

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 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](mailto: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
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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				

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)</i> <i>(Submit ACO-4)</i>	PRODUCTION INTERVAL: Top Bottom
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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:	
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Form	ACO1 - Well Completion
Operator	Unit Petroleum Company
Well Name	STROBERG 24 1H
Doc ID	1330187

Casing

Purpose Of String	Size Hole Drilled	Size Casing Set	Weight	Setting Depth	Type Of Cement	Number of Sacks Used	Type and Percent Additives
Surface	28	16	40	160	A	144	0
Intermediate	12.25	9.625	36	1518	C	745	2% CC, .25#/SK Flocele
Production	8.75	7	29	4365	C	250	2% CC, .25#/SK Flocele
Liner	6.125	4.50	13.50	8470	Prem H	360	4% gel, 2#/SK Phenoseal

# Mid-Continent Conductor, LLC

P.O. Box 1105, Woodward, OK 73802  
Ph. 580-254-5400 Fax 877-691-5044

## CEMENTING REPORT

Operator: Unit Corporation
Well Name: Stroberg 24-1H
Legal Description: Reno Cnty, KS

Cement Casing Data	
Cementing Date	12-21-16
Size of Drill Bit (Inches)	28
Size of Casing (Inches O.D.)	20
Setting Depth of Casing (ft.) from ground level	160
Type of Cement	8 sack grout
Sacks of Cement Used	144
Was cement circulated?	Yes

Jeff M. Owen  
Mid-Continent Conductor, LLC

<b>JOB SUMMARY</b>			PROJECT NUMBER <b>SOK 5790</b>	TICKET DATE <b>11/28/16</b>
COUNTY <b>Reno</b>	State <b>Kansas</b>	COMPANY <b>Unit Petroleum</b>	CUSTOMER REP <b>Larry Miller</b>	
LEASE NAME <b>Stroberg</b>	Well No. <b>24-1HXL</b>	JOB TYPE <b>Surface</b>	EMPLOYEE NAME <b>Brett Armer</b>	

EMP NAME					
Brett Armer		0			
Jared Green					
Jeremy Truong					
Leonard Titus					

Form. Name \_\_\_\_\_ Type: \_\_\_\_\_

Packer Type \_\_\_\_\_ Set At **0**

Bottom Hole Temp. **80** Pressure \_\_\_\_\_

Retainer Depth \_\_\_\_\_ Total Depth **1518**

	Called Out	On Location	Job Started	Job Completed
Date	<b>11/27/2016</b>	<b>11/28/2016</b>	<b>11/28/2016</b>	<b>11/28/2016</b>
Time	<b>1600</b>	<b>0530</b>	<b>1055</b>	<b>1211</b>

Type and Size	Qty	Make
Auto Fill Tube	0	IR
Insert Float Val	0	IR
Centralizers	0	IR
Top Plug	0	IR
HEAD	0	IR
Limit clamp	0	IR
Weld-A	0	IR
Texas Pattern Guide Shoe	0	IR
Cement Basket	0	IR

	New/Used	Weight	Size Grade	From	To	Max. Allow
Casing		36#	9 5/8"	Surface	1,518	1,500
Liner						
Liner						
Tubing			0			
Drill Pipe						
Open Hole			12 1/4"	Surface	1,515	Shots/Ft.
Perforations						
Perforations						
Perforations						

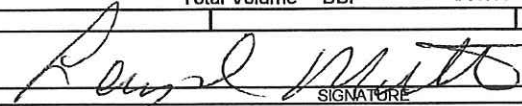
Materials			
Mud Type	WBM	Density	<b>9</b> Lb/Gal
Disp. Fluid	Fresh Water	Density	<b>8.33</b> Lb/Gal
Spacer type	Fresh Water	BBL.	<b>10</b>
Spacer type	BBL.		
Acid Type	Gal.	%	
Acid Type	Gal.	%	
Surfactant	Gal.	In	
NE Agent	Gal.	In	
Fluid Loss	Gal/Lb	In	
Gelling Agent	Gal/Lb	In	
Fric. Red.	Gal/Lb	In	
MISC.	Gal/Lb	In	
Perfpac Balls		Qty.	
Other			
Other			
Other			
Other			
Other			

Hours On Location		Operating Hours		Description of Job
Date	Hours	Date	Hours	
11/28	7.0	11/28	1.0	Surface
Total	7.0	Total	1.0	

Pressures			
MAX	<b>1,500 PSI</b>	AVG.	<b>150</b>
Average Rates in BPM			
MAX	<b>6 BPM</b>	AVG	<b>5</b>
Cement Left in Pipe			
Feet	<b>40</b>	Reason	<b>SHOE JOINT</b>

