8/8/14 10:40
8/8/14 12:20
Kansas
Barber
Sec. 6-35S-11W
15-007-24193
Johnny Be Goode #2
-98.5498761
37.0248526
385,098

Purpose Carrier/Base Fluid Proppant Biocide Biocide Slickwater Breaker Activator Activator Activator Product Stabalizer Product Stabalizer Friction Reducer Clay Stabilizer

Gelling Agent
Gelling Agent
Gelling Agent
Gelling Agent
Gelling Agent
Breaker/Gel

## ITED\*\*

## Ingredients

Water
Crystalline Silica in the form of Quartz
Sodium Hydroxide
Alkaline Bromide Salts
Hydrogen Peroxide
Methanol
Alcohol Ethoxylates
Methyl Alcohol
2-Butoxyethanol
Petroleum Hydrotreated Light Distillate
No hazardous ingredient

# Distillates, Hydrotreated Light Organophylic Clay Crystalline Silica

Alcohol Ethoxylates

Guar Gum

No Hazardous Ingredients

Additive	Specific Gravity
Water	1.00
Sand (Proppant)	2.65
Plexcide B7	1.33
Plexcide B7	1.33
Plexgel Breaker XPA	1.03
Plexset 730	0.90
Plexset 730	0.90
Plexsurf 580 ME	0.95
Plexsurf 580 ME	0.95
Plexslick 957	1.11
Claymax	1.09
Plexgel 907L-EB	1.04
Plexgel Breaker 10L	1.10

Chemical Abstract Service Number (CAS #)	Maximum Ingredient Concentration in Additive (% by mass)**
7732-18-5	100.00%
14808-60-7	100.00%
1310-73-2	5.00%
NA	0.00%
7722-84-1	7.00%
67-56-1	50.00%
Mixture	60.00%
67-56-1	10.00%
111-76-2	50.00%
64742-47-8	25.00%
NA	0.00%

64742-47-8	50.00%
NDA	2.00%
14808-60-7	0.06%
34398-01-1	1.00%
9000-30-0	50.00%
NA	0.00%

Additive Quantity	Mass (lbs)	
385,098	3,213,643	gal
236,700	236,700	lb
20	222	gal
20	222	gal
64	550	gal
80	601	gal
80	601	gal
93	737	gal
93	737	gal
253	2,344	gal
185	1,683	gal
254	2,204	gal
3	28	gal
		gal
		gal
	Total Slurry Mass (Lbs)	
	3,469,089	
	Maximum Ingredient	
Mass per	Concentration in HF	
Component (LBS)	Fluid	
	(% by mass)**	
3,213,643	92.63650%	
236,700	6.82312%	
11	0.00032%	
0	0.00000%	
39	0.00111%	
300	0.00866%	
361	0.01039%	
74	0.00213%	
74 369	0.00213% 0.01063%	

1,102	0.03177%	
44	0.00127%	
1	0.00004%	
22	0.00064%	
1,102	0.03177%	
0	0.00000%	
		Non-M
		Non-M
		Non-A
		Non-M
		Non-M
		Non-M

#### Comments

**ISDS** Component **ISDS** Component **ISDS** Component **ISDS** Component ISDS Component ISDS Component ISDS Component

Big Bucket's Rathole Drilling, Inc.

P. O. Box 5252 Enid, OK 73702 Office 580-233-9850 Fax 580-233-4588

#### BILL TO

CMX, Inc. 1700 N. Waterfront Parkway Building 300, Suite B Wichita, KS 67206

WELLNAME		WELLNAME RIG COUNTY LEGAL			LEGAL			
JohnnyBGood#2		Duke Drlg. #7 Barber, KS SE/4			Sec6-35S-11W			
DATE	W. TKT		DESCRIPTION			QTY	RATE	AMOUNT
6/27/2014		Furnished Furnished Furnished Furnished	lar-65' of 26" hole-b 16" conductor pipe 5' x 60" cellar form grout: 6.75 yards of welder & materials fety fence and T-Post (2 trucks)	obcat to remove 8 sack grout 2%		65		0.00
We apprec	l ciate your	business!			Total			\$8,331.00



