

Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1247476
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: _____

1247476

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> _____					
Estimated Production Per 24 Hours	Oil Bbls.	Gas Mcf	Water Bbls.	Gas-Oil Ratio	Gravity	

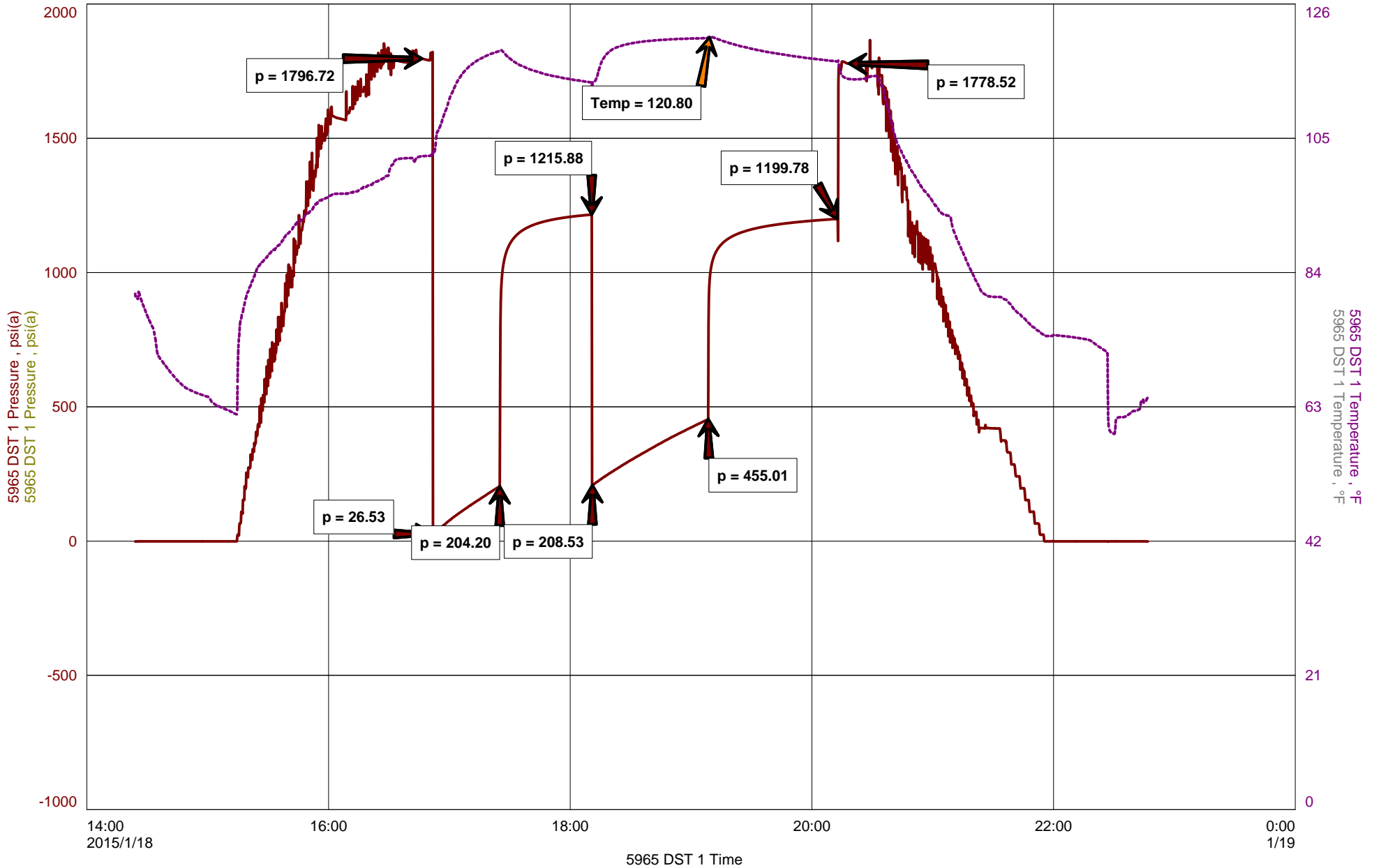
DISPOSITION OF GAS: <input type="checkbox"/> Vented <input type="checkbox"/> Sold <input type="checkbox"/> Used on Lease <i>(If vented, Submit ACO-18.)</i>	METHOD OF COMPLETION: <input type="checkbox"/> Open Hole <input type="checkbox"/> Perf. <input type="checkbox"/> Dually Comp. <input type="checkbox"/> Commingled <i>(Submit ACO-5)</i> <input type="checkbox"/> Other <i>(Specify)</i> _____	PRODUCTION INTERVAL: _____ _____
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Form	ACO1 - Well Completion
Operator	IA Operating, Inc.
Well Name	Box Farms 33-1
Doc ID	1247476

All Electric Logs Run

Geologist Well Report
Dual Induction Log
Compensated Density/Neutron Log
Micro Log
Sonic Log

