

Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION

Form ACO-1

January 2018

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

Gas DH EOR

OG GSW

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 EOR Conv. to SWD

Plug Back Liner Conv. to GSW Conv. to Producer

Commingled Permit #: _____

Dual Completion Permit #: _____

SWD Permit #: _____

EOR Permit #: _____

GSW Permit #: _____

Spud Date or Recompletion Date _____ Date Reached TD _____ Completion Date or Recompletion Date _____

API No.: _____

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 Drill Stem Tests Received

Geologist Report / Mud Logs Received

UIC Distribution

ALT I II III Approved by: _____ Date: _____

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 Geologist Report / Mud Logs <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
--	---

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				

1. Did you perform a hydraulic fracturing treatment on this well? Yes No *(If No, skip questions 2 and 3)*
2. Does the volume of the total base fluid of the hydraulic fracturing treatment exceed 350,000 gallons? Yes No *(If No, skip question 3)*
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)*

Date of first Production/Injection or Resumed Production/Injection:	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) (Submit ACO-4)</i>	PRODUCTION INTERVAL: Top Bottom
---	--	------------------------------------

Shots Per Foot	Perforation Top	Perforation Bottom	Bridge Plug Type	Bridge Plug Set At	Acid, Fracture, Shot, Cementing Squeeze Record <i>(Amount and Kind of Material Used)</i>

TUBING RECORD:	Size:	Set At:	Packer At:	
----------------	-------	---------	------------	--

Form	ACO1 - Well Completion
Operator	Carmen Schmitt, Inc.
Well Name	Downing Trust 2-1
Doc ID	1271240

All Electric Logs Run

Gamma Ray
Computer Processed
Dual Induction
Dual Comp Porosity
Microresistivity

Form	ACO1 - Well Completion
Operator	Carmen Schmitt, Inc.
Well Name	Downing Trust 2-1
Doc ID	1271240

Tops

Name	Top	Datum
Anhydrite	2982	364
Heebner	4165	-819
Lansing	4216	-870
Muncie Crk	4334	-988
Stark	4411	-1065
B KC	4468	-1122
Marmaton	4476	-1130
Pawnee	4589	-1243
Fort Scott	4646	-1300
Cherokee	4672	-1326
Mississippi	4828	-1482



REMIT TO
 Consolidated Oil Well Services, LLC
 Dept: 970
 P.O. Box 4346
 Houston, TX 77210-4346

MAIN OFFICE

P.O. Box 884
 Chanute, KS 66720
 620/431-9210, 1-800/467-8676
 Fax 620/431-0012

Invoice Invoice# 806362

Invoice Date: 11/16/15 Terms: Net 30 Page 1

CARMEN SCHMITT, INC.

P.O. BOX 47 (915 HARRISON)
 GREAT BEND KS 57530
 USA
 6207935100

DOWNING TRUST#2-1

Part No	Description	Quantity	Unit Price	Discount(%)	Total
CE0471	Cement Pump Charge 301' - 500' (Coalbed/Methane)	1.000	1,150.0000	40.000	690.00
CE0002	Equipment Mileage Charge - Heavy Equipment	30.000	7.1500	40.000	128.70
CE0711	Minimum Cement Delivery Charge	1.000	660.0000	40.000	396.00
CC5871	Surface Blend II, 2% Gel/3% CaCl	250.000	23.0000	40.000	3,450.00
Subtotal					7,774.50
Discounted Amount					3,109.80
SubTotal After Discount					4,664.70

Amount Due 8,205.75 If paid after 12/16/15

Tax: 258.75
 Total: 4,923.45

710/43
18915.0201
Well File



CONSOLIDATED
Oil Well Services, LLC

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

4768

4676
Invoice # 806362

TICKET NUMBER 46627
LOCATION Oakley Ks
FOREMAN Walt Dunkel

FIELD TICKET & TREATMENT REPORT
CEMENT

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
11-13-15	1860	Downing Tract 2-1	1	6S	36W	Thomas
CUSTOMER <u>Carmen Schmitt</u>			Leav out north to Relcc - west to Rel 6 1N-14E into			
MAILING ADDRESS						
CITY			TRUCK #	DRIVER	TRUCK #	DRIVER
STATE			<u>731</u>	<u>Cody Ricks</u>		
ZIP CODE			<u>466</u>	<u>Kelly Cable</u>		
			<u>691</u>			

