

Confidentiality Requested:

Yes No

Kansas Corporation Commission Oil & Gas Conservation Division

1246527

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:			SecTwpS. R East				
Address 2:			Feet from North / South Line of Section				
City: S	tate: Z	ip:+	Fe	eet from East / W	lest Line of Section		
Contact Person:			Footages Calculated from	Nearest Outside Section Cor	rner:		
Phone: ()			□ NE □ NW	V □SE □SW			
CONTRACTOR: License #			GPS Location: Lat:	, Long:			
Name:				(e.g. xx.xxxxx)	(e.gxxx.xxxxxx)		
Wellsite Geologist:			Datum: NAD27	NAD83 WGS84			
Purchaser:			County:				
Designate Type of Completion:			Lease Name:	Well	l #:		
	e-Entry	Workover	Field Name:				
	_	_	Producing Formation:				
☐ Oil ☐ WSW ☐ D&A	☐ SWD	□ SIOW □ SIGW	Elevation: Ground:	Kelly Bushing: _			
OG	GSW	Temp. Abd.	Total Vertical Depth:	Plug Back Total Dep	oth:		
CM (Coal Bed Methane)	_ dow	тетір. дай.	Amount of Surface Pipe Se	et and Cemented at:	Feet		
Cathodic Other (Con	re, Expl., etc.):		Multiple Stage Cementing Collar Used?				
If Workover/Re-entry: Old Well In			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 T	otal Depth:					
Deepening Re-perf.	Conv. to E	NHR Conv. to SWD	Drilling Fluid Managemer	nt Plan			
☐ Plug Back	Conv. to G	SW Conv. to Producer	(Data must be collected from t				
Commingled	Dormit #		Chloride content:	ppm Fluid volume: _	bbls		
Dual Completion			Dewatering method used:				
SWD			Location of fluid disposal if	i hauled offsite:			
☐ ENHR			Loodiion of haid diopodal in	nation office.			
GSW	Permit #:		Operator Name:				
_ _				License #:			
Spud Date or Date Re	ached 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 III Approved by: Date:								

Page Two



Operator Name:				Lease N	Name: _			Well #:		
Sec Twp	S. R	East	West	County	:					
INSTRUCTIONS: Shopen and closed, flow and flow rates if gas to	ring and shut-in pres o surface test, along	sures, whethe with final cha	er shut-in pre art(s). Attach	essure reac n extra shee	hed stati t if more	c level, hydrosta space is neede	itic pressures, bot d.	tom hole temp	erature, fluid re	ecovery,
Final Radioactivity Lo files must be submitte						ogs must be ema	ailed to kcc-well-lo	gs@kcc.ks.go	v. Digital electr	ronic log
Drill Stem Tests Taker (Attach Additional		Yes	☐ No				on (Top), Depth ar		Sampl	
Samples Sent to Geo	logical Survey	Yes	□No		Nam	е		Тор	Datum	1
Cores Taken Electric Log Run		☐ Yes ☐ Yes	☐ No ☐ No							
List All E. Logs Run:										
				RECORD	Ne					
	2	1				ermediate, product		T	I	
Purpose of String	Size Hole Drilled		Casing n O.D.)	Weig Lbs. /		Setting Depth	Type of Cement	# Sacks Used	Type and Pe Additive	
			ADDITIONAL	CEMENTIN	NG / SQL	JEEZE RECORD				
Purpose:	Depth Top Bottom	Type of	Cement	# Sacks	Used		Type and F	ercent Additives		
Perforate Protect Casing	100 20111111									
Plug Back TD Plug Off Zone										
1 lug 0 li 20 lio										
Did you perform a hydrau	ulic fracturing treatment	on this well?				Yes	No (If No, ski	ip questions 2 ar	nd 3)	
Does the volume of the t							= :	p question 3)		
Was the hydraulic fractur	ring treatment information	on submitted to	the chemical	disclosure re	gistry?	Yes	No (If No, fill	out Page Three	of the ACO-1)	
Shots Per Foot		ION RECORD Footage of Eac					cture, Shot, Cement			epth
	open,					,,				
TUBING RECORD:	Size:	Set At:		Packer A	t:	Liner Run:				
							Yes No			
Date of First, Resumed	Production, SWD or Ef	NHR. F	Producing Met	hod: Pumpin	a \square	Gas Lift 0	Other (Explain)			
Estimated Production Per 24 Hours	Oil	Bbls.	Gas	Mcf	Wat			Gas-Oil Ratio	Gra	avity
	1									
	ON OF GAS:		en Hole	METHOD OF			mmingled	PRODUCTION	ON INTERVAL:	ļ
Vented Solo	I Used on Lease bmit ACO-18.)		en noie _	Perf.	(Submit		mmingled mit ACO-4)			

QUALITY WELL SERVICE, INC.