Box Farms 33-1 DST 1





Diamond Testing General Report

Wilbur Steinbeck
TESTER
CELL: 620-282-1573

General Information

Company Name	IA Operating Inc	Job Number	W156
Contact		Representative	Wilbur Steinbeck
Well Name	Box Farms 33-1	Well Operator	Southwind 70
Unique Well ID	DST 1 Shawnee 3790-3835	Report Date	2015/01/18
Surface Location	33-1s-32w Rawlins/Kan	Prepared By	Wilbur Steinbeck
Field	Wildcat	Qualified By	Jeff Lawler

Test Information

Test Type	Conventional		
Formation	Shawnee		
Well Fluid Type	01 Oil		
Test Purpose (AEUB)	Initial Test		
Start Test Date	2015/01/18	Start Test Time	14:24:00
Final Test Date	2015/01/18	Final Test Time	22:52:00

Test Recovery

Recovery 900' MCW 10%M 90%W
 900' Total Fluid

Tool Sample MCW 30%M 70%W

RW=29



DIAMOND TESTING
P.O. Box 157
HOISINGTON, KANSAS 67544
(800) 542-7313
DRILL-STEM TEST TICKET
FILE: Box Farms 33-1 DST 1

TIME ON: 14:24
TIME OFF: 22:52

Company IA Operating Inc Lease & Well No. Box Farms 33-1
Contractor Southwind 70 Charge to IA Operating Inc
Elevation GL 2946 Formation Shawnee Effective Pay _____ Ft. Ticket No. W156
Date 1-18-15 Sec. 33 Twp. 1 S Range 32 W County Rawlins State KANSAS
Test Approved By _____ Diamond Representative Wilbur Steinbeck

Formation Test No. 1 Interval Tested from 3790 ft. to 3835 ft. Total Depth 3835 ft.
Packer Depth 3785 ft. Size 6 3/4 in. Packer depth _____ ft. Size 6 3/4 in.
Packer Depth 3790 ft. Size 6 3/4 in. Packer depth _____ ft. Size 6 3/4 in.
Depth of Selective Zone Set _____

Top Recorder Depth (Inside) 3776 ft. Recorder Number 5965 Cap. 5,000 P.S.I.
Bottom Recorder Depth (Outside) 3791 ft. Recorder Number 5446 Cap. 5,000 P.S.I.
Below Straddle Recorder Depth _____ ft. Recorder Number _____ Cap. _____ P.S.I.
Mud Type Chem Viscosity 54 Drill Collar Length 0 ft. I.D. 2 1/4 in.
Weight 9.0 Water Loss 6.4 cc. Weight Pipe Length 0 ft. I.D. 2 7/8 in.
Chlorides 400 P.P.M. Drill Pipe Length 3765 ft. I.D. 3 1/2 in.
Jars: Make STERLING Serial Number 07 Test Tool Length 25 ft. Tool Size 3 1/2-IF in.
Did Well Flow? Yes Reversed Out No Anchor Length 45 ft. Size 4 1/2-FH in.
Main Hole Size 7 7/8 Tool Joint Size 4 1/2 in. Surface Choke Size 1 in. Bottom Choke Size 5/8 in.