JOB TYPE Sur Face HOLE SIZE 12 1/4 HOLE DEPTH 361' CASING SIZE & WEIGHT 8 5/8 - 29 #
 CASING DEPTH 361' DRILL PIPE _____ TUBING _____ OTHER _____
 SLURRY WEIGHT 15.2 SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT in CASING 15' - 20'
 DISPLACEMENT 21 3/4 DISPLACEMENT PSI _____ MIX PSI _____ RATE 48 PM

REMARKS: Safety Meeting, rig up on WW #10, Circ casing on bottom,
Mix 250 sks com, 3% cc - 2% cal, Displace 21 3/4 BBL, Shut in
Cement Did Circ
Approx 6 BBL to Pit

Thank You
Walt + crew

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
<u>C00471</u>	<u>1</u>	<u>PUMP CHARGE</u>	<u>1,150.00</u>	<u>1,150.00</u>
<u>C00007</u>	<u>30</u>	<u>MILEAGE</u>	<u>7.15</u>	<u>214.50</u>
<u>C00711</u>	<u>11.75</u>	<u>Ton Mileage Delivery</u>	<u>1.75</u>	<u>660.00</u>
<u>CC5871</u>	<u>250 SKS</u>	<u>SurFace Blend II</u>	<u>23.00</u>	<u>5,750.00</u>
				<u>7,774.50</u>
		<u>Less 40%</u>		<u>-3,109.80</u>
				<u>4,664.70</u>
			SALES TAX	<u>258.75</u>
			ESTIMATED TOTAL	<u>4923.45</u>

Revin 3737

AUTHORIZATION [Signature] TITLE _____ DATE _____

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

Thursday, October 29, 2015
12:07 PM

Ticket # 46627

4708

4676

Cement Bid for: CARMEN SCHMITT, INC

Type of Job: SURFACE-8 5/8"-350'

Lease: DOWING TRUST #2-1

County: THOMAS

State: KANSAS

Legals- SEC- 1-6S-36W

250 SKS COM,3%CC-2%GEL

YIELD 1.24@15.2 PPG

Pump truck- 1,150.00

30 Miles- 214.50

TOTAL=1,364.50

FLOAT EQUIPMENT

250 SKS SURFACE BLEND II	5,750.00
11.75 TON MILEAGE	660.00
TOTAL	6,410.00

	PUMPTRUCK-1,364.50 MATERIAL - 6,410.00 FLOAT EQUIP-
	SUB TOTAL - 7,774.50 40% DISC - 3,109.80
	TOTAL = 4,664.70

TAX INCLUDED AT INVOICING

BID BY: WALT DINKEL

SWIFT



P. O. Box 466
Ness City, KS 67560
Off: 785-798-2300



Invoice

DATE	INVOICE #
11/20/2015	29085

BILL TO
Carmen Schmitt, Inc. P. O. Box 47 915 Harrison Great Bend, KS 67530-0047

- Acidizing
- Cement
- Tool Rental

TERMS	Well No.	Lease	County	Contractor	Well Type	Well Category	Job Purpose	Operator
Net 30	#2-1	Downing Trust	Thomas	WW Drilling #10	Disposal	Development	5-1/2" LongString	Jason
PRICE REF.	DESCRIPTION				QTY	UM	UNIT PRICE	AMOUNT
575D	Mileage - 1 Way				100	Miles	5.00	500.00
579D	Pump Charge - Top To Bottom LongString				1	Job	1,700.00	1,700.00
402-5	5 1/2" Centralizer				12	Each	60.00	720.00T
403-5	5 1/2" Cement Basket				3	Each	250.00	750.00T
406-5	5 1/2" Latch Down Plug & Baffle				1	Each	225.00	225.00T
405-5	5 1/2" Formation Packer Shoe				1	Each	1,300.00	1,300.00T
281	Mud Flush				500	Gallon(s)	1.25	625.00T
221	Liquid KCL (Clayfix)				2	Gallon(s)	25.00	50.00T
276	Flocele				110	Lb(s)	2.25	247.50T
290	D-Air				5	Gallon(s)	42.00	210.00T
330	Swift Multi-Density Standard (MIDCON II)				425	Sacks	15.75	6,693.75T
581D	Service Charge Cement				425	Sacks	1.50	637.50
583D	Drayage				2,115.49	Ton Miles	0.75	1,586.62
	Subtotal							15,245.37
	Sales Tax Thomas County						7.50%	811.59
<p>7/10/43 18915.0201 Well file Swift Long string</p>								
We Appreciate Your Business!							Total	\$16,056.96



