



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1243711
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: _____



1243711

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> _____ <i>(Submit ACO-4)</i>	PRODUCTION INTERVAL: _____ _____
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TREATMENT REPORT

Service Warranty: We warrant that the information provided on this form is true and correct to the best of our knowledge and over which we have no control. We warrant that the information provided on this form is true and correct to the best of our knowledge and over which we have no control.

Customer: **DOUTSCH OIL** Lease No. _____ Date: _____
 Lease: **BAUMAN** Well #: **74**
 Field Order #: **11497** Station: **PR-A K1** Casing: **5 1/2** Depth: **4172** County: **PRATT** State: **KS**
 Type Job: **CNW 5 1/2 long st. 21** Formation: _____ Legal Description: **4-26-11**

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.	
4172	Depth	From	To	Pad	Min		10 Min.	
91	Volume	From	To	Frac	Avg		15 Min.	
2,000	Max Press	From	To		HHP Used		Annulus Pressure	
4134	Plug Depth	From	To	Flush	Gas Volume		Total Load	

Customer Representative: _____ Station Manager: **DAVE SEAT** Treater: **Robert J. [Signature]**

Service Units: **37900 77686 19905 70959 19918**

Driver Names: **Sullivan McCann Phye**

Time	Casing Pressure	Tubing Pressure	Bbls. Pumped	Rate	Service Log
1130	Ann				on loc
					run 5 1/2 20" 15g.
3:05					CASING ON BOTTOM
3:10					Hook by circ ss
3:50					11 SPACER
	300		12		11 MOD FLUSH
			3		
			30		MIX OUT 125K A117
					circ mixed shut down wash pump line
					Return Plug
				6	At Depth
	500				Left DS
				3.5	Blow by to
4:20	1200		91		Plug down
			7	3	Plug RT of 30'
					50's complete
					Thank you



P.O. Box 8613
Pratt, Kansas 67124
Phone 620-672-1201

1718 11497 A

DATE _____ TICKET NO. _____

DATE OF JOB 10-25-14	DISTRICT Pratt # KC	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 Dutch oil		LEASE BAUMIAN		7-4		WELL NO.				
ADDRESS		COUNTY Pratt		STATE KS						
CITY		STATE		SERVICE CREW Sullivan, McRae, Phye						
AUTHORIZED BY		JOB TYPE: <i>new long hole</i>								
EQUIPMENT#	HRS	EQUIPMENT#	HRS	EQUIPMENT#	HRS	TRUCK CALLED	DATE	AM	PM	TIME
77626-19905	30						10-25-14			8:30
70954-14514	30									11:30
37900										3:50
										4:30
										5:00
						MILES FROM STATION TO WELL				20

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: *Mike Klein*
(WELL OWNER, OPERATOR, CONTRACTOR OR AGENT)

ITEM/PRICE REF. NO.	MATERIAL, EQUIPMENT AND SERVICES USED	UNIT	QUANTITY	UNIT PRICE	\$ AMOUNT
CP 105	AM-2 cont	SK	125		2,125.00
CP 103	6 1/4" 402 cont	SK	30		360.00
CC 105	C-41P	LB	24		96.00
CC 111	SAFT	LB	571		285.50
CC 112	cont friction reducer	LB	26		216.00
CC 115	C44	LB	118		607.20
CC 129	7LA-322	LB	59		442.50
CC 201	Gelsantia	LB	473		418.75
CF 103	Top Robinson Pump 542	SA	1		105.00
CF 251	Judge 400	SA	1		250.00
CF 1451	Tussock float	SA	1		215.00
CF 1051	Top Robinson	SA	20		880.00
CF 1101	rack	SA	1		290.00
CC 151	oil tank	SA	500		750.00
SUB TOTAL					10,765.95

CHEMICAL / ACID DATA:			

SERVICE & EQUIPMENT	%TAX ON \$	
MATERIALS	%TAX ON \$	
Discount Over		TOTAL
		8,642.76

SERVICE REPRESENTATIVE <i>Robert J. ...</i>	THE ABOVE MATERIAL AND SERVICE ORDERED BY CUSTOMER AND RECEIVED BY: <i>Mike Klein</i> (WELL OWNER OPERATOR CONTRACTOR OR AGENT)
FIELD SERVICE ORDER NO. _____	

DAFAC

energy services, L.P.

