

Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1239875
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: _____

1239875

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: 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> _____ <input type="checkbox"/> Commingled <i>(Submit ACO-4)</i>	PRODUCTION INTERVAL: _____ _____
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Form	ACO1 - Well Completion
Operator	Lotus Operating Company, L.L.C.
Well Name	Achenbach 'B' 1
Doc ID	1239875

All Electric Logs Run

Dual Induction
Neutron Density w/PE
Sonic
Micro

Form	ACO1 - Well Completion
Operator	Lotus Operating Company, L.L.C.
Well Name	Achenbach 'B' 1
Doc ID	1239875

Tops

Name	Top	Datum
Heebner	3900	-2410
KC	4399	-2909
BKC	4848	-3158
Miss	4812	-3322
Viola	5237	-3747
Simp Sh	5340	-3850
Arb	5532	-4042
RTD	6320	-4830
LTD	5547	-4057



INVOICE

PO Box 93999
Southlake, TX 76092

Invoice Number: 146031
Invoice Date: Sep 26, 2014
Page: 1

Voice: (817) 546-7282
Fax: (817) 246-3361

Federal Tax I.D.#: 20-8651475

Bill To:
Lotus Operating Co., LLC
Lotus Exploration Co.
100 S. Main, STE 420
Wichita, KS 67202

RECEIVED
OCT 09 2014

Customer ID	Field Ticket #	Payment Terms	
Lotus	63044	Net 30 Days	
Job Location	Camp Location	Service Date	Due Date
KS1-01	Medicine Lodge	Sep 26, 2014	10/26/14

Quantity	Item	Description	Unit Price	Amount
1.00	WELL NAME	Achenbach B #1		
150.00	CEMENT MATERIALS	Class A Common	17.90	2,685.00
100.00	CEMENT MATERIALS	Pozmix	9.35	935.00
430.00	CEMENT MATERIALS	Gel	1.05	451.50
644.00	CEMENT MATERIALS	Chloride	1.10	708.40
268.60	CEMENT SERVICE	Cubic Feet Charge	2.48	666.13
280.00	CEMENT SERVICE	Ton Mileage Charge	2.75	770.00
1.00	CEMENT SERVICE	Surface	1,512.25	1,512.25
25.00	CEMENT SERVICE	Light Vehicle Mileage	4.40	110.00
25.00	CEMENT SERVICE	Pump Truck Mileage	7.70	192.50
1.00	CEMENT SUPERVISOR	Jason Thimesch		
1.00	EQUIPMENT OPERATOR	Justin Bower		
1.00	CEMENT SUPERVISOR	Ron Gilley		

ENTERED
OCT 14 2014

GL# 9208
DESC. cement surf
CSG
WELL # Achenb

ALL PRICES ARE NET, PAYABLE
30 DAYS FOLLOWING DATE OF
INVOICE. 1 1/2% CHARGED
THEREAFTER. IF ACCOUNT IS
CURRENT, TAKE DISCOUNT OF

\$ 1,606.16

ONLY IF PAID ON OR BEFORE
Oct 26, 2014

Subtotal	8,030.78
Sales Tax	341.76
Total Invoice Amount	8,372.54
Payment/Credit Applied	
TOTAL	8,372.54

-1,606.16 ✓
6766.38

ALLIED OIL & GAS SERVICES, LLC 063044

Federal Tax I.D. # 20-8651475

REMIT TO P.O. BOX 93999
SOUTHLAKE, TEXAS 76092

SERVICE POINT:
Medicine Lodge, KS

DATE <u>9/26/14</u>	SEC. <u>11</u>	TWP. <u>35s</u>	RANGE <u>13w</u>	CALLED OUT <u>1200 midnight</u>	ON LOCATION <u>1:30 AM</u>	JOB START <u>4:15 AM</u>	JOB FINISH <u>4:45 AM</u>
LEASE <u>Achenbach</u>		WELL # <u>B#1</u>		LOCATION <u>Herdner KS, West past Gyp Hill</u>		COUNTY <u>Barber</u>	STATE <u>KS</u>
OLD OR NEW (Circle one) <u>NEW</u>				<u>Rd 1/4 mi to West side of house, North & West to Rig</u>			

CONTRACTOR Duke 7
 TYPE OF JOB Surface
 HOLE SIZE 14 3/4 T.D. 305
 CASING SIZE 10 3/4 DEPTH 286
 TUBING SIZE _____ DEPTH _____
 DRILL PIPE _____ DEPTH _____
 TOOL _____ DEPTH _____
 PRES. MAX 250 MINIMUM _____
 MEAS. LINE _____ SHOE JOINT _____
 CEMENT LEFT IN CSG. 20 ft
 PERFS. _____
 DISPLACEMENT 28 Bbls Fresh H₂O

