



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1229269
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: _____

1229269

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. <input type="checkbox"/> Commingled <i>(Submit ACO-5)</i> <input type="checkbox"/> Other <i>(Specify)</i> _____	PRODUCTION INTERVAL: _____ _____
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PAGE	CUST NO	YARD #	INVOICE DATE
1 of 1	1000793	1718	08/26/2014
INVOICE NUMBER			
91577634			

Pratt (620) 672-1201
 B CMX INC
 I 1700 N WATERFRONT PKWY BLDG 300 STE B
 L WICHITA
 L KS US 67206
 T
 O ATTN: ACCOUNTS PAYABLE

J LEASE NAME Bartender 2
 O LOCATION
 B COUNTY Barber
 S STATE KS
 I JOB DESCRIPTION Cement-New Well Casing/Pi
 T JOB CONTACT
 E

JOB #	EQUIPMENT #	PURCHASE ORDER NO.	TERMS	DUE DATE
40758554	27463		Net - 30 days	09/25/2014

	QTY	U of M	UNIT PRICE	INVOICE AMOUNT
For Service Dates: 08/22/2014 to 08/22/2014				
0040758554				
171811086A Cement-New Well Casing/Pi 08/22/2014 Cement 8 5/8 Surface				
A-Con Blend Common	245.00	EA	12.24	2,998.89 T
Common Cement	200.00	EA	10.88	2,176.07 T
Celloflake	112.00	EA	2.52	281.80 T
Calcium Chloride	1,069.00	EA	0.71	763.29 T
"Top Rubber Cmt Plug, 8 5/8""	1.00	EA	153.00	153.00
Centralizer 8 5/8 x 12 1/4	3.00	EA	98.60	295.81
"8 5/8"" Basket (Blue)"	1.00	EA	214.21	214.21
Flapper Type Insrt Float Valve 8/5(Blue)	1.00	EA	190.41	190.41
"Unit Mileage Chg (PU, cars one way)"	55.00	MI	2.89	158.96
Heavy Equipment Mileage	165.00	MI	4.76	785.43
"Proppant & Bulk Del. Chgs., per ton mil	1,152.00	EA	1.50	1,723.45
Depth Charge; 1001'-2000'	1.00	EA	1,020.03	1,020.03
Blending & Mixing Service Charge	445.00	BAG	0.95	423.65
Plug Container Util. Chg.	1.00	EA	170.01	170.01
"Service Supervisor, first 8 hrs on loc.	1.00	EA	119.00	119.00

PLEASE REMIT TO:	SEND OTHER CORRESPONDENCE TO:	SUB TOTAL	11,474.01
BASIC ENERGY SERVICES, LP	BASIC ENERGY SERVICES, LP	TAX	444.73
PO BOX 841903	801 CHERRY ST, STE 2100	INVOICE TOTAL	11,918.74
DALLAS, TX 75284-1903	FORT WORTH, TX 76102		



BASICSM
ENERGY SERVICES
PRESSURE PUMPING & WIRELINE

10244 NE Hwy. 61
P.O. Box 8613
Pratt, Kansas 67124
Phone 620-672-1201

FIELD SERVICE TICKET
1718 11086 A

18-355-11w

DATE _____ TICKET NO. _____

DATE OF JOB 8-22-2014 DISTRICT Prst-1, ks				NEW WELL <input checked="" type="checkbox"/> OLD WELL <input type="checkbox"/> PROD <input type="checkbox"/> INJ <input type="checkbox"/> WDW <input type="checkbox"/> CUSTOMER ORDER NO.:					
CUSTOMER CMX Inc.				LEASE Berlander WELL NO. 2					
ADDRESS				COUNTY Barber STATE KS					
CITY STATE				SERVICE CREW Derin, Josh, Scott G, Mike					
AUTHORIZED BY				JOB TYPE: CNW/ 8 3/4 surface					
EQUIPMENT#	HRS	EQUIPMENT#	HRS	EQUIPMENT#	HRS	TRUCK CALLED	DATE	AM/PM	TIME
27283	1						8-22	AM	1:00
27243	1						8-22	PM	3:30
19960	1						8-22	PM	7:00
21011	1						8-22	PM	5:00
19831	1						8-22	PM	5:30
19862	1								53