Federal Tax I.D. # 481187368

6298

Home Office 324 Simpson St., Pratt, KS 67124

Office 620-727-3410 Fax 620-672-3663

Rich's Cell 620-727-3409 Brady's Cell 620-727-6964

		X	Longe		CO STATE VALUE OF	· Last Camerican Commission of marks	Mar. 11 100 5 W		
Date 01 29 15 16	Twp. 32 /	Range 2	10	County	State	On Location	1 Finish An		
	Well No. 3	200 E0	Da	on V5/60	1 VS 2 S/ 1/		1200 1		
Contractor Maney ick	# 106		Locati	1		/ / //	ento		
Type Job Sun face	106		X	To Quality W	ell Service, Inc.	riffin			
Hole Size 12/4	T.D. 27	0		You are here	by requested to rent	cementing equipmen mer or contractor to d	t and furnish		
Csg. 8 48	Depth 7	15					o work as listed.		
Tbg. Size	Depth	6)	_	100.000000	iffin Manager	rat			
Tool	Depth			Street		1 2 18			
Cement Left in Csg. 201	Shoe Joint	NA	E.	City		State			
Meas Line	Displace /	51/2 0	BBIs Fa	Gement Amo		nd supervision of owner	agent or contractor.		
EQUIPI		1/2	5 to 15 1/6	20/ 1	1/ # -1	55x class H.	2/oget+		
Pumptrk 8 No. Dense k 15				Common /*	14 Hose	4	-		
Bulktrk 9 No. David B				Poz. Mix		in X	* 1		
Bulktrk No.				Gel. 3		n ^o s			
Pickup No. David F		, and		Calcium 6		7 8 V			
JOB SERVICES	& REMARKS	3		Hulls			*		
Rat Hole	3			Salt					
Mouse Hole	A S		61	Flowseal 43.75					
Centralizers		to .	3 g	Kol-Seal					
Baskets	8 X		B B	Mud CLR 48					
D/V or Port Collar	3	X E	3 110MM-2	CFL-117 or CD110 CAF 38					
Pipe on BHM, Bre	at Circ.	w/ Rig	Poma	Sand		1 21 12 12 1	9		
Spacen, Mix 175	× A2	3 cen	' ,/	Handling 18	34	£ 2.3 pr			
Start Disp. w/ Fr	esh Ha	1). See	<i>i</i> ₁ -	Mileage 10			1 9 11		
chease in PSI, 51	ow Rate	5+0	P	1.57	FLOAT EQUIPM	ENT	·		
Pumpar 15/2 BB	Is total	Dist	. Shi	Guide Shoe					
n Coment Did Gira		7	16.4	Centralizer		8 8 .	12		
X a S B E G X	¥4	9 0	e de	Baskets	31 gr & 100000	a a a			
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8 a a	N	K		Float Shoe	3	8	- XX - 310 A		
2) at & &	- W			Latch Down	2		a B a c		
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mark	W g		PE			Tax	0 ^K 13		
000	18 8) (8,	Discount			
Signature (ail 2 7	ann	R. Common of the			a ter	Total Charge			