OWNER Lotus Operating
 CEMENT
 AMOUNT ORDERED 250sx60:40:3%cc+2% Gel

EQUIPMENT
 PUMP TRUCK CEMENTER Jason T / Justin B
 # 999 / 302 HELPER Justin Bowers
 BULK TRUCK
 # 364 DRIVER Ron Gilley
 BULK TRUCK
 # _____ DRIVER _____

COMMON	<u>Class A 750sx @ 17.90</u>	<u>2685.00</u>
POZMIX	<u>100cx @ 9.35</u>	<u>935.00</u>
GEL	<u>430 # @ 1.05</u>	<u>451.50</u>
CHLORIDE	<u>644 # @ 1.10</u>	<u>708.40</u>
ASC	@ _____	_____
	@ _____	_____
	@ _____	_____
	@ _____	_____
	@ _____	_____
	@ _____	_____
	@ _____	_____
HANDLING	@ _____	_____
MILEAGE	@ _____	_____

REMARKS:

20% = 955.98 TOTAL 4,779.90

SERVICE

DEPTH OF JOB	<u>286</u>	
PUMP TRUCK CHARGE		<u>1512.25</u>
EXTRA FOOTAGE	<u>LV 25mi @ 4.40</u>	<u>110.00</u>
MILEAGE	<u>25mi @ 7.70</u>	<u>192.50</u>
MANIFOLD	<u>NA</u>	@ _____
Handling	<u>268.6</u>	@ <u>2.48</u> <u>666.12</u>
Drayage	<u>11.24x25mi</u>	@ <u>2.75</u> <u>770.00</u>

20% = 650.17 TOTAL 3,250.87

PLUG & FLOAT EQUIPMENT

<u>NA</u>	@ _____	_____
_____	@ _____	_____
_____	@ _____	_____
_____	@ _____	_____
_____	@ _____	_____

TOTAL _____

CHARGE TO: Lotus Operating
 STREET _____
 CITY _____ STATE _____ ZIP _____

SALES TAX (If Any) _____
 TOTAL CHARGES 8030.77
 DISCOUNT _____ IF PAID IN 30 DAYS
Net 6424.61

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 Cristen D Rowal
 SIGNATURE Cristen D Rowal



PO Box 93999
Southlake, TX 76092

Voice: (817) 546-7282
Fax: (817) 246-3361

INVOICE

Invoice Number: 146170
Invoice Date: Oct 4, 2014
Page: 1

Federal Tax I.D.#: 20-8651475

Bill To:
Lotus Operating Co., LLC
Lotus Exploration Co.
100 S. Main, STE 420
Wichita, KS 67202

RECEIVED
OCT 14 2014

Customer ID	Field Ticket #	Payment Terms	
Lotus	63026	Net 30 Days	
Job Location	Camp Location	Service Date	Due Date
KS1-02	Medicine Lodge	Oct 4, 2014	11/3/14

Quantity	Item	Description	Unit Price	Amount
1.00	WELL NAME	Achenbach #B-1		
175.00	CEMENT MATERIALS	Special Blend Cement Class A	23.50	4,112.50
875.00	CEMENT MATERIALS	Kol Seal	0.98	857.50
83.00	CEMENT MATERIALS	FL-160 Fluid Loss	18.90	1,568.70
44.00	CEMENT MATERIALS	Flo Seal	2.97	130.68
50.00	CEMENT MATERIALS	60/40 Poz 4% Blend Class A	18.92	946.00
286.67	CEMENT SERVICE	Cubic Feet Charge	2.48	710.94
60.52	CEMENT SERVICE	Ton Mileage Charge	2.75	166.43
1.00	CEMENT SERVICE	Long String	3,099.25	3,099.25
1.00	CEMENT SERVICE	Manifold Head Rental	275.00	275.00
30.00	CEMENT SERVICE	Light Vehicle Mileage	4.40	132.00
30.00	CEMENT SERVICE	Pump Truck Mileage	7.70	231.00
2.00	CEMENT SERVICE	Waiting on Location	440.00	880.00
1.00	EQUIPMENT SALES	5-1/2 Latch Down Plug	660.00	660.00
1.00	EQUIPMENT SALES	5-1/2 Triplex Shoe	1,340.00	1,340.00
5.00	EQUIPMENT SALES	5-1/2 Centralizer	57.00	285.00
1.00	CEMENT SUPERVISOR	Jason Thimesch		
1.00	OPERATOR ASSISTANT	Wayne Rucker		

ENTERED
OCT 14 2014

GL# 9308
DESC. cement prod
cg
WELL # Achenb

ALL PRICES ARE NET, PAYABLE 30 DAYS FOLLOWING DATE OF INVOICE. 1 1/2% CHARGED THEREAFTER. IF ACCOUNT IS CURRENT, TAKE DISCOUNT OF