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: [Signature]
(WELL OWNER, OPERATOR, CONTRACTOR OR AGENT)

ITEM/PRICE REF. NO.	MATERIAL, EQUIPMENT AND SERVICES USED	UNIT	QUANTITY	UNIT PRICE	\$ AMOUNT
CP101	A con RL wa Common	SK	245		4,410.00
CP100C	Common Common	SK	200		3,200.00
CC102	Cellulose	Lb	112		414.40
CC109	Calcium Chloride	Lb	1069		1,122.45
CF105	Top Cement Rubber Plus, 8 3/4	ES	1		225.00
CF1453	Flopper Type Insect Flop, usive (Blue)	ES	1		280.00
CF1773	Centrifizer 8 3/4 x 12 1/4	ES	3		435.00
CJ1903	8 3/4 Bagging (Blue)	ES	1		315.00
E101	Heavy Equipment - mileage	M.	165		1,155.00
E100	Unit - mileage Charge - Pickup	M.	53		233.75
CL240	Blenders & mixing Service Charge	SK	445		623.00
F113	Bulk Delivery	T/m	1152		2,534.95
CE202	Drain Charge; 1001-1000'	4hrs	1		1,500.00
CE504	Plus Centrifuge Utilization Charge	Job	1		250.00
S003	Service Supervisor, First 8 hrs on loc.	ES	1		175.00

SUB TOTAL 11,474.01

CHEMICAL / ACID DATA:			
SERVICE & EQUIPMENT	%TAX ON \$		
MATERIALS	%TAX ON \$		
TOTAL			

SERVICE REPRESENTATIVE [Signature] THE ABOVE MATERIAL AND SERVICE ORDERED BY CUSTOMER AND RECEIVED BY: [Signature]

FIELD SERVICE ORDER NO.

(WELL OWNER OPERATOR CONTRACTOR OR AGENT)

Customer CMX Inc.	Lease No.	Date 8-22-2014	
Lease Bertendor	Well # 2		
Field Order # 11086	Station Pratt, KS	Casing 8 5/8	Depth 1027
Type Job CNW / 8 5/8 Surfside	Formation TD-1030'	County Berber	State KS
		Legal Description 18-355-11W	

PIPE DATA		PERFORATING DATA		FLUID USED		TREATMENT RESUME		
Casing Size	Tubing Size	Shots/Ft		Acid	RATE	PRESS	ISIP	
8 5/8				Pre Pad	Max		5 Min.	
Depth 1027	Depth	From	To	Pad	Min		10 Min.	
Volume 65	Volume	From	To	Frac	Avg		15 Min.	
Max Press	Max Press	From	To		HHP Used		Annulus Pressure	
Well Connection	Annulus Vol.	From	To	Flush	Gas Volume		Total Load	
Plug Depth 985	Packer Depth	From	To					

Customer Representative Galen Rosen	Station Manager Kevin Garbley	Treater Darin Franklin
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Service Units	27283	27463	19960	21010	19831	19862				
Driver Names	Darin	Josh	Scott	Scott	Mikem.	Mikem.				

Time	Casing Pressure	Tubing Pressure	Bbls. Pumped	Rate	Service Log
3:30 pm					on location / safety meeting
					Run 1027' 8 5/8 c.s.s. in 24 H
					245 sy A-con Blend Common
					200 sy Common Cement
	300		3	8	Pump 3 bbls water
	300		120	6	Mix 275 sy A-con
	300		43	6	Mix 200 sy Common
					Shut down
					Release Plus
	300			5	Start Displacement
	500		63	3	Bump Plus
					Flush Well
					Job complete / Darin & crew
					Thank you!!!