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

FIELD SERVICE TICKET 1718 11675 A

	2-2010 N	CTRICT D I	-32-1		OLD	PROD INJ	□WDW	ПС	USTOMER RDER NO.:	3.2
CUSTOMED /	. 00	STRICT Prst	, 165	LEASE	4		Ä v	0	5 1 3 12	
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ADDRESS				COUNTY	Sirhe	2r	STATE	10.	5	
CITY		SERVICE CF	REW. D	Grin, E	2, Bese	= 10	4			
AUTHORIZED I	ВУ	10	JOB TYPE:	CN	4/4/12	Lonss	4 + 15	25		
EQUIPMEN		EQUIPMENT#	EQUIPMENT#	HRS	TRUCK CALL		PAT	E AM T	IME OO	
27463	3/4					ARRIVED AT	JOB	2-3	AM /2	2 /3
13168	1/2	0				START OPER	RATION	2-		36
		X 2	_		8 9	FINISH OPER	RATION	2 ;	(114)	15
						RELEASED		2-3		
	Da -ex			340 8			STATION TO			00
The undersigne	CONTF	RACT CONDITIONS: (This ecute this contract as an a	contract must be	signed before the job is	commence	ed or merchandis	e is delivered).	ontract		1. 7
products, and/or st	upplies includes all of	and only those terms and he written consent of an of	conditions appear	ring on the front and back	k of this do	cument. No addit	ional or substitute	e terms	and/or condition	ns sha
	1 7 8			.gy corvided Lr .	· S	IGNED:	141			
	Ec Ec	13 4 8	9			(WELL OWNE	R, OPERATOR,	CONT	RACTOR OR A	GENT
ITEM/PRICE REF. NO.	MA	TERIAL, EQUIPMENT	AND SERVICE	S USED	UNIT	QUANTITY	UNIT PRIC	CE	\$ AMOU	NT
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CP 103	60/40 F	02			5K	50			600	α
CC102	Cellofic	Ye .			15	38			140	60
CC111 -	591+	25 25	27	1 nd 180	46	685		3	342	50
CC112	Cement	Friction R	educer		46	71	*		426	00
CC115	C-44		ж		16	141	51		726	15
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CF 606 CF 1250	and the second s	Flost Show	e 41/2 (Blue)	IE 9	1			330	OC
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	Larch D. Buro Fill Turbolio Claymax	Flost show Per, 41/2 B KCL Subs	e 41/2 (E9 GSI	3			330	00
C704 CC151	LGICH DI BUTO FILL TURBOLIS CIGYMEY MUX FIUS	Flost Show Ner, 41/2 B KCL Subs	e 41/2 (RIVE) titute	(Blue)	E9 E9 G91 G91	500			330 255 175 750	00
C704 CC151	LGICH DA BUTO FILL TURNOLLI CIGYMEY MUX FLUS UNIT MILES	Flost show Der, 41/2 B KCL Subs n sechesse per	e 412 (810e) titute	(Blue)	E9 E9 G91 G91	5 500 35			330 255 175 750 157	00
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E 1650 C 764 C (151 E 100 E 101 E 113 C E 205 C E 240	LGICH DI BUTO FILL TURNOLLI CIGYMEY MUX FLUS WHIT MILES HEGUY EC Proppsn + Depth Cha Blenzins d	Flost show Per, 412 B KCL Subs n secherse pictorian supponent Mi sina Bulic Deli crse; 4001-50 Mixing Service	e 412 (RIVE) titute KLPS, 5 MS, 10550 Wely Chsi DOW To Chsiss	(Blue) (10505 200.5 (5-5, Pe, +000)	ES ES GSI GSI MI MI TIN/M JIN/M	5 500 35 70			330 255 175 750 157 525 805 2520 280	00 00 56 00 00
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E 1650 C 764 CC151 E 100 E 101 E 113 CE 205 CE 240 CF 504	LGICH DI BUYO FILL TURBOLIS CIGYMCY MUX FLUS WHIT MILES HEGUY EC Proppsn+ Depth Cho Blensins & Plus cons	Flost show Per, 412 B KCL Subs n secherse pictorian supponent Mi sina Bulic Deli crse; 4001-50 Mixing Service	e 412 (Plue) titute KLPS, SMS PESSE Wely Chsi CC Chsise ton Chsise	Blue) HUSAS ACC.S (Ses. De. HUNNA	ES ES GSI GSI MI MI TIN/M	5 500 35 70 322			330 255 175 750 157 525 805 2520 280 250 175	50 00 50 00 00 00
E1650 C764 C(151 E160 E101 E113 CE 205 CE 240 CE 504 S 603	LGICH DI BUYO FILL TURBOLIS CIGYMCY MUX FLUS WHIT MILES HEGUY EC Proppsn+ Depth Cho Blensins & Plus cons	Flost show Per, 412 B KCL Subs n SECHSISE PICE SUIPMENT MI SINE BUIL Dell SINE J 4001-50 MIVING SEYU'Y SINEY Utilized Suprivisory 1	e 412 (Plue) titute KLPS, SMS PESSE Wely Chsi CC Chsise ton Chsise	Blue) HUSAS ACC.S (Ses. De. HUNNA	ES ES GSI GSI MI TN/M TN/M SK Job	5 500 35 70 322	SUBT	OTAL	330 255 175 750 157 525 805 250 280 250	00 50 00 00
E1650 C764 C(151 E160 E101 E113 CE 205 CE 240 CE 504 S 603	LGICH DI BUTO FILL TURNOTION CIGYMEY MUX FLUS UNIT MILES HEGUY EC Proppsn + 10 Depth Cho Blensins & Plus cons Service	Flost show Per, 412 B KCL Subs n SECHSISE PICE SUIPMENT MI SINE BUIL Dell SINE J 4001-50 MIVING SEYU'Y SINEY Utilized Suprivisory 1	e 412 (Plue) titute KLPS, SMS PESSE Wely Chsi CC Chsise ton Chsise	Blue) HUSAS ACC.S (Ses. De. HUNNA	ES ES GSI GSI MI TININ LIAN SK JOB	5 500 35 70 322 1 258 1	*	OTAL	330 255 175 750 157 525 805 2520 280 250 175	00 00 50 00 00 00 00 00
E1650 C764 CC151 E160 E101 E113 CE 205 CE 240 CF 304 S603	LGICH DI BUTO FILL TURNOTION CIGYMEY MUX FLUS UNIT MILES HEGUY EC Proppsn + 10 Depth Cho Blensins & Plus cons Service	Flost show Per, 412 B KCL Subs n SECHSISE PICE SUIPMENT MI SINE BUIL Dell SINE J 4001-50 MIVING SEYU'Y SINEY Utilized Suprivisory 1	e 412 (Plue) titute KLPS, SMS PESSE Wely Chsi CC Chsise ton Chsise	Blue) (Ses, pe, tunn) Erse Surse Surse Surse Surse Surse	ES ES GSI GSI MI TININ LIAN SK JOB	5 500 35 76 322 1 268 1	SUB TO	OTAL	330 255 175 750 157 525 805 2520 280 250 175	50 50 50 50 50 50 50 50 50 50
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FIELD SERVICE ORDER NO.