TICKET 29085

PAGE 1 OF 2

CHARGE TO: CARMEN SWAMITT
 ADDRESS:
 CITY, STATE, ZIP CODE:

SERVICE LOCATIONS: 1. NESS CITY, KS
 2. TICKET TYPE: SERVICE CONTRACTOR: 2-1 DOWNING TRUST
 SALES
 3. WELL TYPE: DISPALZ
 4. WELL PROJECT NO.: 2-1
 RIG NAME/NO.: THOMAS
 JOB PURPOSE: S3 HONESTRING
 INVOICE INSTRUCTIONS:
 STATE: KS COUNTY/PARISH: LEUANT, KS
 CITY: LEUANT, KS
 DATE: 20 NOV 15
 ORDER NO.:
 WELL LOCATION: 11N SW 1/4 SE N1510
 WELL PERMIT NO.:

PRICE REFERENCE	SECONDARY REFERENCE/PART NUMBER	ACCOUNTING		DESCRIPTION	QTY.	UM	QTY.	UM	UNIT PRICE	AMOUNT
		LOC	ACCT							
575				MILEAGE @ 115	100	mi			5.00	500.00
579				PUMP CHARGE	1	JOB			1700.00	1700.00
402				CENTRALIZERS	12	EA			60.00	720.00
403				CEMENT BASKET	3	EA			250.00	750.00
406				LATCH DOWN PLUG & BAFFLE	1	EA			225.00	225.00
405				FORMATION BASKET SHOE	1	EA			1300.00	1300.00
281				MUD FLUSH	500	gal			1.95	975.00
221				KCL	2	gal			25.00	50.00

SURVEY: OUR EQUIPMENT PERFORMED WITHOUT BREAKDOWN? WE UNDERSTOOD AND MET YOUR NEEDS? OUR SERVICE WAS PERFORMED WITHOUT DELAY? WE OPERATED THE EQUIPMENT AND PERFORMED JOB CALCULATIONS SATISFACTORILY? ARE YOU SATISFIED WITH OUR SERVICE? YES NO

DIS. AGREE: UN-DECIDED: DIS. AGREE:

PAGE TOTAL: 5870.00
 9375.37
 Subtotal: 15245.37
 Thomas TAX 7.5%: 811.59
 TOTAL: 16,056.96

REMIT PAYMENT TO:
 SWIFT SERVICES, INC.
 P.O. BOX 466
 NESS CITY, KS 67560
 785-798-2300

CUSTOMER DID NOT WISH TO RESPOND

LEGAL TERMS: Customer hereby acknowledges and agrees to the terms and conditions on the reverse side hereof which include, but are not limited to, PAYMENT, RELEASE, INDEMNITY, and LIMITED WARRANTY provisions.

MUST BE SIGNED BY CUSTOMER OR CUSTOMER'S AGENT PRIOR TO START OF WORK OR DELIVERY OF GOODS

x *Carmen Swamitt*
 DATE SIGNED: 21 NOV 15
 TIME SIGNED: 0830
 A.M. P.M.

CUSTOMER ACCEPTANCE OF MATERIALS AND SERVICES The customer hereby acknowledges receipt of the materials and services listed on this ticket.

SWIFT OPERATOR: *[Signature]* APPROVAL

Thank You!