PAGE	CUST NO	YARD #	INVOICE DATE
1 of 1	1000793	1718	09/01/2014
INVOICE NUMBER			
91583716			

Pratt (620) 672-1201
 B CMX INC
 I 1700 N WATERFRONT PKWY BLDG 300 STE B
 L WICHITA
 L KS US 67206
 T
 O **ATTN:** ACCOUNTS PAYABLE

J LEASE NAME Bartender 2
O LOCATION
B COUNTY Barber
S STATE KS
I JOB DESCRIPTION Cement-New Well Casing/Pi
T JOB CONTACT
E

JOB #	EQUIPMENT #	PURCHASE ORDER NO.	TERMS	DUE DATE	
40760432	19905		Net - 30 days	10/01/2014	
		QTY	U of M	UNIT PRICE	INVOICE AMOUNT
<i>For Service Dates: 08/29/2014 to 08/29/2014</i>					
0040760432					
171811126A Cement-New Well Casing/Pi 08/29/2014					
Cement 5 1/2" Longstring					
AA2 Cement		275.00	EA	12.92	3,553.10 T
Salt		1,382.00	EA	0.38	525.18 T
C-41P		52.00	EA	3.04	158.09 T
Cement Friction Reducer		78.00	EA	4.56	355.69 T
FLA-322		130.00	EA	5.70	741.02 T
Mud Flush		500.00	EA	1.14	570.02 T
Gilsonite		1,375.00	EA	0.51	700.17 T
Claymax KCL Substitute		5.00	EA	26.60	133.00 T
"Latch Down Plug & Baffle, 5 1/2" (Blue)		1.00	EA	304.01	304.01
"5 1/2" Basket (Blue)"		1.00	EA	220.41	220.41
"Auto Fill Float Shoe 5 1/2" (Blue)"		1.00	EA	273.61	273.61
"Turbolizer, 5 1/2" (Blue)"		6.00	EA	83.60	501.62
"Unit Mileage Chg (PU, cars one way)"		55.00	MI	3.23	177.66
Heavy Equipment Mileage		110.00	MI	5.32	585.22
"Proppant & Bulk Del. Chgs., per ton mil		712.00	EA	1.67	1,190.50
Depth Charge; 5001-6000'		1.00	EA	2,188.87	2,188.87
Blending & Mixing Service Charge		275.00	BAG	1.06	292.61
Plug Container Util. Chg.		1.00	EA	190.01	190.01
High Head Charge (Over 6')		1.00	EA	228.01	228.01
"Service Supervisor, first 8 hrs on loc.		1.00	EA	133.00	133.00

PLEASE REMIT TO:	SEND OTHER CORRESPONDENCE TO:	SUB TOTAL	13,021.80
BASIC ENERGY SERVICES, LP	BASIC ENERGY SERVICES, LP	TAX	481.64
PO BOX 841903	801 CHERRY ST, STE 2100	INVOICE TOTAL	13,503.44
DALLAS, TX 75284-1903	FORT WORTH, TX 76102		



BASICSM
ENERGY SERVICES
PRESSURE PUMPING & WIRELINE

10244 NE Hwy. 61
P.O. Box 8613
Pratt, Kansas 67124
Phone 620-672-1201

FIELD SERVICE TICKET
1718 11126 A

18-355-11W

DATE _____ TICKET NO. _____

DATE OF JOB 8-29-14 DISTRICT Pratt		NEW WELL <input checked="" type="checkbox"/> OLD WELL <input type="checkbox"/> PROD <input type="checkbox"/> INJ <input type="checkbox"/> WDW <input type="checkbox"/> CUSTOMER ORDER NO.:							
CUSTOMER CMX INC		LEASE BarTender 2 WELL NO.							
ADDRESS		COUNTY Barber STATE KS							
CITY STATE		SERVICE CREW EO Aaron JOE							
AUTHORIZED BY		JOB TYPE: cnw Longstring							
EQUIPMENT#	HRS	EQUIPMENT#	HRS	EQUIPMENT#	HRS	TRUCK CALLED	DATE	AM	TIME
77686-19905	1						8-28-14	PM	3:20
19831-19862	1							PM	1700
28443							8-29-14	AM	0000
								PM	100
								AM	200
								PM	55

CONTRACT CONDITIONS: (This contract must be signed before the job is commenced or merchandise is delivered).