# INVOICE

DATE	INVOICE NO.
6/30/2014	6536



PAGE	CUST NO	YARD #	INVOICE DATE		
1 of 1	1000793	1718	07/09/2014		
TNVOTCE NUMBER					

## 91536490

B I I.	<b>Pratt</b> CMX INC 1700 N WAT WICHITA	(620) ( Erfront pkwy bli	572-1201 DG 300 STE B	J O B S I	LEASE NAME LOCATION COUNTY STATE JOB DESCRIPTION	Johnny B Goode Barber KS Cement-New Well	2 Casing/Pi
т		67206		T B	JOB DESCRIPTION JOB CONTACT	Cement-New Well	Casing/Pi
0	ATTN:	ACCOUNTS	PAYABLE				

JOB #	EQUIPMENT #	PURCHASE	ORDER NO.	TERMS	DUE DATE	
40741704	19843				Net - 30 days	08/08/2014
For Service Dates	: 07/07/2014 to 0	7/07/2014	QTY	U of M	UNIT PRICE	INVOICE AMOUNT
0040741704						
171810768A Cemer Cement 8 5/8 Surfac	nt-New Well Casing/Pi ( e	07/07/2014				
A-Con Blend Commo Common Cement	n		245.00 200.00		12.06 10.72	•
Celloflake			112.00		2.48	
Calcium Chloride			1,069.00		0.70	
"Top Rubber Cmt Plu	-		1.00		150.76	
"8 5/8"" Guide Shoe Centralizer 8 5/8 x	• • • • • • •		1.00 3.00		368.51 97.15	
"8 5/8"" Basket (Blu			1.00		211.06	
Flapper Type Inst Flo			1.00		187.61	
"Unit Mileage Chg (P			55.00		2.85	
"Proppant & Bulk De	· ·		1,152.00		1.47	1,698.11
Depth Charge; 1001	'-2000'		1.00	EA	1,005.03	1,005.03
Blending & Mixing Se	ervice Charge		445.00	BAG	0.94	
Plug Container Util. (			1.00		167.51	
"Service Supervisor,	first 8 hrs on loc.		1.00	EA	117.25	117.25
1 M						25
5.						
PLEASE REMIT	TO: SP	END OTHER CORRES	PONDENCE TO	0:		10 000 00
		ASIC ENERGY SERV			SUB TOTAL	10,899.93
PO BOX 841903 DALLAS, TX 752	80 84_1903 FC	)1 CHERRY ST, ST ORT WORTH, TX 76			TAX	438.19
LAULAD IA /3/	0	WT WOWIU' IV /O	TA5	INV	OICE TOTAL	11,338.12



# **FIELD SERVICE TICKET**

1718 10768 A

	URE PUMI	PING & WIRELINE					DATE T	ICKET NO.			<u></u>
DATE OF 7-7-1	4 0	DISTRICT Pralt								STOME	R D.:
CUSTOMER CM	X_	INC			LEASE JA	hnny	B GONAL			WELL	NO. 2
ADDRESS					COUNTY	Sarbe	r	STATE	KS		
CITY		STATE			SERVICE CF		O Agrie	in Ji	10		
AUTHORIZED BY					JOB TYPE:	CAN	Surfac	ť			
EQUIPMENT#	HRS	EQUIPMENT#	HRS	EQL	JIPMENT#	HRS	TRUCK CALLE	D 7	-6-14	AM	TIME
1959 19197	hr						ARRIVED AT J		-7-14	AM	130
19960-21010	ihr	······································	-	5		-	START OPERA	TION	228	(AM PM	400
28443							FINISH OPERA	TION	1	AM PM	500
	- ,						RELEASED		al an	AM PM	600
							MILES FROM S	TATION TO	O WELL	5	5

CONTRACT CONDITIONS: (This contract must be signed before the job is commenced or merchandise is delivered). The undersigned is authorized to execute this contract as an agent of the customer. As such, the undersigned agrees and acknowledges that this contract for services, materials, products, and/or supplies includes all of and only those terms and conditions appearing on the front and back of this document. No additional or substitute terms and/or conditions shall become a part of this contract without the written consent of an officer of Basic Energy Services LP.