TREATMENT REPORT

Customer <i>Deatsch Oil Co.</i>	Lease No.	Date <i>10-19-14</i>	
Lease <i>Bauman</i>	Well # <i>7-4</i>		
Field Order # <i>11391</i>	Station <i>Pratt</i>	Casing <i>5 5/8</i>	Depth <i>268</i>
		County <i>Pratt</i>	State <i>KS</i>
Type Job <i>LOW 5% Surface</i>	Formation		Legal Description <i>4-26-11</i>

PIPE DATA		PERFORATING DATA		FLUID USED		TREATMENT RESUME		
Casing Size <i>8 3/8</i>	Tubing Size	Shots/Ft		Acid		RATE	PRESS	ISIP
Depth <i>268</i>	Depth	From	To	Pre Pad	Max			5 Min.
Volume <i>15</i>	Volume	From	To	Pad	Min			10 Min.
Max Press	Max Press	From	To	Frac	Avg			15 Min.
Well Connection	Annulus Vol.	From	To		HHP Used			Annulus Pressure
Plug Depth <i>245</i>	Packer Depth	From	To	Flush	Gas Volume			Total Load

Customer Representative *Mike* Station Manager *Kevin* Treater *Joe*

Service Units	<i>33705</i>	<i>20920</i>	<i>70959</i>	<i>19919</i>		<i>35943</i>			
Driver Names	<i>shaw</i>		<i>cole</i>	<i>cobb</i>		<i>Joe</i>			

Time	Casing Pressure	Tubing Pressure	Bbls. Pumped	Rate	Service Log
<i>2345</i>					<i>on loc/safety meeting</i>
					<i>Run 6 JTS of 5% CSg 24" Pipe</i>
<i>0220</i>					<i>Start Running CSg</i>
<i>0320</i>					<i>CSg on Bottom / Circ with Pig</i>
<i>0330</i>					<i>Hooks up to Pump Test get Job</i>
<i>0330</i>	<i>3/0</i>		<i>5</i>	<i>5.5</i>	<i>H2O spacer</i>
	<i>100</i>		<i>38</i>	<i>5.5</i>	<i>MIX 175 SK COMMENCEMENT @ 15:07</i>
			<i>0</i>	<i>0</i>	<i>SHUT DOWN RELEASE PLUG</i>
	<i>100</i>		<i>0</i>	<i>4</i>	<i>START H2O DISP.</i>
			<i>0</i>	<i>4</i>	<i>Cement TO SURFACE</i>
<i>0330</i>	<i>500</i>		<i>15</i>	<i>0</i>	<i>Plug Down</i>
					<i>15 Bbl cement circ. TO PIT</i>
					<i>JOB COMPLETE</i>
					<i>Thank you JOE</i>



P.O. Box 8613
Pratt, Kansas 67124
Phone 620-672-1201

1718 11391 A

DATE _____ TICKET NO. _____

DATE OF JOB <u>10-19-14</u> DISTRICT <u>Pratt</u>		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 <u>Deutsch Oil Company</u>		LEASE <u>Deutsch Bayman 7-4</u> WELL NO.:								
ADDRESS		COUNTY <u>Pratt</u> STATE <u>KS</u>								
CITY STATE		SERVICE CREW <u>Shawn Cole Joe</u>								
AUTHORIZED BY		JOB TYPE: <u>CONW 8 3/8 Surface</u>								
EQUIPMENT#	HRS	EQUIPMENT#	HRS	EQUIPMENT#	HRS	TRUCK CALLED	DATE	AM	PM	TIME
<u>37708-20920</u>	<u>30mi</u>						<u>10-18-14</u>			<u>10:30</u>
<u>70959-19918</u>	<u>30mi</u>					ARRIVED AT JOB	<u>10-18-14</u>			<u>11:45</u>
<u>28443</u>						START OPERATION	<u>10-19-14</u>			<u>3:30</u>
						FINISH OPERATION				<u>4:00</u>
						RELEASED				<u>4:30</u>
						MILES FROM STATION TO WELL				<u>20</u>

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

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SIGNED: Mike Kelly
(WELL OWNER, OPERATOR, CONTRACTOR OR AGENT)