Cement Data						
Stage	Sacks	Cement	Additives	W/Rq.	Yield	Lbs/Gal
1	500	Tex Lite Premium Plus 65	6% Gel - 2% Calcium Chloride - 1/4 pps Celloflake - 0.2% X-Air	10.88	1.84	12.70
2	245	Premium Plus (Class C)	2% Calcium Chloride - 1/4 pps Cello-Flake	6.32	1.32	14.80
3	*200	Premium Plus (Class C)	*2% Calcium Chloride on side to use if necessary	*6.32	*1.32	*14.8

Summary					
Preflush Breakdown	Type: _____	MAXIMUM	1,500 PSI	Preflush: BBI	10.00
	Lost Returns-N	NO/FULL		Load & Bkdn: Gal - BBI	N/A
	Actual TOC	SURFACE		Excess /Return BBI	
Average	Bump Plug PSI:			Calc. TOC:	SURFACE
ISIP	5 Min.	10 Min.	15 Min.	Final Circ. PSI:	400
				Cement Slurry: BBI	222.0
				Total Volume BBI	346.00
				Type: Fresh Water	
				Pad:Bbl-Gal	N/A
				Calc.Disp Bbl	
				Actual Disp.	114.00
				Disp:Bbl	

CUSTOMER REPRESENTATIVE \_\_\_\_\_  
  
 SIGNATURE

<b>JOB LOG</b>				PROJECT NUMBER <b>SOK 5790</b>	TICKET DATE <b>11/28/16</b>
COMPANY <b>Unit Petroleum</b>		COUNTRY <b>USA</b>		STATE <b>Kansas</b>	COUNTY <b>Reno</b>
LEASE NAME <b>Stroberg 24-1HXL</b>		EMPLOYEE NAME <b>Brett Armer</b>		CUSTOMER REP <b>Larry Miller</b>	
FIELD <b>Wildcat</b>		SEC / TWP / RNG <b>24/25S/10W</b>		TICKET AMOUNT <b>#REF!</b>	
API/WI # <b>15-155-21742-01-00</b>		JOB PURPOSE <b>Surface</b>		WELL TYPE <b>Oil &amp; Gas</b>	

	Time	Rate (BPM)	Volume (BBL)(GAL)	Press.(PSI)		Job Description / Remarks
				CSG.	Tbg	
11-28-16	0530					Arrive on location
	1015					Rig up
	1045					Safety meeting
	1055			1500		Test lines
	1057	4.0	10	80		H2O ahead
	1100	5.0	164.0	100		Cement @ 12.7
	1139	5.0	58.0	85		Cement @ 14.8
	1153	6.0	114.0	400		H2O displacement
	1211			275		Shut down
	1213			Held		Check float shoe
	1220					Rig down
	1240					Leave location
						SUPERVISOR SIGNITURE
Bumped Plug	Final lift Psi	Floats Held	PSI ON CSG	CEMENT SURFACE	X _____	
	400	YES	275.0			

<b>JOB SUMMARY</b>			PROJECT NUMBER <b>SOK 5796</b>	TICKET DATE <b>12/02/16</b>
COUNTY <b>Reno</b>	State <b>Kansas</b>	COMPANY <b>Unit Petroleum</b>	CUSTOMER REP <b>0</b>	
LEASE NAME <b>Stroberg</b>	Well No. <b>24-1HXL</b>	JOB TYPE <b>Intermediate</b>	EMPLOYEE NAME <b>Charles Spracklen</b>	

EMP NAME	Charlie Spracklen	0					
Charlie Spracklen							
Buddy Boeckman							
0.00							

Form. Name \_\_\_\_\_ Type: \_\_\_\_\_  
 Packer Type \_\_\_\_\_ Set At **0**  
 Bottom Hole Temp. **140** Pressure \_\_\_\_\_  
 Retainer Depth \_\_\_\_\_ Total Depth **4368**

Date	Called Out	On Location	Job Started	Job Completed
	<b>12/2/2016</b>	<b>12/2/2016</b>	<b>12/2/2016</b>	<b>12/2/2016</b>
Time	<b>1300</b>	<b>1600</b>	<b>2000</b>	<b>2130</b>

Type and Size	Qty	Make
Auto Fill Tube	0	IR
Insert Float Val	0	IR
Centralizers	0	IR
Top Plug	0	IR
HEAD	0	IR
Limit clamp	0	IR
Weld-A	0	IR
Texas Pattern Guide Shoe	0	IR
Cement Basket	0	IR

Well Data						
	New/Used	Weight	Size	Grade	From	To
Casing		29#	7"		Surface	4,368
Liner						
Liner						
Tubing			0			
Drill Pipe						
Open Hole			8 3/4"		Surface	4,365
Perforations						Shots/Ft.
Perforations						
Perforations						