SIGNED:\_

(WELL OWNER, OPERATOR, CONTRACTOR OR AGENT)

ITEM/PRICE REF. N	D. MATERIAL, EQUIPMENT AND SERVICE	S USED UNIT	QUANTITY	UNIT PRICE	\$ AMOUN	т
CP 101	A CON BLEND CRANENT	SK	245		4,410	0
CP 100		5/5	200		3,200	0
CC 100	Celloflakt	16	112		414	40
a 10		16	1069		1,122	45
CE 105		eg	1		225	00
CF 145	3 FLIPPER INSERT	Eg	1		280	00
CF 177 CF 140		Cy	3		435	00
CF 140		lg	1		315	00
(F 20		Ċý	1		550	20
<u>CE 24</u> E 11		St	445		623	00
<u>E 11</u>		m	1152		2,534	40
CE 20. CE 50		2Hpr	1		1,500	20
CE 50 5 00		JOB	1		250	00
	Sufervisor	eq			175	01
E 100	PICKUP Milleuge	mi	52		233	75
		/			1	
				<u>\</u>		
	CHEMICAL / ACID DATA:			SUB TOTAL	10,599	97
		SERVICE & EQUIPMENT	%TA)	ON \$	101011	1-
		MATERIALS	the set of	ON \$		
				TOTAL		
					I	1
SERVICE REPRESENTA	TIVE TIVE	ATERIAL AND SERVICE CUSTOMER AND RECEIVED	BY Glas	22.1		

FIELD SERVICE ORDER NO.

(WELL OWNER OPERATOR CONTRACTOR OR AGENT)



## TREATMENT REPORT

10

Customer	mx			ease No.	99 - 9 	e é 150 s.		Date			a gan ak	
	hnov B	6000	e V	Vell # 2			<u>.</u>	1-	7-14	· • •	2 A	
Field Order #	& Station	0000	<u> </u>		Casir	g g 5/5 Depth	1034	County $\beta$	arber		State 155	
Type Job	CNW	5415	alt			Formation		<u>/</u>	Legal (	Description	-355-11W	
PIPE	E DATA	1.1.1.1.1.1.1	FORATING	ING DATA FLUID USED				TRE		RESUME		
Casing Size/g	Tubing Siz	e Shots/F	-t		Acid			RATE P	RESS	ISIP		
Depth 1034	Depth	From	То		Pre Pad		Мах		<u>, an</u>	5 Min.		
Volume 62	Volumē	From	To	.3 ( <b>***</b> 1	"Pad" "		'Min	الع الموس	a jen ara	10 Min.		
Max Press	Max Press		То		Frac		Avg			15 Min.		
Vell Connectio	on Annulus V	ol. From	То				HHP Use	1		Annulus	Pressure	
Plug Pepth	Packer De	Pth From	То		Flush		Gas Volur	Gas Volume			d	
Customer Representative Galen				Station	Manager /	evin		Treater	De			
Service Units	14584	19843	19960		1	19562	_	2844	3			
Driver Names	Ē	D		ven		grin		50-A				
Time	Casing Pressure	Tubing Pressure	Bbls. Pun		Rate			Se	ervice Log			
0120						ONLOL	1 safei	y mee	Ting			
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0						CPM DI		-12 -			576. W R	
					·	Basist	100	Pino	IS JT	5		
4 . R	é		•			FLAPP	er in	sert u	n TOP	0\$ 37 -	1	
200							START (Sg CSG ON BOTTOM BIEGK (IN WITH RIG					
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400.				1.			4		TBBTQ	STart	- 50	
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<u>م</u> ريد م			х <sup>с</sup> » <sup>9</sup> 17 М.,		80 S.C.							
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Taylor Printing, Inc. 620-672-3656

1	DACIP
I' EY	DAJ L
1	ENERGY SERVICES
2	

PAGE	CUST NO	YARD #	INVOICE DATE								
1 of 1	1000793	1718	07/16/2014								
INVOICE NUMBER											

## 91542300

	Pratt CMX INC	(6	20) 672-1201	J 0 B	LEASE NAME LOCATION	Johnny B Goode	2
I L		TERFRONT PKW	Y BLDG 300 STE	I	COUNTY STATE	Barber KS Cement-New Well	Casing/Pi
т	KS US	67206 ACCOI	INTS PAYABLE	T E	JOB CONTACT	Cement-New Well	Casing/FI