(WELL OWNER OPERATOR CONTRACTOR OR AGENT)



TREATMENT REPORT

Customer	Ilin ms			117	L	ease No.					Date			3	3 3
Lease J	esn.	ng ye	MEAL	PFC	V	Vell# 3						2	- 3.	2015	
Fleid Order	# Static	P	1524	1105			e ×	Casing	ng41/2 Depth 4589 County Barber S			State Ks			
Type Job	NW/4	1/2	lor	155dr	0.5		8	Formatio	"TD - 1	- 41600 Legal Description 16-32-					
PIF	PIPE DATA PERFORATING DATA F						FLUID	USED		-	TREA		RESUME		
Casing Size	Tubing S	ize	Shots/l	et [E. 9	Acid			RATE PRESS ISIP						
Depth 458			From		То		Pre F	Pad		Max				5 Min.	
Volume 7		N 1994	From		То	unite and	Pad	er i e redi	MOM II B SIFI X	Min	- e - an i	TENCHE -	to the property of the second	10 Min.	200 m
Max Press	Max Pres	ss	From		То		Frac	i i	14	Avg		-		15 Min.	
	tion Annulus	Vol.	From	None and a second	То			16	X	HHP Use	d		2) E)	Annulus P	ressure
Plug Depthy4	Packer D	epth	From		То		Flush	2%x	chaster	Gas Volu				Total Load	29
Customer Re	epresentative		2	3		Station	Manaç	ger Kev	1 G0101	P -	Trea	\mathcal{D}	Srin	CENKI	i n
Service Units	27183	27	463	198	26	7376	8			- 52					
Driver Names	Derin	E		Besch	ry	Besch	o _y	me of		2					
Time	Casing Pressure		ubing essure	Bbls.	Pum	ped	R	ate				Servi	ice Log		
12:30 pm					70.00		- 4		on to	Csrian	1551	Cety	mees	ins	
						ΔX	ti		Run		9		ki	954	
									Turbon	7015 -					*,
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1024	4 NE Hiw	ay	61 • F	P.O. B	ox 8	8613 •	Prat	it, KS	67124-86	13 • (62	0) 672	2-120)1 • Fax	k (620) 6	672-5383