Blow: 1st Open: BOB in 10 min No Return
2nd Open: BOB in 15 min No Return

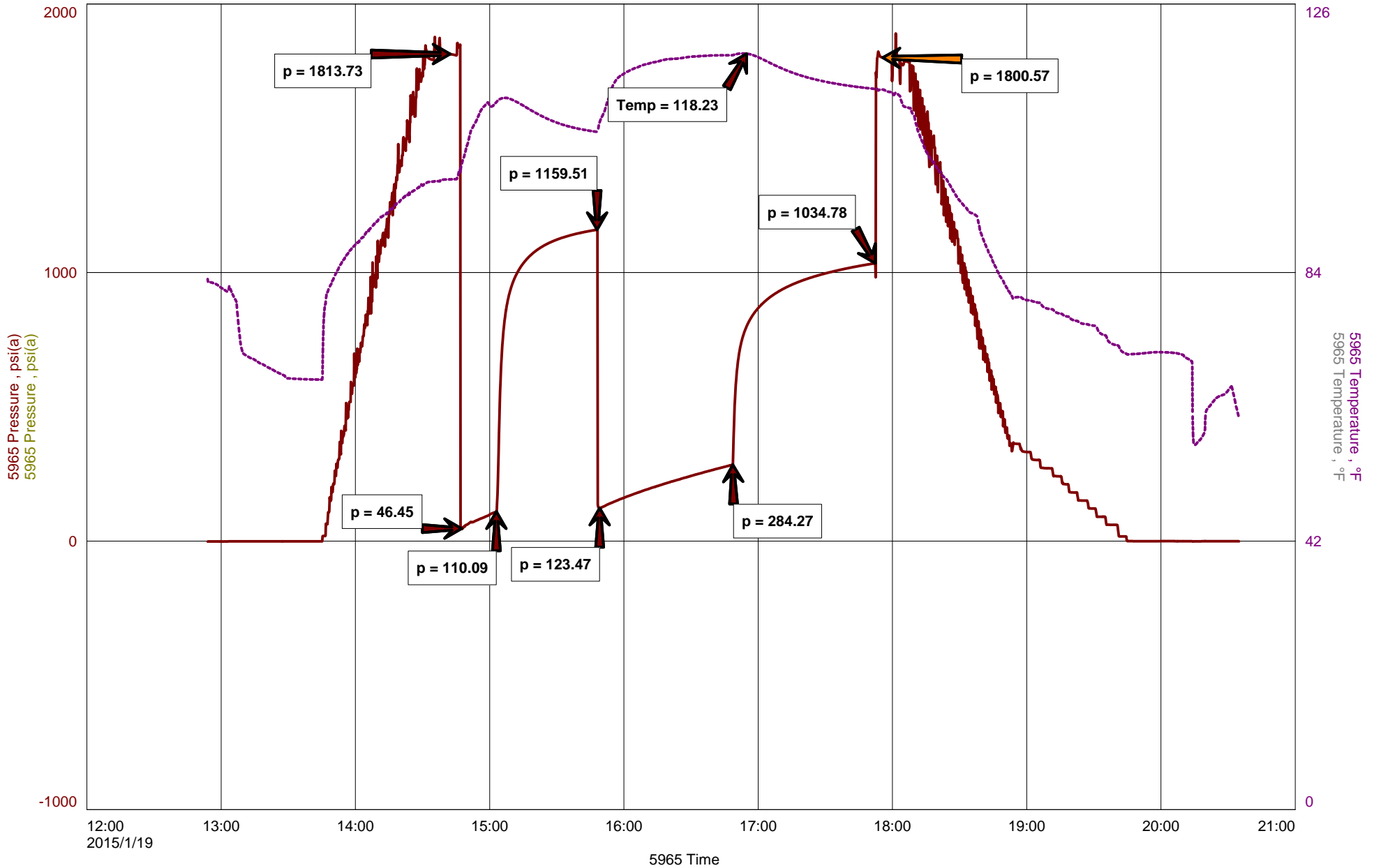
Recovered 900 ft. of MCW 10%M 90%W
Recovered 900 ft. of Total Fluid
Recovered _____ ft. of _____
Recovered _____ ft. of _____

Recovered _____ ft. of _____	Price Job
Recovered _____ ft. of _____	Other Charges
Recovered _____ ft. of _____	Insurance
Remarks: _____	Total
Tool Sample Mud <u>MCW 30%M 70%W</u>	
RW= <u>29,500</u> ppm	

Time Set Packer(s) 17:00 A.M. P.M. Time Started Off Bottom 20:15 A.M. P.M. Maximum Temperature 121
Initial Hydrostatic Pressure..... (A) 1797 P.S.I.
Initial Flow Period..... Minutes 30 (B) 27 P.S.I. to (C) 204 P.S.I.
Initial Closed In Period..... Minutes 45 (D) 1216 P.S.I.
Final Flow Period..... Minutes 60 (E) 209 P.S.I. to (F) 455 P.S.I.
Final Closed In Period..... Minutes 60 (G) 1200 P.S.I.
Final Hydrostatic Pressure..... (H) 1779 P.S.I.

Diamond Testing shall not be liable for damages of any kind to the property or personnel of the one for whom a test is made or for any loss suffered or sustained, directly or indirectly, through the use of its equipment, or its statement or opinion concerning the result of any test. Tools lost or damaged in the hole shall be paid for at cost by the party for whom the test is made.

Box Farms 33-1 DST 2





Diamond Testing General Report

Wilbur Steinbeck
TESTER
CELL: 620-282-1573

General Information

Company Name	IA Operating Inc	Jeff Lawler	Job Number	W157
Contact		Box Farms 33-1	Representative	Wilbur Steinbeck
Well Name		DST 2 LKC A&B 3827-3912	Well Operator	Southwind 70
Unique Well ID		33-1s-32w Rawlins/Kan	Report Date	2015/01/19
Surface Location		Wildcat	Prepared By	Wilbur Steinbeck
Field			Qualified By	Jeff Lawler

Test Information

Test Type	Conventional		
Formation	LKC A&B		
Well Fluid Type	01 Oil		
Test Purpose (AEUB)	Initial Test		
Start Test Date	2015/01/19	Start Test Time	12:54:00
Final Test Date	2015/01/19	Final Test Time	20:35:00

Test Recovery

Recovery 412' Gassy Free Oil
 312' GMCO 10%G 25%M 65%O
 727' Total Fluid
 350' GIP

Tool Sample GMCO 5%G 25%M 70%O

Corrected Gravity=36



DIAMOND TESTING
P.O. Box 157
HOISINGTON, KANSAS 67544
(800) 542-7313
DRILL-STEM TEST TICKET
FILE: Box Farms 33-1 DST 2

TIME ON: 12:54
TIME OFF: 20:35

Company IA Operating Inc Lease & Well No. Box Farms 33-1
Contractor Southwind 70 Charge to IA Operating Inc
Elevation GL 2946 Formation LKC A&B Effective Pay _____ Ft. Ticket No. W157
Date 1-19-15 Sec. 33 Twp. 1 S Range 32 W County Rawlins State KANSAS
Test Approved By _____ Diamond Representative Wilbur Steinbeck

Formation Test No. 2 Interval Tested from 3827 ft. to 3912 ft. Total Depth 3912 ft.
Packer Depth 3822 ft. Size 6 3/4 in. Packer depth _____ ft. Size 6 3/4 in.
Packer Depth 3827 ft. Size 6 3/4 in. Packer depth _____ ft. Size 6 3/4 in.