JOB # EQUIPMENT		PURCHASE	ORDER NO.		TERMS	DUE DATE
40744099	19843				Net - 30 days	08/15/2014
	<u>ا</u> ــــــــــــــــــــــــــــــــــــ		QTY	U of M	UNIT PRICE	INVOICE AMOUNT
For Service Dates	: 07/15/2014 to 0	7/15/2014				
0040744099	e.					
171810851A Ceme	nt-New Well Casing/Pi (	07/15/2014				
Cement 5 1/2" Long	-					
AA2 Cement			290.00	EA	12.92	3,746.70
C-41P			55.00	EA	3.04	167.19
Salt			1,457.00	EA	0.38	
Cement Friction Red	ucer		82.00		4.56	
FLA-322			137.00	EA	5.70	780.88
Mud Flush			500.00	EA	1.14	569.98
Gilsonite			1,450.00	EA	0.51	738.32
Claymax KCL Substi	ute		5.00	EA	26.60	133.00
"Latch Down Plug &	Baffle, 5 1/2"" (Blu		1.00	EA	303.99	303.9
"Auto Fill Float Shoe	5 1/2"" (Blue)"		1.00	EA	273.59	273.5
"Turbolizer, 5 1/2""	(Blue)*		8.00	EA	83.60	668.7
"5 1/2"" Basket (Blu	e)"		3.00	EA	220.39	661.1
"Unit Mileage Chg (F	'U, cars one way)"		55.00	MI	3.23	177.6
Heavy Equipment Mi	leage		110.00	MI	5.32	585.1
"Proppant & Bulk De	I. Chgs., per ton mil		751.00	EA	1.67	1,255.6
Depth Charge; 5001	-6000'		1.00	EA	2,188.73	2,188.7
Blending & Mixing Se	ervice Charge		290.00	BAG	1.06	308.5
Plug Container Util. (	Chg.		1.00	EA	189.99	189.9
"Service Supervisor,	first 8 hrs on loc.		1.00	EA	133.00	133.00
PLEASE REMIT	TO: SE	ND OTHER CORRES	PONDENCE TO	D:		
		SIC ENERGY SERV	ICES,LP		SUB TOTAL	13,809.88
PO BOX 841903	80	1 CHERRY ST, ST	E 2100		TAX	505.05
DALLAS, TX 752	84-1903 FC	RT WORTH, TX 76	102	INV	OICE TOTAL	14,314.93

#### 10244 NE Hwy. 61 P.O. Box 8613 Pratt, Kansas 67124 Phone 620-672-1201 ENERGY SERVICES PRESSURE PUMPING & WIRELINE

#### **FIELD SERVICE TICKET**

## 1718 10851 A

£		and the state of the local state					DATE TICKET NO		
DATE OF JOB 07-10-1	cej D	ISTRICT DE N H	All a				ER NC	R ).:	
	DUC	LEASE JEAN IN GOOD Z WELL NO.							
ADDRESS				COUNTY BARBER STATE KS					
CITY		STATE			SERVICE CI	REW 💭	Hun Hider Ke, Glose	)	
AUTHORIZED BY					JOB TYPE:	NW	60111-t-1		
EQUIPMENT#	HRS	EQUIPMENT#	HRS	EQL	JIPMENT#	HRS	TRUCK CALLED 7 . 19 DATE	AM	TIME
1982 -1.84			+			<u> </u>	ARRIVED AT JOB		24-
37900							START OPERATION	AM PM	1.15
							FINISH OPERATION	AM PM	2.15
			+	RELEASED	AM PM	5.45			
							MILES FROM STATION TO WELL	15	

CONTRACT CONDITIONS: (This contract must be signed before the job is commenced or merchandise is delivered). The undersigned is authorized to execute this contract as an agent of the customer. As such, the undersigned agrees and acknowledges that this contract for services, materials, products, and/or supplies includes all of and only those terms and conditions appearing on the front and back of this document. No additional or substitute terms and/or conditions shall become a part of this contract without the written consent of an officer of Basic Energy Services LP.