\$ 2,622.00

ONLY IF PAID ON OR BEFORE
Nov 3, 2014

Subtotal	15,395.00
Sales Tax	707.88
Total Invoice Amount	16,102.88
Payment/Credit Applied	
TOTAL	16,102.88

- 2622.00
13,480.88

Field Ticket Number: 63028 Field Ticket Date: Saturday, October 04, 2014

Bill To:
LOTUS

Job Name: 02 Production/Long String
Well Name: ACHENBACH
Well Number: B-1
Shipping Point: MEDICINE LODGE, KS
Sales Office: MIDCON BD

SERVICES - SERVICES - SERVICES

Description	Qty	Unit	Unit Cost	Service Price	Material	Discount	Total
Casing Pump Charge 5001' to 6000'	1.00	min. 4 hr	3,009.25	3099.25	2,479.40	20%	2,479.40
Cementing Head Rental with Manifold (Low Pres)	1.00	per day	275.00	275.00	220.00	20%	220.00
Products handling service charge	286.67	per cu. FL.	2.48	710.94	1.98	20%	568.75
Drayage for Products	60.52	ton-mile	2.75	166.42	2.20	20%	133.14
Light Vehicle Mileage	30.00	per mile	4.40	132.00	3.52	20%	105.80
Heavy Vehicle Mileage	30.00	per mile	7.70	231.00	6.16	20%	104.80

MATERIALS - MATERIALS - MATERIALS

5 1/2 Latch Down Plug	1.00	each	660.00	660.00	660.00	0%	660.00
5 1/2 Triplex Shoe	1.00	each	1,340.00	1,340.00	1,340.00	0%	1,340.00
5 1/2 Centralizer	5.00	each	57.00	285.00	57.00	0%	285.00
ALLIED SPECIAL BLEND CEMENT - CLASS A	175.00	per sack	23.50	4,112.50	18.80	20%	3,290.00
Kof Seal	876.00	per pound	0.98	857.50	0.78	20%	686.00
Fluid Loss - FL-160	83.00	per pound	18.90	1,568.70	15.12	20%	1,254.86
Flo Seal	44.00	per pound	2.97	130.68	2.38	20%	104.54
ALLIED 60/40 POZ 4% BLEND - CLASS A	50.00	per sack	18.92	946.00	15.14	20%	756.80

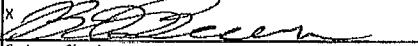
ADDITIONAL ITEMS - ADDITIONAL ITEMS - ADDITIONAL ITEMS

Additional hours, in excess of set hours	2.00	per hour	440.00	880.00	352.00	20%	704.00
--	------	----------	--------	--------	--------	-----	--------

Allied Rep
Customer Agent:

	Gross	Discount	Final
Services Total	4,614.61	922.92	3,691.69
Materials Total	9,900.38	1,523.08	8,377.30
Additional Items	880.00	176.00	704.00
Final Total	15,394.99	2,622.00	12,772.99

This output does NOT include taxes. Applicable sales tax will be billed on the final invoice.
Customer hereby acknowledges receipt of the materials and services described above and on the attached documents.
I have read and understand the "GENERAL TERMS AND CONDITIONS" listed on the following page.

X 
Customer Signature

Field Ticket Total (USD):

\$12,772.99



PAGE	CUST NO	YARD #	INVOICE DATE
1 of 1	1002427	1718	10/28/2014

INVOICE NUMBER
91633952

Pratt (620) 672-1201
 B LOTUS OPERATING CO. LLC
 I 100 S MAIN ST STE 420
 L WICHITA
 T KS US 67202
 O ATTN: ACCOUNTS PAYABLE

J LEASE NAME Achenbach B 1
 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
40781167	19843		Net - 30 days	11/27/2014

	QTY	U of M	UNIT PRICE	INVOICE AMOUNT
For Service Dates: 10/27/2014 to 10/27/2014				
0040781167				
171811430A Cement-New Well Casing/Pi 10/27/2014 Cement Squeeze				
Common Cement	150.00	EA	12.32	1,847.85 T
"Unit Mileage Chg (PU, cars one way)"	55.00	MI	3.46	190.56
Heavy Equipment Mileage	110.00	MI	5.77	635.20
"Proppant & Bulk Del. Chgs., per ton mil	388.00	EA	1.92	746.84
Depth Charge; 4001'-5000'	1.00	EA	1,940.24	1,940.24
Blending & Mixing Service Charge	150.00	BAG	1.08	161.69
Cement Squeeze Manifold	1.00	EA	384.97	384.97
"Service Supervisor, first 8 hrs on loc.	1.00	EA	134.74	134.74