Depth of Selective Zone Set _____

Top Recorder Depth (Inside) 3813 ft. Recorder Number 5965 Cap. 5,000 P.S.I.
Bottom Recorder Depth (Outside) 3828 ft. Recorder Number 5446 Cap. 5,000 P.S.I.
Below Straddle Recorder Depth _____ ft. Recorder Number _____ Cap. _____ P.S.I.

Mud Type Chem Viscosity 59 Drill Collar Length 0 ft. I.D. 2 1/4 in.
Weight 9.2 Water Loss 7.2 cc. Weight Pipe Length 0 ft. I.D. 2 7/8 in.
Chlorides 1300 P.P.M. Drill Pipe Length 3802 ft. I.D. 3 1/2 in.
Jars: Make STERLING Serial Number 07 Test Tool Length 25 ft. Tool Size 3 1/2-IF in.
Did Well Flow? Yes Reversed Out No Anchor Length 85 ft. Size 4 1/2-FH in.
Main Hole Size 7 7/8 Tool Joint Size 4 1/2 in. Surface Choke Size 1 in. Bottom Choke Size 5/8 in.

Blow: 1st Open: BOB in 5 min BOB in 40 min
2nd Open: BOB in 8 min BOB in 11 min

Recovered 412 ft. of Gassy Free Oil
Recovered 315 ft. of GMCO 10%G 25%M 65%O
Recovered 727 ft. of Total Fluid
Recovered 350 ft. of GIP

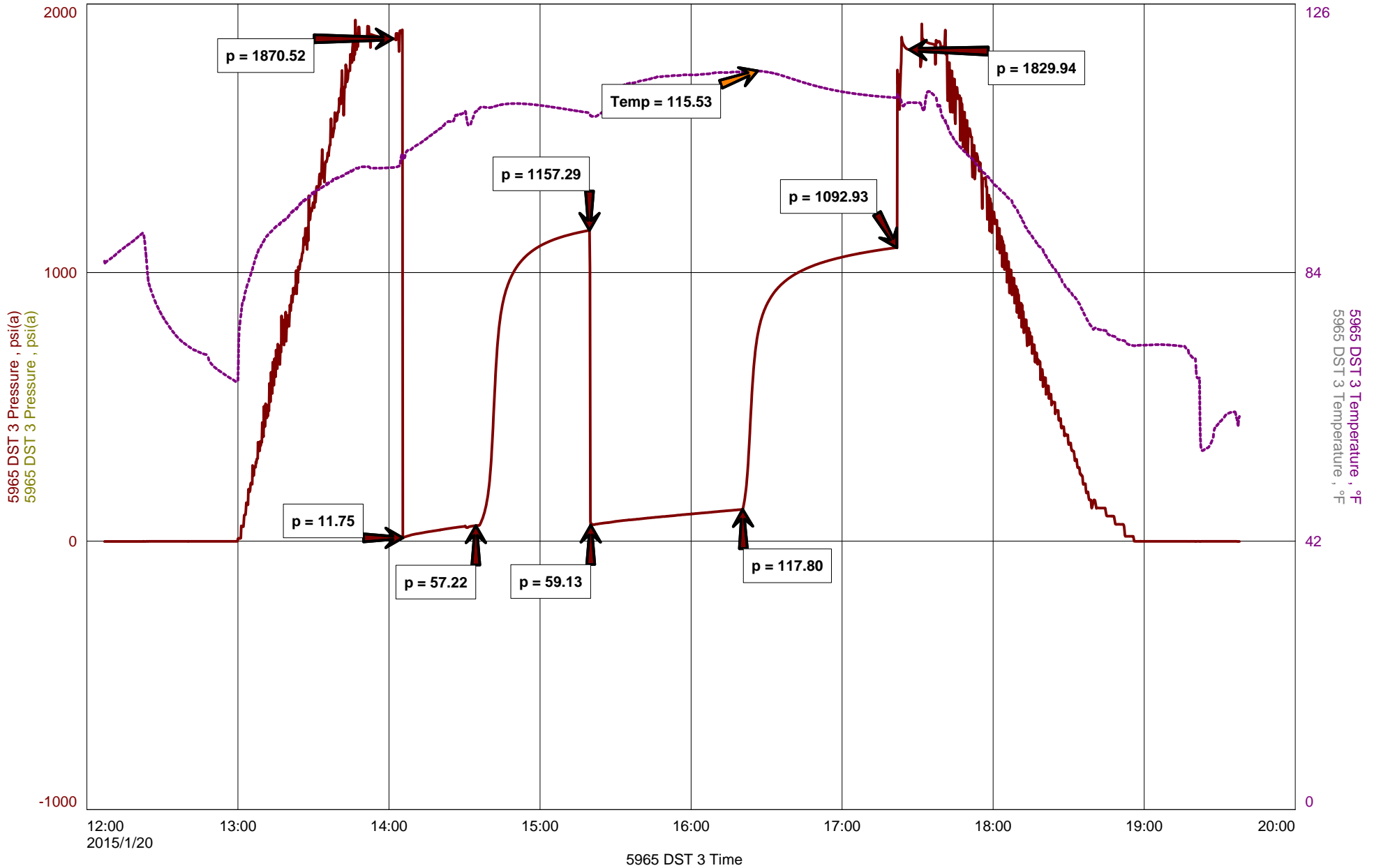
Recovered _____ ft. of _____	Price Job
Recovered _____ ft. of _____	100 Miles RT Other Charges
Remarks: _____	Insurance
Tool Sample Mud <u>GMCO 5%G 25%M 70%O</u>	
Corrected Gravity= <u>36</u>	Total