CELLS WITH BLUE BACKGROUND ARE THE ONLY CELLS TO BE EDITED

2/20/15 10:10
2/20/15 12:41
Kansas
Barber
15-007-24267-0000
Griffin Management
Jean #3
Yes
-98.625843
37.2626818
NAD27
4,400'
368,450





Additive
Water
Sand (Proppant)
Plexcide B7
Plexslick 957
Plexgel Breaker XPA
Plexset 730
Plexsurf 580 ME
Plexsurf 580 ME
Plexgel 907L-EB
Plexgel 907L-EB
Plexgel 907L-EB
Plexgel 907L-EB
_

Ingredients Section:

Trade Name	Supplier	Purpose	Ingredients	Chemical Abstract Service Number (CAS #)
Water	Operator	Carrier/Base Fluid	Water	7732-18-5
Sand (Proppant)	Uniman	Proppant	Crystalline Silica in the form of Quartz	14808-60-7
Plexcide B7	Chemplex	Biocide	Sodium Hydroxide	1310-73-2
Plexslick 957	Chemplex	Friction Reducer	Petroleum Hdrotreated Light Distillate	64742-47-8
Plexgel Breaker XPA	Chemplex	Slickwater Breaker	Hydrogen Peroxide	7722-84-1
Plexset 730	Chemplex	Activator	Methanol	67-56-1
Plexsurf 580 ME	Chemplex	Product Stabalizer	2-Butoxyethanol	111-76-2
Plexsurf 580 ME	Chemplex	Product Stabalizer	Methyl Alcohol	67-56-1
Plexgel 907L-EB	Chemplex	Gelling Agent	Guar Gum	9000-30-0
Plexgel 907L-EB	Chemplex	Gelling Agent	Alcohol Ethoxylates	34398-01-1
Plexgel 907L-EB	Chemplex	Gelling Agent	Crystalline Silica	14808-60-7
Plexgel 907L-EB	Chemplex	Gelling Agent	Distillates hydrotreated Light	64742-47-8

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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. Ar

^{*}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%

who provided it. The Occupational Safety and Health Administration's (OSHA) regulations govern the criteria for the disclosure of this information. Please note that Federal Law protects "proprie how this information is reported on an MSDS is subject to 29 CFR 1910.1200(i) and Appendix D.

Specific Gravity	Additive Quantity	Mass (lbs)	
1.00	368,450	3,074,715	
2.65	166,900	166,900	
1.33	20	222	
1.11	259	2,399	
1.03	72	619	
0.90	88	661	
0.95	93	737	
0.95	93	737	
1.04	0	0	
1.04	0	0	
1.04	0	0	
1.04	0	0	
·			
•			

Total Slurry Mass (Lbs) 3,246,991

Maximum Ingredient	Maganan	Maximum Ingredient		
Concentration in	Mass per	Concentration in HF	Comments	
Additive	Component (LBS)	Fluid		
(% bv mass)**		(% bv mass)**		
100.00%	3,074,715	94.69430%		Water
100.00%	166,900	5.14014%		Sand (Proppant)
5.00%	11	0.00034%		Plexcide B7
0.00%	0	0.00000%		Plexslick 957
7.00%	43	0.00133%		Plexgel Breaker XPA
50.00%	330	0.01018%		Plexset 730
60.00%	442	0.01362%		Plexsurf 580 ME
10.00%	74	0.00227%		Plexsurf 580 ME
50.00%	0	0.00000%		Plexgel 907L-EB
1.00%	0	0.00000%		Plexgel 907L-EB
0.06%	0	0.00000%		Plexgel 907L-EB
50.00%	0	0.00000%		Plexgel 907L-EB
			Non-MSDS Component	
			Non-MSDS Component	
			Non-MSDS Component	

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	Non-MSDS Component Non-MSDS Component Non-MSDS Component
	Non-MSDS Component
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ny questions regarding the content of the MSDS should be directed to the supplier

etary", "trade secret", and "confidential business information" and the criteria for