RECEIVED
OCT 30 2014

ENTERED
NOV 03 2014

GL# 9308
 DESC. Cement Squeeze

 WELL # Achenb

PLEASE REMIT TO:	SEND OTHER CORRESPONDENCE TO:	SUB TOTAL	6,042.09
BASIC ENERGY SERVICES, LP	BASIC ENERGY SERVICES, LP	TAX	132.12
PO BOX 841903	801 CHERRY ST, STE 2100	INVOICE TOTAL	6,174.21
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

11-35-13

FIELD SERVICE TICKET
1718 11430 A

DATE _____ TICKET NO. _____

DATE OF JOB: 10-27-2014 DISTRICT: Pratt, 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: Lotus Operations Co. LLC		LEASE: Achenbush B WELL NO. 1						
ADDRESS:		COUNTY: Barber STATE: KS						
CITY: STATE:		SERVICE CREW: Dwin, Ed, Beschoy						
AUTHORIZED BY:		JOB TYPE: CNU/SQUEEZE						
EQUIPMENT#	HRS	EQUIPMENT#	HRS	EQUIPMENT#	HRS	TRUCK CALLED	DATE	TIME
27283	2 1/2						10-27	6:00
84981	2 1/2					ARRIVED AT JOB	10-27	8:45
19843	2 1/2					START OPERATION	10-27	10:30
19855	2 1/2					FINISH OPERATION	10-27	1:00
73768	2 1/2					RELEASED	10-27	2:00
						MILES FROM STATION TO WELL	60	

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	
CP100C	Common Cement	SK	150		2,400 00	
E100	Unit Lease Chaise Pickups, 5m ³ capacity	m.	55		247 50	
E101	Hesv, Equipment m lease	m.	110		825 00	
F113	Proppant and Bulk Delivery Chaises, m. lease	1/4 m	388		969 38	
CF205	Depth Chaise 4001' - 5000'	4hr	1		2,520 00	
CF240	Blending & mixing Service Chaise	SK	150		210 00	
CF500	Common Squeeze man hole	F.S	1		500 00	
5003	Service Supervisor, 8 hrs on loc	Eg	1		175 00	
					SUB TOTAL	7,546 88

CHEMICAL / ACID DATA:			

SERVICE & EQUIPMENT	%TAX ON \$		
MATERIALS	%TAX ON \$		
DISCOUNT TOTAL		6,042	09

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

Customer <i>Lotus Operations Co LLC</i>	Lease No.	Date <i>10-27-2014</i>
Lease <i>Achenbach B</i>	Well # <i>1</i>	
Field Order # <i>11430</i>	Station <i>Pratt, KS</i>	Casing <i>5 1/2</i>
Type Job <i>CNW/ Perf Squeeze</i>	Formation	Depth <i>50</i>
		County <i>Baker</i>
		State <i>KS</i>
		Legal Description <i>11-35-13</i>

PIPE DATA		PERFORATING DATA		FLUID USED		TREATMENT RESUME		
Casing Size	Tubing Size	Shots/Ft		Acid	RATE	PRESS	ISIP	
	<i>2 7/8</i>			Pre Pad			5 Min.	
Depth	<i>4762</i>	From	To	Pad	Max		10 Min.	
Volume	<i>27 1/2</i>	From	To	Frac	Min		15 Min.	
Max Press	<i>1500</i>	From	To		Avg			
Well Connection	Annulus Vol. <i>75</i>	From	To		HHP Used			Annulus Pressure
Plug Depth	Packer Depth <i>4762</i>	From	To	Flush	Gas Volume			Total Load

Customer Representative <i>Robin Brown</i>	Station Manager <i>Kevin Gorderley</i>	Treater <i>Darin Franklin</i>
Service Units <i>27283 84581 19843 19959 78768</i>		
Driver Names <i>Darin Ed Ed Boscaw, Boscaw</i>		

Time	Casing Pressure	Tubing Pressure	Bbls. Pumped	Rate	Service Log
<i>8:45</i>					<i>On location / Safety meeting</i>
					<i>150 SK comm cement 15.6 pps</i>
					<i>1.18 wells, 5.22 well Reg.</i>
	<i>500</i>		<i>50</i>	<i>3 1/2</i>	<i>Logg casing</i>
		<i>450</i>	<i>20</i>	<i>2</i>	<i>Injection Rate</i>
		<i>150</i>	<i>31</i>	<i>3</i>	<i>mix 150 SK</i>
					<i>Shut down</i>
					<i>wash pump & lines</i>
		<i>400</i>	<i>28</i>	<i>1</i>	<i>DISPLACE</i>
					<i>Wgt + 30 minutes</i>
		<i>1500</i>	<i>0</i>	<i>1/4</i>	<i>Pressure up</i>
					<i>Bleed back - Hold</i>
	<i>600</i>		<i>40</i>	<i>1 1/2</i>	<i>Reverse out</i>
		<i>1500</i>	<i>1</i>	<i>1</i>	<i>Pressure back to 1500</i>
					<i>Bleed back</i>
					<i>Wash up</i>