Time Set Packer(s) 17:00 A.M. P.M. Time Started Off Bottom 20:15 A.M. P.M. Maximum Temperature 118

Initial Hydrostatic Pressure..... (A) 1814 P.S.I.
Initial Flow Period..... Minutes 15 (B) 46 P.S.I. to (C) 110 P.S.I.
Initial Closed In Period..... Minutes 45 (D) 1160 P.S.I.
Final Flow Period..... Minutes 60 (E) 123 P.S.I. to (F) 284 P.S.I.
Final Closed In Period..... Minutes 60 (G) 1035 P.S.I.
Final Hydrostatic Pressure..... (H) 1801 P.S.I.

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Box Farms 33-1 DST 3





Diamond Testing General Report

Wilbur Steinbeck
TESTER
CELL: 620-282-1573

General Information

Company Name	IA Operating Inc	Jeff Lawler	Job Number	W158
Contact		Box Farms 33-1	Representative	Wilbur Steinbeck
Well Name		DST 3 LKC C&D 3917-4007	Well Operator	Southwind 70
Unique Well ID		33-1s-32w Rawlins/Kan	Report Date	2015/01/20
Surface Location		Wildcat	Prepared By	Wilbur Steinbeck
Field			Qualified By	Jeff Lawler

Test Information

Test Type	Conventional
Formation	LKC C&D
Well Fluid Type	01 Oil
Test Purpose (AEUB)	Initial Test

Start Test Date	2015/01/20	Start Test Time	12:07:00
Final Test Date	2015/01/20	Final Test Time	19:37:00

Test Recovery

Recovery 60' Gassy Free Oil
 220' GMCO 15%G 30%M 55%O
 280' Total Fluid
 120' GIP

Tool Sample GMCO 10%G 30%M 60%O

Corrected Gravity=33.2



DIAMOND TESTING
P.O. Box 157
HOISINGTON, KANSAS 67544
(800) 542-7313
DRILL-STEM TEST TICKET
FILE: Box Farms 33-1 DST 3

TIME ON: 12:07
TIME OFF: 19:37

Company IA Operating Inc Lease & Well No. Box Farms 33-1
Contractor Southwind 70 Charge to IA Operating Inc
Elevation GL 2946 Formation LKC C&D Effective Pay _____ Ft. Ticket No. W158
Date 1-20-15 Sec. 33 Twp. 1 S Range 32 W County Rawlins State KANSAS
Test Approved By _____ Diamond Representative Wilbur Steinbeck

Formation Test No. 3 Interval Tested from 3917 ft. to 4007 ft. Total Depth 4007 ft.
Packer Depth 3912 ft. Size 6 3/4 in. Packer depth _____ ft. Size 6 3/4 in.
Packer Depth 3917 ft. Size 6 3/4 in. Packer depth _____ ft. Size 6 3/4 in.
Depth of Selective Zone Set _____

Top Recorder Depth (Inside) 3913 ft. Recorder Number 5965 Cap. 5,000 P.S.I.
Bottom Recorder Depth (Outside) 3918 ft. Recorder Number 5446 Cap. 5,000 P.S.I.
Below Straddle Recorder Depth _____ ft. Recorder Number _____ Cap. _____ P.S.I.

Mud Type Chem Viscosity 52 Drill Collar Length 0 ft. I.D. 2 1/4 in.
Weight 9.2 Water Loss 6.4 cc. Weight Pipe Length 0 ft. I.D. 2 7/8 in.
Chlorides 2000 P.P.M. Drill Pipe Length 3892 ft. I.D. 3 1/2 in.
Jars: Make STERLING Serial Number 07 Test Tool Length 25 ft. Tool Size 3 1/2-IF in.
Did Well Flow? Yes Reversed Out No Anchor Length 90 ft. Size 4 1/2-FH in.
Main Hole Size 7 7/8 Tool Joint Size 4 1/2 in. Surface Choke Size 1 in. Bottom Choke Size 5/8 in.

