



1225889

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> _____ <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**

API# 15-001-30848



Cement or Acid Field Report
 Ticket No. **1341**
 Foreman Steve Mead
 Camp Eureka

Date	Cust. ID #	Lease & Well Number	Section	Township	Range	County	State
5/29/14	1003	Cline # GH-3	16	24	18E	Allen	KS
Customer			Safety Meeting	Unit #	Driver	Unit #	Driver
COH Energy, Inc				1041	Alann		
Mailing Address				111	Chris M		
P.O. Box 384							
City	State	Zip Code					
Tola	KS	66749					

Job Type L/S Hole Depth 1000' Slurry Vol. _____ Tubing _____
 Casing Depth 988.30' Hole Size 6 3/4" Slurry Wt. _____ Drill Pipe _____
 Casing Size & Wt. 4 1/2, 10.5# Cement Left in Casing _____ Water Gal/SK _____ Other _____
 Displacement 15 3/4 bbls Displacement PSI 400^F Bump Plug to 950^{IT} BPM _____

Remarks: Soft Meeting. Rig up to 4 1/2 casing. Break circulation w/ 5 bbls fresh water. Pump 300# gel flush w/ hulls & 5 bbl water spacer. Mix 100 lbs Thickset Cement w/ 2# phenoseal. Washout & lines shut down. Release plug. Displace w/ 15 3/4 bbls fresh water. Final pumping pressure 400# Bump plug 950^{IT} wait 2 min Release pressure Plug held. Good cement. Return to surface 10 bbl 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	1100 lbs	Thickset Cement	1.95	2145.00
C208	220 ^{lb}	2# phenoseal	1.25	275.00
C206	300	Gel Flush	.20	60.00
C214	40	Hulls	.45	18.00
C108B	6.05	Ton Mileage Bulk Truck	1.35	408.38
C403	1	4 1/2 Top Rubber Plug	45.00	45.00
			Subtotal	4198.88
			Sales Tax	189.18
Authorization <u>R. R. Adkins</u> Title _____			Total	4388.06

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.