SIGNED

(WELL OWNER. OPERATOR, CONTRACTOR OR AGENT)

ITEM/PRICE REF. NO.	MATERIAL, EQUIPMENT AND SERVI	CES USED	UNIT	QUANTITY	UNIT PRICE	\$ AMOUN	IT
Cr AVE	Not to the design of		sk.	240		4.090	01
1. 16 K	St. C. A.	······	K	50		19.0	
21 111	Selection and the selection of the selec		16	1457		9.15	20
16 201	all and a		14	1930		471	50
rc 103	1-41.2		16	55		220	20
129	FLU - SIL		15	137		1.027	56
C. 112-	- x 2		15	42		492	0:
CF GUT	Lugale Mans ) 1/11 Sitte	بتر المجمع منتخب . بر المجمع المحصول	5NL	7		400	2.
77 18 61	CA-Letter 1		913	3		820	110
1811 31	Alex Alex-		5000	1		360	Ū.
21 1631	Tarlachan		e. I	F =		170	22
N 121	10 mil Wall		-A. C.	500		76.	(م) الما أن
1704	pla part y		- A. 6			17.3	2.1
2 101	Hans Mr. A		Post	110		272	2.2
94 - 144 J	Electron and a second		sk	700		4:00	21
2113	Ealk History		TAN	25/		1 651	100
12 206	North		1 def	1		5 4842	15
F 504	Harland have the tes		522			1200	-
<u>2000</u>	External and a server		and a second			175	21
100			111 1		SUB TOTAL	2.50	22
СН	EMICAL / ACID DATA:				Y.C.	12 901	90
	······································	SERVICE & EQU	IPMENT	%TAX			
		MATERIALS		%TAX	ON \$		
				111:	IN TOTAL		
SERVICE REPRESENTATIV		E MATERIAL AND SEI BY CUSTOMER AND	RECEIVED		A GIR	Si Van	X
FIELD SERVICE	ORDER NO		(WELL O	WNER OPERATO	R CONTRACTOR OR	AGENT)	1



# TREATMENT REPORT

Customor	CINIX			Lease	No.				Date	27 - TK 1929			
Lease Jo	HNNY	B.Go	ode.	Well #	2		L Death		0		5.1	4	0
Field Order #	Station	RA TI	T KS	-		Casing //	Depth		County	BHR	BER		State
Type Job	W to	mf Sti	2/		<u> </u>		Formation				Legal De	scription	14
	DATA	PERF	ORATI	NG DAT	ГА	FLUID USE	SED TREA			TREAT	TMENT RESUME		
Casing Size	Tubing Size	Shots/F	it .		Acid	-		RATE PRE			iS	ISIP	
Depth 5/55	Depth	From		То	Pre	Pad		Max	l.			5 Min.	
Volume 22	Volume	From		То	Pad			Min		<b>.</b>	100 · · · · · · · · · · · · · · · · · ·	10 Min.	-
Max Press	Max Press	From		То	Frac			Avg	_			15 Min.	
WebConnectior	Annulus Vol	From		То				HHP Use	d			Annulus Pi	essure
Plug Pepter /	Packer Dept	th From		То	Flus	h		Gas Volu				Total Load	
Customer Repr	esentative			Sta	ation Mana	ger DAVE	sat		Trea	ater La	hoit ;	filhou	3
	37900 1	9887	1984	3 178	126	19860							
Driver Names	ullisto	Edder	lo	.f	1.650	N I							
Time	Casing Pressure	Tubing Pressure	Bbls.	Pumped	F	Rate				Servic	e Log		
9,45						0	N/w	с.	e-10.442.0		1944 II		
1220			-			Cr	15m	01)	Bott	lon	)		
12:30						Hookli			ic c	-11-			
1:15	150			5		3.5 \$	+ SPA	COR				adi m. 2. 31 - m.c. am	
				12		1	+ mu	D 7/4	14				
				5		51	PICON	L		s <b>a</b> s s			
			4	60		5 m	ixem	12	Yot	K Al	1.2-	1-3)c.	
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/	250			ţ,		4	111	3.					
)	900				·	3.5 5	Ww /4	ate					
2:15	2.000		12	22		P	ur M	UCON					
				7		2	h. R	Hay	50 \$	Ad.L			
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							a annua						
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10244	NE Hiwa	w 61 • F	DO B	ox 861	3 • Pra	tt. KS 671	24-861	13 • (62	0) 672	2-120	1 • Eav	(620) 6	72-5383