Blow: 1st Open: BOB in 17 min Built to 4"
2nd Open: BOB in 11 min Built to 3 1/2"

Recovered 60 ft. of Gassy Free Oil
Recovered 220 ft. of GMCO 15%G 30%M 55%O
Recovered 280 ft. of Total Fluid
Recovered 120 ft. of GIP

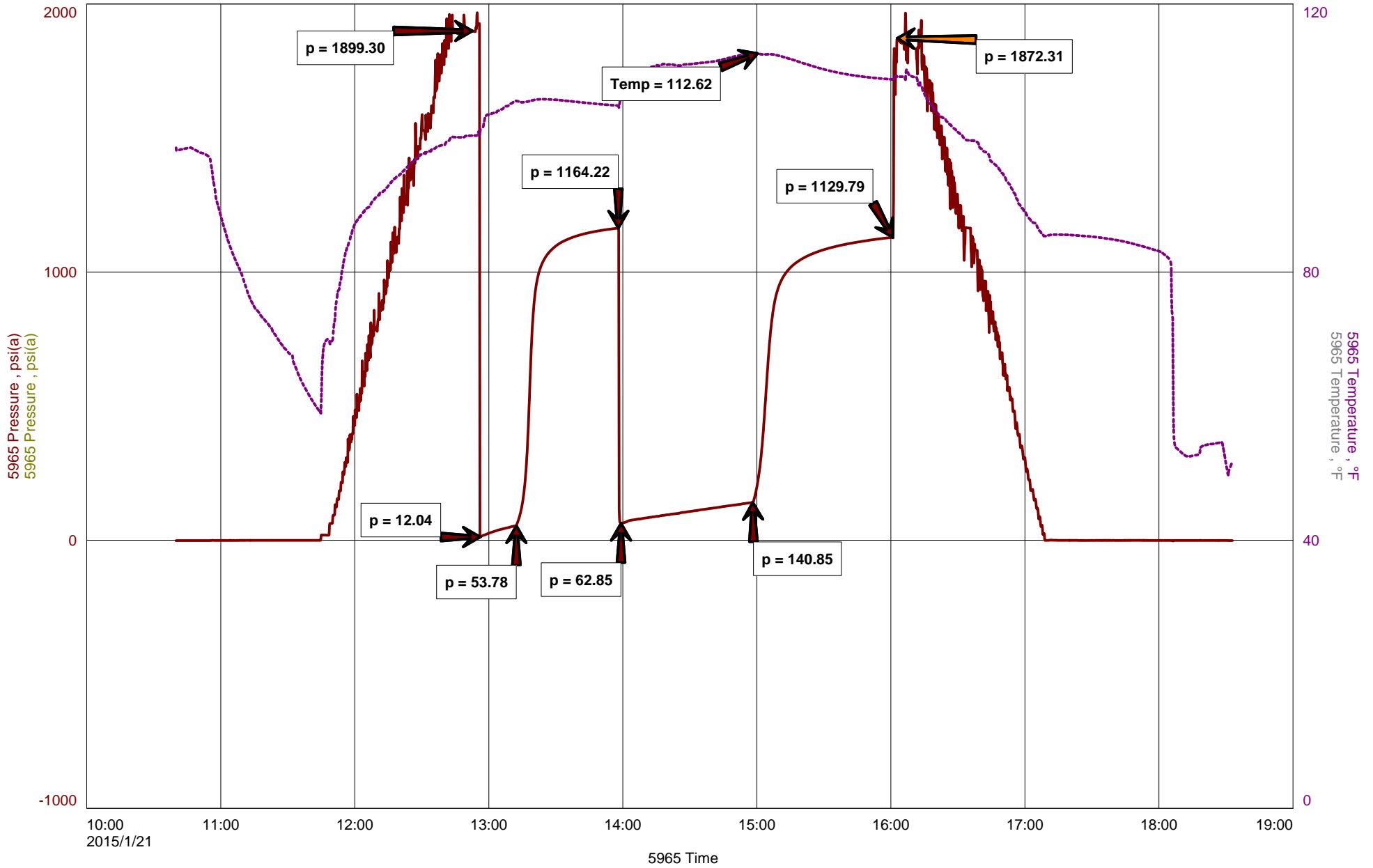
Recovered _____ ft. of _____	Price Job
Recovered _____ ft. of _____	100 Miles RT Other Charges
Remarks: _____	Insurance
Tool Sample Mud <u>GMCO 10%G 30%M 60%O</u>	
Corrected Gravity= <u>33.2</u>	Total

Time Set Packer(s) 14:05 A.M. P.M. Time Started Off Bottom 17:20 A.M. P.M. Maximum Temperature 116

Initial Hydrostatic Pressure..... (A) 1871 P.S.I.
Initial Flow Period..... Minutes 15 (B) 12 P.S.I. to (C) 57 P.S.I.
Initial Closed In Period..... Minutes 45 (D) 1157 P.S.I.
Final Flow Period..... Minutes 60 (E) 59 P.S.I. to (F) 118 P.S.I.
Final Closed In Period..... Minutes 60 (G) 1093 P.S.I.
Final Hydrostatic Pressure..... (H) 1830 P.S.I.