ITEM/PRICE REF. NO.	MATERIAL, EQUIPMENT AND SERVICES USED	UNIT	QUANTITY	UNIT PRICE	\$ AMOUNT
CP 100C	Common Cement	SK	175		2,800 00
CC 102	Celloflase	lb	44		162 80
CC 109	Calcium Chloride	lb	495		519 75
CC 200	Cement Gel	lb	330		82 50
CF 153	Wooden Plug 8 3/8	Pg	1		160 00
E 100	unit mileage charge pickup small van & cars mi	mi	20		40 00
E 101	Heavy Equipment Mileage	mi	40		300 00
E 113	Proppant & Bulks Delivery	TM	165		412 50
CE 200	Depth Charge 0-500'	4hr	1		1,000 00
CE 240	Blending & Mixing Service Charge	SK	175		245 00
CE 504	Plug Container Utilization Charge	JOB	1		250 00
S 003	Service Supervisor	Pg	1		175 00

SUB TOTAL 6,197 55

SERVICE & EQUIPMENT	%TAX ON \$	
MATERIALS	%TAX ON \$	
Discounted TOTAL		<u>4,958 04</u>

CHEMICAL / ACID DATA:			

SERVICE REPRESENTATIVE [Signature] THE ABOVE MATERIAL AND SERVICE ORDERED BY CUSTOMER AND RECEIVED BY: Mike Kelly
(WELL OWNER OPERATOR CONTRACTOR OR AGENT)

FIELD SERVICE ORDER NO. _____

Customer Deutsch Oil Co.	Lease No.	Date 10-19-14
Lease Bauman	Well # 7-4	
Field Order # 11392	Station Pratt	Casing
Type Job CNW	Depth	County Pratt
	Formation	State KS
		Legal Description 4-26-11

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

Customer Representative Mike	Station Manager Kevin	Treater Joe
Service Units 33708 20920 19589 19862	28443	
Driver Names Shawn	Berchy	Joe

Time	Casing Pressure	Tubing Pressure	Bbbs. Pumped	Rate	Service Log
1115					ON LOC / safety meeting
					Run 2375 of 4"
1300			6	1.5	START MIX COMMON CEMENT
			2021	1.5	MIX 100 SK OF COMMON CEMENT @ 15.6#
					Got cement to PIT SHUT DOWN
1340					W/EB PUMP TRK UP and wait
1410					30 min.
					(cement still in cellar JETTED
					cellar cement still in cellar
					Good to go
					JOB COMPLETE
					Thank you
					Joe



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

1718 11392 A

4-26-11

DATE _____ TICKET NO. _____

DATE OF JOB: 10-19-14	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: Deytsch Oil Company	LEASE: Bauman	7-4		WELL NO.			
ADDRESS:	COUNTY: Pratt	STATE: KS					
CITY:	STATE:	SERVICE CREW: Shawn Beachy, JOE					
AUTHORIZED BY:	JOB TYPE: C/W - SURFTEE						

EQUIPMENT#	HRS	EQUIPMENT#	HRS	EQUIPMENT#	HRS	TRUCK CALLED	DATE	AM	PM	TIME
33709-20920	1.10						10-19-14			1200
19889-19862	1.10									1115
28443										1300
										1410
										1445
										20

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SIGNED: *Mike Kern*
 (WELL OWNER, OPERATOR, CONTRACTOR OR AGENT)

ITEM/PRICE REF. NO.	MATERIAL, EQUIPMENT AND SERVICES USED	UNIT	QUANTITY	UNIT PRICE	\$ AMOUNT
CP 100C	common cement	SK	100		1,600 00
CL 109	Calcium Chloride	lb	200		210 00
E 100	Pickup Mileage	mi	20		90 00
E 101	Heavy Equipment Mileage	mi	40		300 00
E 113	Bulk Delivery	TM	94		235 00
CE 240	Mixing service charge	SK	100		140 00
S 003	Supervisor	Dg	1		175 00
CE 403	Cement Pumper Add. hr onloc	HR	1		500 00

SUB TOTAL 3,250 00

CHEMICAL / ACID DATA:			

SERVICE & EQUIPMENT	%TAX ON \$	
MATERIALS	%TAX ON \$	
DISCOUNT		
TOTAL		2,600 00

SERVICE REPRESENTATIVE: *John Smith*

FIELD SERVICE ORDER NO.:

THE ABOVE MATERIAL AND SERVICE ORDERED BY CUSTOMER AND RECEIVED BY: *Mike Kern*
 (WELL OWNER OPERATOR CONTRACTOR OR AGENT)

****CELLS WITH BLUE BACKGROUND ARE THE ONLY CELLS TO BE EDITED****

Franchise Start Date/Time	11/09/12 11:38
Franchise End Date/Time	11/09/12 13:49
State	TX
County	BAHAMA
API Number	15-151-2241-0000
Operator Name	DETECTIVE OIL COMPANY
Well Name	BAHAMA 7-1
Field No.	296 4282835
Longitude	97.7919937
Latitude	27.819927
Longitude Projection	NAD83
The Vertical Depth (TVD)	580.268
Total Clean Fluid Volume (acft)	580.268