PO Box 466
Ness City, KS 67560
Off: 785-798-2300

TICKET CONTINUATION

TICKET No. ~~280~~ 27085

CUSTOMER: CARMEN SUAMITTI
WELL: DRIVING TRUST 2-1
DATE: 2/20/15
PAGE 2 OF 2

PRICE REFERENCE	SECONDARY REFERENCE/ PART NUMBER	ACCOUNTING		TIME	DESCRIPTION	QTY	U/M	QTY	U/M	UNIT PRICE	AMOUNT
		LOC	ACCT								
276					FLOZELE	110	lbs			2.25	247.50
290					D-AIR	5	gal			42.40	212.00
330					SMD CEMENT	425	SX			15.75	6693.75
581					SERVICE CHARGE			425	SX	1.59	637.50
583					MILEAGE CHARGE			2115.49	TON MILES	25	1586.62

CONTINUATION TOTAL 9375.31

JOB LOG

SWIFT Services, Inc.

DATE 20 Nov 15 PAGE NO.

CUSTOMER CARMEN SCHMITT WELL NO. 2-1 LEASE DOWNING TRUST JOB TYPE S₂ LONG STRAK TICKET NO. 29085

CHART NO.	TIME	RATE (BPM)	VOLUME (BBL) (GAL)	PUMPS		PRESSURE (PSI)		DESCRIPTION OF OPERATION AND MATERIALS
				T	C	TUBING	CASING	
	2345							ON LOCATION
	0400							START PIPE 5 1/2 - 14# RTD @ 4890 LTD @ 4892 SHOE ST. 23 SET @ 3039 LENS, 2, 3, 4, 6, 8, 10, 13, 17, 34, 38, 52, 56 BASKETS 19, 36, 54
	0522				✓		700	DROP BALL - SET BASKET SHOE CIRCULATE
	0624	6	12		✓		300	Pump 500 gal MUD FLUSH
		6	20		✓		300	Pump 20 BBL KCL SPACER
	0644		83					MIX 150sx @ 11.2
			70					MIX 150sx @ 11.8
			26					MIX 75sx @ 13 - RAN OUT OF WATER 20 min
			13					MIX 50sx @ 14.5
	0739							WASH OUT Pump & LINES
	0741	6			✓			START DISPLACING PLUG
	0754	Ø	73 1/2		✓		1500	PLUG DOWN LATCH PLUG IN. CIRCULATE 50sx TO PIT
	0756							RELEASE PSI - DRY
	0758							WASH TRUCK
	0830							JOB COMPLETE
								THANKS # 115
								JASON COLE TYLER



P. O. Box 466
 Ness City, KS 67560
 Off: 785-798-2300



Invoice

DATE	INVOICE #
1/13/2016	28964

BILL TO
Carmen Schmitt, Inc. P. O. Box 47 915 Harrison Great Bend, KS 67530-0047

- Acidizing
- Cement
- Tool Rental

TERMS	Well No.	Lease	County	Contractor	Well Type	Well Category	Job Purpose	Operator
Net 30	#2-1 SWD	Downing Trust	Thomas	DS&W Well Servi...	SWD	Development	Plug Back In Op...	Blaine
PRICE REF.	DESCRIPTION				QTY	UM	UNIT PRICE	AMOUNT
575D	Mileage - 1 Way				100	Miles	5.00	500.00
576D-P	Pump Charge - PTA				1	Job	800.00	800.00
325	Standard Cement				75	Sacks	12.25	918.75T
278	Calcium Chloride				2	Sack(s)	40.00	80.00T
290	D-Air				1	Gallon(s)	42.00	42.00T
581D	Service Charge Cement				75	Sacks	1.50	112.50
583D	Drayage				362.5	Ton Miles	0.75	271.88
	Subtotal							2,725.13
	SWD &/Or Injection Well, Exempt From Sales Tax						0.00%	0.00
<p>7/10/13 18915.0201 Well Tie 50 st. Cement Plug</p>								

Thank You For Your Business In 2015! We Look Forward To Serving You In 2016!	Total \$2,725.13
---	-------------------------



TICKET 28964

CHARGE TO: CARMEN SCHMIDT
 ADDRESS:
 CITY, STATE, ZIP CODE:

SERVICE LOCATIONS: Adelby KS WELL PROJECT NO. 2-1 SUD LEASE Drum Trust COUNTY/PARISH Thomas STATE KS CITY LAWART DATE 13 Jun 16 OWNER
 1. TICKET TYPE SERVICE SALES CONTRACTOR DSEW RIG NAME/NO. Development SHIPPED VIA CT DELIVERED TO location ORDER NO.
 2. WELL TYPE SUD MEN CATEGORY Development JOB PURPOSE thy back in operation WELL PERMIT NO.
 3. REFERRAL LOCATION INVOICE INSTRUCTIONS

PAGE 1 OF 1

PRICE REFERENCE	SECONDARY REFERENCE/ PART NUMBER	LOC.	ACCT	DF	DESCRIPTION	QTY.	U/M	CITY.	U/M	DIS-AGREE	UNIT PRICE	AMOUNT
575		1			MILEAGE TRX 114	100	mi				5.00	500.00
576P		1			Pump Charge	1	ea				800.00	800.00
278	325	1			Standards cement	75	sk		2%		12.25	918.75
278		1			colerium chloride	2	sk				40.00	80.00
290		1			D-AIR	1	gal				42.00	42.00
291		1			service charge	75	sk				1.50	112.50
583		1			Drayage	325	TM				0.71	271.88

LEGAL TERMS: Customer hereby acknowledges and agrees to the terms and conditions on the reverse side hereof which include, but are not limited to, **PAYMENT, RELEASE, INDEMNITY, and LIMITED WARRANTY** provisions.

MUST BE SIGNED BY CUSTOMER OR CUSTOMER'S AGENT PRIOR TO START OF WORK OR DELIVERY OF GOODS
 X Carmen Schmidt
 DATE SIGNED _____ TIME SIGNED _____
 A.M. P.M.

REMIT PAYMENT TO:
 SWIFT SERVICES, INC.
 P.O. BOX 466
 NESS CITY, KS 67560
 785-798-2300

SURVEY	OUR EQUIPMENT PERFORMED WITHOUT BREAKDOWN?	WE UNDERSTOOD AND MET YOUR NEEDS?	OUR SERVICE WAS PERFORMED WITHOUT DELAY?	WE OPERATED THE EQUIPMENT AND PERFORMED JOB CALCULATIONS SATISFACTORILY?	ARE YOU SATISFIED WITH OUR SERVICE?	AGREE	UN-DECIDED	DIS-AGREE	PAGE TOTAL	2725.13
						<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> CUSTOMER DID NOT WISH TO RESPOND	TOTAL	2725.13

CUSTOMER ACCEPTANCE OF MATERIALS AND SERVICES The customer hereby acknowledges receipt of the materials and services shown on this ticket.
 SWIFT OPERATOR [Signature] APPROVAL
 Thank You!

JOB LOG

SWIFT Services, Inc.

DATE 13 Jan 68 PAGE NO.

CUSTOMER Carson Schmidt WELL NO. 2-1 SWD LEASE Downing TRUST JOB TYPE plug back in open hole TICKET NO. 28964

CHART NO.	TIME	RATE (BPM)	VOLUME (BBL) (GAL)	PUMPS		PRESSURE (PSI)		DESCRIPTION OF OPERATION AND MATERIALS
				T	C	TUBING	CASING	
								75sk STANDARD cement w/ 2% CC 2 7/8 tubing in 7 3/8 open hole tubing @ 3514'
	1125							on bc TRK 114 3514'
	1147	3	16			100		plug 20 bbl fresh water and 2 7/8 mix STD cement (2%cc) @ 15.6 ppm no returns to pit 75sk mixed
	1154	3				150		flush tubing w/ fresh H ₂ O - fluid circ to pit - below spot cement on bottom
		3 1/2	16 1/2			100		- tubing on slight vacuum - pull tubing to 3324'
	1225	2 1/2				200		Reverse hole clean the long way
		2 1/2	6			200		- returns to pit - - flush returns below 2 1/2 bpm -
		2 1/2	60			450		- cement returns to pit -
	1300	2	65			400		- returns change to H ₂ O -
	1315	2 1/2	80			350		- Kickout fluid - hole clean - 75sk to cement pit
	1325							work truck back up job complete 75sk Blain, Flot, & Pardon
	1400							50sk plug in open 3514-3324' hole