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Box Farms 33-1 DST 4





Diamond Testing General Report

Wilbur Steinbeck
TESTER
CELL: 620-282-1573

General Information

Company Name	IA Operating Inc	Jeff Lawler	Job Number	W159
Contact			Representative	Wilbur Steinbeck
Well Name	Box Farms 33-1		Well Operator	Southwind 70
Unique Well ID	DST 4 LKC E&F 4003-4090		Report Date	2015/01/21
Surface Location	33-1s-32w Rawlins/Kan		Prepared By	Wilbur Steinbeck
Field	Wildcat		Qualified By	Jeff Lawler

Test Information

Test Type	Conventional
Formation	LKC E&F
Well Fluid Type	01 Oil
Test Purpose (AEUB)	Initial Test

Start Test Date	2015/01/21	Start Test Time	10:40:00
Final Test Date	2015/01/21	Final Test Time	18:35:00

Test Recovery

Recovery 90' Gassy Free Oil
 260' GMCO 15%G 25%M 60%O
 350' Total Fluid
 120' GIP

Tool Sample GMCO 10%G 15%M 75%O

Corrected Gravity=38.2



DIAMOND TESTING
P.O. Box 157
HOISINGTON, KANSAS 67544
(800) 542-7313
DRILL-STEM TEST TICKET
FILE: Box Farms 33-1 DST 4

TIME ON: 10:40
TIME OFF: 18:35

Company IA Operating Inc Lease & Well No. Box Farms 33-1
Contractor Southwind 70 Charge to IA Operating Inc
Elevation GL 2946 Formation LKC E&F Effective Pay _____ Ft. Ticket No. W159
Date 1-21-15 Sec. 33 Twp. 1 S Range 32 W County Rawlins State KANSAS
Test Approved By _____ Diamond Representative Wilbur Steinbeck

Formation Test No. 4 Interval Tested from 4003 ft. to 4090 ft. Total Depth 4090 ft.
Packer Depth 3998 ft. Size 6 3/4 in. Packer depth _____ ft. Size 6 3/4 in.
Packer Depth 4003 ft. Size 6 3/4 in. Packer depth _____ ft. Size 6 3/4 in.

Depth of Selective Zone Set _____
Top Recorder Depth (Inside) 3989 ft. Recorder Number 5965 Cap. 5,000 P.S.I.
Bottom Recorder Depth (Outside) 4004 ft. Recorder Number 5446 Cap. 5,000 P.S.I.
Below Straddle Recorder Depth _____ ft. Recorder Number _____ Cap. _____ P.S.I.

Mud Type Chem Viscosity 51 Drill Collar Length 0 ft. I.D. 2 1/4 in.
Weight 9.2 Water Loss 7.2 cc. Weight Pipe Length 0 ft. I.D. 2 7/8 in.
Chlorides 2300 P.P.M. Drill Pipe Length 3970 ft. I.D. 3 1/2 in.
Jars: Make STERLING Serial Number 07 Test Tool Length 33 ft. Tool Size 3 1/2-IF in.
Did Well Flow? Yes Reversed Out No Anchor Length 87 ft. Size 4 1/2-FH in.
Main Hole Size 7 7/8 Tool Joint Size 4 1/2 in. Surface Choke Size 1 in. Bottom Choke Size 5/8 in.

Blow: 1st Open: BOB in 12 min No Return
2nd Open: BOB in 11 min Built to 3 1/2"

Recovered 90 ft. of Gassy Free Oil
Recovered 260 ft. of GMCO 15%G 25%M 60%O Ruined packer rubber
Recovered 350 ft. of Total Fluid
Recovered 120 ft. of GIP

Recovered _____ ft. of _____	Price Job
Recovered _____ ft. of _____	100 Miles RT
Remarks: _____	Insurance
Tool Sample Mud <u>GMCO 10%G 15%M 75%O</u>	
Corrected Gravity= <u>38.2</u>	Total

Time Set Packer(s) 13:00 A.M. P.M. Time Started Off Bottom 16:00 A.M. P.M. Maximum Temperature 113

Initial Hydrostatic Pressure..... (A) 1899 P.S.I.
Initial Flow Period..... Minutes 15 (B) 12 P.S.I. to (C) 54 P.S.I.
Initial Closed In Period..... Minutes 45 (D) 1164 P.S.I.
Final Flow Period..... Minutes 60 (E) 63 P.S.I. to (F) 141 P.S.I.
Final Closed In Period..... Minutes 60 (G) 1130 P.S.I.
Final Hydrostatic Pressure..... (H) 1872 P.S.I.

Diamond Testing shall not be liable for damages of any kind to the property or personnel of the one for whom a test is made or for any loss suffered or sustained, directly or indirectly, through the use of its equipment, or its statement or opinion concerning the result of any test. Tools lost or damaged in the hole shall be paid for at cost by the party for whom the test is made.