(e.g. XXX-XXX-XXXX-0000)

Material	Specific Gravity	Relative Density	Mass (lb)
Water	1.00	300.836	1,173,316
Sand (Proppant)	2.65	2,611,900	2,641,806
Proxalide 17	1.33	20	222
Proxalide 17A	1.93	63	542
Proxalide 17B	6.90	103	774
Proxalide 17C	9.50	93	737
Proxalide 580 M4E	0.95	93	717
Proxalide 580 M4F	1.11	292	2,334
Proxalide 657	1.09	185	1,683
Chemicals	1.04	261	2,265
Proxal 907L-41B	1.04	261	2,265
Proxal 907L-41C	1.04	261	2,265
Proxal 907L-41D	1.04	261	2,265
Proxal 907L-41E	1.04	261	2,265
Proxal Breaker 10L	1.10	3	28

Total Slurry Mass (TSM)

3,444,514

Ingredients Section:

Trade Name	Supplier	Purpose	Ingredients	Chemical Abstract Service Number (CAS #)	Maximum Ingredient Concentration in Additive (% by mass)**	Mass per Component (LBS)	Maximum Ingredient Concentration in HF Fluid (% by mass)**	Comments
Water	Operator	Carrier/Free Fluid	Water	7732-85-5	100.00%	3,173,336	92.39350%	
Sand (Proppant)	Dunn	Proppant	Crystalline Silica in the form of Quartz	14808-60-7/238-678-4	99.99%	11	7.6326%	
Proxalide 17	Chemplex	Proxalide	Hydrogen Peroxide	1410-73-2	4.99%	0	0.00032%	
Proxalide 17A	Chemplex	Proxalide	Hydrogen Peroxide	1410-73-2	0.00%	38	0.0010%	
Proxalide 17B	Chemplex	Proxalide	Hydrogen Peroxide	1410-73-2	7.00%	387	0.01156%	
Proxalide 17C	Chemplex	Proxalide	Hydrogen Peroxide	1410-73-2	50.00%	464	0.01515%	
Proxalide 17D	Chemplex	Proxalide	Hydrogen Peroxide	1410-73-2	10.00%	74	0.00215%	
Proxalide 580 M4E	Chemplex	Proxalide	Hydrogen Peroxide	1410-73-2	50.00%	309	0.01079%	
Proxalide 580 M4F	Chemplex	Proxalide	Hydrogen Peroxide	1410-73-2	25.00%	544	0.01609%	
Proxalide 657	Chemplex	Proxalide	Hydrogen Peroxide	1410-73-2	0.00%	0	0.0000%	
Proxal 907L-41B	Chemplex	Proxalide	Hydrogen Peroxide	1410-73-2	50.00%	1,133	0.03395%	
Proxal 907L-41C	Chemplex	Proxalide	Hydrogen Peroxide	1410-73-2	2.00%	45	0.00132%	
Proxal 907L-41D	Chemplex	Proxalide	Hydrogen Peroxide	1410-73-2	0.05%	1	0.00042%	
Proxal 907L-41E	Chemplex	Proxalide	Hydrogen Peroxide	1410-73-2	1.00%	23	0.00066%	
Proxal Breaker 10L	Chemplex	Proxalide	Hydrogen Peroxide	1410-73-2	50.00%	1,133	0.03395%	
Proxal Breaker 10L	Chemplex	Proxalide	Hydrogen Peroxide	1410-73-2	0.02%	0	0.00009%	

** Total Water Volume sources may include fresh water, produced water, and/or recycled water

** Information is based on the maximum potential for concentration and thus the total may be over 100%

All component information listed was obtained from the supplier's Material Safety Data Sheets (MSDS). As such, the Operator is not responsible for inaccurate and/or incomplete information. Any questions regarding the content of the MSDS should be directed to the supplier who provided it. The Occupational Safety and Health Administration's (OSHA) 29 CFR 1910.1200(f) and Appendix D are the criteria for the disclosure of this information. Please note that Federal Law precludes "proprietor", "trade secret", and "confidential business information" and the criteria for how this information is reported on an MSDS is subject to 29 CFR 1910.1200(f) and Appendix D.

Non-MSDS Component
Non-MSDS Component
Non-MSDS Component