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SIGNED: _____
(WELL OWNER, OPERATOR, CONTRACTOR OR AGENT)

ITEM/PRICE REF. NO.	MATERIAL, EQUIPMENT AND SERVICES USED	UNIT	QUANTITY	UNIT PRICE	\$ AMOUNT
CP 105	AA2 cement	SK	225		3,825 00
CP 105	AA2 cement	SK	50		850 00
CC 111	SALT	lb	1382		691 00
CC 201	GILSONITE	lb	1375		921 25
CC 105	C-41 P	lb	52		208 00
CC 129	FLA -322	lb	130		975 00
CC 112	Cement Friction Reducer	lb	78		468 00
CF 607	Latch Down Plug	eg	1		400 00
CF 1901	Basket	eg	1		290 00
CF 1251	Auto Fill Shoe	eg	1		360 00
CF 1651	Turbolizer	eg	6		660 00
CC 151	Mud flush	gal	500		750 00
C 704	KCL	gal	5		175 00
E 101	Heavy Mileage	mi	110		770 00
CE 240	Mixing Charge	SK	275		385 00
E 113	Bulls Delivery	Tm	712		1,566 95
CE 206	Depth Charge	4hr	1		2,880 00
CE 504	Plug Container	JOB	1		250 00
S 003	Supervisor	eg	1		175 00
E 100	Pickup Mileage	mi	55		237 75
C 503	CHEMICAL / ACID DATA: High Head				300 00
				SUB TOTAL	237 75
					300 00
				SERVICE & EQUIPMENT	%TAX ON \$
				MATERIALS	%TAX ON \$
				TOTAL	13,021.80

SERVICE REPRESENTATIVE <i>[Signature]</i>	THE ABOVE MATERIAL AND SERVICE ORDERED BY CUSTOMER AND RECEIVED BY: <i>[Signature]</i>
FIELD SERVICE ORDER NO.	(WELL OWNER OPERATOR CONTRACTOR OR AGENT)



BASICSM
ENERGY SERVICES
PRESSURE PUMPING & WIRELINE

10244 NE Hwy. 61
P.O. Box 8613
Pratt, Kansas 67124
Phone 620-672-1201

FIELD SERVICE TICKET

1718 11126 A

15-355-11W

DATE _____ TICKET NO. _____

DATE OF JOB 8-9-14	DISTRICT Pratt	NEW WELL <input checked="" type="checkbox"/>	OLD WELL <input type="checkbox"/>	PROD <input type="checkbox"/>	INJ <input type="checkbox"/>	WDW <input type="checkbox"/>	CUSTOMER ORDER NO.:		
CUSTOMER CMX INC	LEASE Bartender			2 WELL NO.					
ADDRESS		COUNTY Barber	STATE KS						
CITY	STATE	SERVICE CREW ED APPROX TUE							
AUTHORIZED BY		JOB TYPE: CNUV Longstring							
EQUIPMENT#	HRS	EQUIPMENT#	HRS	EQUIPMENT#	HRS	TRUCK CALLED	DATE	AM/PM	TIME
7706-19915	1						8-29-14	AM	3
1927-11502	1							AM	1700
7743							8-29-14	AM	
								AM	100
								AM	
								AM	
								AM	
						MILES FROM STATION TO WELL			55

CONTRACT CONDITIONS: (This contract must be signed before the job is commenced or merchandise is delivered).