CONSOLIDATED
Oil Well Services, LLC

PO Box 884, Chanute, KS 66720
620-431-9210 or 800-467-8676

TICKET NUMBER 46583
LOCATION Oakley, KS
FOREMAN Kelly Gabel

FIELD TICKET & TREATMENT REPORT
CEMENT

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
1-14-15	3826	Box Farms - 33-1	33	15	32 W	Rawlins
CUSTOMER IA Operating			TRUCK # DRIVER TRUCK # DRIVER			
MAILING ADDRESS			731	Jordan		
CITY STATE ZIP CODE			693	Larry		

JOB TYPE Surface HOLE SIZE 12 1/4 HOLE DEPTH 269 CASING SIZE & WEIGHT 8 5/8 24#
 CASING DEPTH 269 DRILL PIPE _____ TUBING _____ OTHER _____
 SLURRY WEIGHT 148' SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT in CASING 20'
 DISPLACEMENT 15 3/4 DISPLACEMENT PSI _____ MIX PSI _____ RATE _____

REMARKS: safety meeting, rigged up on southwind #70, got circulation mixed 200SKS com 3% cc 3% gel, displaced with water shut in.

Cement did circulate

Handwritten signature: Kelly Gabel

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
54015	1	PUMP CHARGE	1150 ⁰⁰	1150 ⁰⁰
54106	80 mi.	MILEAGE	5.25	420 ⁰⁰
54107A	9.4	Ton mileage delivery	175	1316 ⁰⁰
11045	200 SKS	Class A Cement	18.55	3710 ⁰⁰
1102	564 #	calcium chloride	.94	530 ¹⁶
11183	376 #	Gel	1.27	101 ⁵²
1111	100 #	salt	NC	NC
			Sub	7227 ⁶⁸
			Tax 1590	1084 ¹⁵
			Total	6143 ⁵³
			SALES TAX	
			ESTIMATED TOTAL	

Ravin 3737

AUTHORIZATION Sam Step TITLE Toolpusher DATE 1-14-15

I acknowledge that the payment terms, unless specifically amended in writing on the front of the form or in the customer's account records, at our office, and conditions of service on the back of this form are in effect for services identified on this form



CONSOLIDATED
Oil Well Services, LLC

PO Box 884, Chanute, KS 66720
620-431-9210 or 800-467-8676

1892

1837

Invoice # 803170

PO 2836
Sales: 1909
TICKET NUMBER 46585

LOCATION Oakley, KS

FOREMAN Kelly Gabe

FIELD TICKET & TREATMENT REPORT

Miles Shaw

CEMENT

KS

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
1-23-15	3826	Box Farms 33-1	33	15	32 ^W	Rawlins
CUSTOMER <u>IA Operating</u>			Hernon N to Rd SW N.S			
MAILING ADDRESS			TRUCK #	DRIVER	TRUCK #	DRIVER
CITY			524 T118	Michael		
STATE			460	Robin		
ZIP CODE			524 T119	Rob		

JOB TYPE Prod HOLE SIZE 7 7/8 HOLE DEPTH 4200 CASING SIZE & WEIGHT 5 1/2 15.5#
 CASING DEPTH 4192 DRILL PIPE _____ TUBING _____ OTHER _____
 SLURRY WEIGHT 135, 140 SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT in CASING 42.15
 DISPLACEMENT 98.95 DISPLACEMENT PSI _____ MIX PSI _____ RATE _____

REMARKS: Safety meeting, ran float equip on Jt #5 cent 1-8, 11, 40, 60, 67 baskets, 11, 40, 60, 67, ran pipe to bottom & circulated for 1 hr pumped 5 bbl water mud flush 5 bbl water, mixed 30 SKS RH, mixed 270 SKS CMD 1/2# flo-seal tailed in with 200 SKS OWC 5# Kol-seal, washed pumps, released plug & displaced plug with 100 bbl water with a lift pressure of 1100# a plug landed @ 1500#, released pressure, float held. Cement did circulate, approx 50 bbl to pit

*Thank You
Kelly, Miles & Crew*

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401C	1	PUMP CHARGE	3175 ⁰⁰	3175 ⁰⁰
5406	80 mi	MILEAGE	5 ²⁵	420 ⁰⁰
5407A	23.5	Ton mileage delivery	1 ⁷⁵	3290 ⁰⁰
1126	200 SKS	OWC	2370	4740 ⁰⁰
1110A	1000#	Kol-seal	.56	560 ⁰⁰
1104D	300 SKS	CMD	2793	8376 ⁰⁰
44154	1	5 1/2 latchdown/w plug (w)	318 ³⁵	318 ³⁵
4104	4	5 1/2 basket (w)	290 ⁰⁰	1160 ⁰⁰
4130	12	5 1/2 centralizer (w)	61 ⁰⁰	732 ⁰⁰
4159	1	5 1/2 AFU float shoe	433 ⁷⁵	433 ⁷⁵
1144G	500 gal	mud flush	1 ⁰⁰	500 ⁰⁰
1107	150#	Flo-seal	297	44550
		Sub		24,150.50
		Load	1590	3622.58
		Total		20567.92
		SALES TAX		1199.37
		ESTIMATED TOTAL		21,687.30

Ravin 3737

AUTHORIZATION Kelly Shaw

TITLE _____

DATE 1-23-15

I acknowledge that the payment terms, unless specifically amended in writing on the front of the form or in the customer's account records, at our office, and conditions of service on the back of this form are in effect for services identified on this form.