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SIGNED:

(WELL OWNER, OPERATOR, CONTRACTOR OR AGENT)

ITEM/PRICE REF. NO.	MATERIAL, EQUIPMENT AND SERVICES USED	UNIT	QUANTITY	UNIT PRICE	\$ AMOUNT
CP 105	AA2 Cement	SK	225		3,925 00
CP 105	AA2 cement	SK	50		850 00
CC 111	SALT	lb	1352		691 00
CC 201	Gilsonite	lb	1375		921 2.5
CC 105	C-41 P	lb	52		205 00
CC 129	FLA-322	lb	130		975 00
CC 112	Cement Friction Reducer	lb	78		418 06
CF 607	Latch Down Plug	Eq	1		400 00
CF 1901	BASKET	Eq	1		290 00
CF 1251	Auto-fill shoe	Eq	1		360 00
CF 1651	Turbolizer	Eq	6		600 00
CC 151	Mud flush	gal	500		750 00
C 704	KCl	gal	5		175 00
E 101	Heavy Mileage	mi	110		770 00
CE 240	Mixing Charge	SK	275		355 00
E 113	Bulk Delivery	Ton	712		1,566 95
CE 206	Dep Th Charge	Yb	1		2,580 00
CF 504	Plug Container	TIB	1		250 00
S 003	Supervisor	Eq	1		175 00
E 101	Pickup Mileage	mi	55		237 75
Z 502	Truck				300 00
				SUB TOTAL	13,021.80

CHEMICAL / ACID DATA:	

SERVICE & EQUIPMENT	%TAX ON \$	
MATERIALS	%TAX ON \$	
TOTAL		13,021.80

SERVICE REPRESENTATIVE	THE ABOVE MATERIAL AND SERVICE ORDERED BY CUSTOMER AND RECEIVED BY:
------------------------	---

FIELD SERVICE ORDER NO. _____ (WELL OWNER OPERATOR CONTRACTOR OR AGENT)

Customer CMX INC	Lease No.	Date 8-29-14
Lease Bar tender	Well # 2	
Field Order # 1126	Station Pratt	Casing 5 1/2
		Depth 5099
Type Job CN W Long string	Formation	County Barber
		State 155
		Legal Description 18-35S-11W

PIPE DATA		PERFORATING DATA		FLUID USED		TREATMENT RESUME		
Casing Size	Tubing Size	Shots/Ft		Acid	RATE	PRESS	ISIP	
5 1/2				Pre Pad	Max		5 Min.	
Depth 5099	Depth	From	To	Pad	Min		10 Min.	
Volume 120	Volume	From	To	Frac	Avg		15 Min.	
Max Press	Max Press	From	To		HHP Used		Annulus Pressure	
Well Connection	Annulus Vol.	From	To	Flush	Gas Volume		Total Load	
Plug Depth 5077	Packer Depth	From	To					

Customer Representative Leah	Station Manager Kevin	Treater JOE
Service Units 77686 19905 199831 19862 28443		
Driver Names ED Axon JOE		

Time	Casing Pressure	Tubing Pressure	Bbbs. Pumped	Rate	Service Log
1700					on loc / safety meeting
					Run 5 1/2 csg @ 15.5 # Pipe
					Turbo. on 2-4-6-8-10-12
					Basisset on 4 th JT.
1900					start running csg
2300					csg on bottom 9' circ with Big
					HOOK UP TO PUMP TO START JOB
0000	100		5	5	H2O spacer
			12	5	mud flush
			5	5	H2O spacer
	200		57	5	mix 225 S/15 of AA2 cement @ 15 #
			⊖	⊖	Shut Down Clear Pump & Lines
			⊖	6	Release Plug START H2O spacer
	500		74	6	LIFT PST
	1000		110	4	slow Rate
0100	1500		120	⊖	Plug down
					Plug BH @ MH
					JOB COMPLETE
					Thank you
					JOE