Materials			
Mud Type	WBM	Density	9 Lb/Gal
Disp. Fluid	Fresh Water	Density	8.33 Lb/Gal
Spacer type	resh Water	BBL.	10
Spacer type	BBL.		
Acid Type	Gal.	%	
Acid Type	Gal.	%	
Surfactant	Gal.	In	
NE Agent	Gal.	In	
Fluid Loss	Gal/Lb	In	
Gelling Agent	Gal/Lb	In	
Fric. Red.	Gal/Lb	In	
MISC.	Gal/Lb	In	

Hours On Location		Operating Hours		Description of Job
Date	Hours	Date	Hours	
12/2		12/2		Intermediate
Total	<b>0.0</b>	Total	<b>0.0</b>	

Perfpac Balls \_\_\_\_\_ Qty. \_\_\_\_\_  
 Other \_\_\_\_\_  
 Other \_\_\_\_\_  
 Other \_\_\_\_\_  
 Other \_\_\_\_\_  
 Other \_\_\_\_\_

Pressures			
MAX	<b>1,500 PSI</b>	AVG.	<b>380</b>
Average Rates in BPM			
MAX	<b>6 BPM</b>	AVG	<b>5</b>
Cement Left in Pipe			
Feet	<b>42</b>	Reason	<b>SHOE JOINT</b>

Cement Data						
Stage	Sacks	Cement	Additives	W/Rq.	Yield	Lbs/Gal
1	150	50/50 Poz Premium	4% Gel - 0.4% FL-17 - 0.1% DO1 - 0.2% X-Air - 2#/sk Phenoseal	6.77	1.44	13.60
2	100	Premium H	0.4% FL-17 - 0.1% DO1	5.20	1.18	15.60
3	0	0		0	0.00	0.00

Summary					
Preflush Breakdown	Type: _____	MAXIMUM _____	Lost Returns-N _____	Actual TOC _____	Bump Plug PSI: _____
Average	ISIP _____	5 Min. _____	10 Min. _____	15 Min. _____	
Preflush:	BBI _____	25.00 _____	Type: _____	Mudwash _____	
Load & Bkdn:	Gal - BBI _____	N/A _____	Pad:Bbl -Gal _____	N/A _____	
Excess /Return	BBI _____		Calc. Disp Bbl _____	161 _____	
Calc. TOC:	_____		Actual Disp. _____	161.00 _____	
Final Circ.:	PSI: _____	710 _____	Disp:Bbl _____		
Cement Slurry:	BBI _____	59.0 _____			
Total Volume	BBI _____	245.00 _____			

CUSTOMER REPRESENTATIVE \_\_\_\_\_ SIGNATURE \_\_\_\_\_





<b>JOB SUMMARY</b>			PROJECT NUMBER <b>SOK 5805</b>	TICKET DATE <b>12/14/16</b>
COUNTY <b>Reno</b>	State <b>Kansas</b>	COMPANY <b>Unit Petroleum</b>	CUSTOMER REP <b>Larry Miller</b>	
LEASE NAME <b>Stroberg</b>	Well No. <b>24-1HXL</b>	JOB TYPE <b>Liner</b>	EMPLOYEE NAME <b>Brett Armer</b>	

EMP NAME					
0.00	<b>Brett A.</b>				
0.00	<b>JARED G.</b>				
0.00	<b>LEONARD T.</b>				
0.00	<b>Jeremy T.</b>				

Form. Name \_\_\_\_\_ Type: \_\_\_\_\_

Packer Type \_\_\_\_\_ Set At **4,011**

Bottom Hole Temp. **125** Pressure \_\_\_\_\_

Retainer Depth \_\_\_\_\_ Total Depth **8470**

Date	Called Out	On Location	Job Started	Job Completed
	<b>12/13/2016</b>	<b>12/14/2016</b>	<b>12/14/2016</b>	<b>12/14/2016</b>
Time	<b>2300</b>	<b>0600</b>	<b>1212</b>	<b>1445</b>

Tools and Accessories

Type and Size	Qty	Make
Auto Fill Tube	0	IR
Insert Float Val	0	IR
Centralizers	0	IR
Top Plug	0	IR
HEAD	0	IR
Limit clamp	0	IR
Weld-A	0	IR
Texas Pattern Guide Shoe	0	IR
Cement Basket	0	IR

Well Data

New/Used	Weight	Size	Grade	From	To	Max. Allow
Casing	<b>13.5#</b>	<b>4 1/2"</b>				<b>1,500</b>
Liner					<b>4,409</b>	
Drill Pipe					<b>500</b>	
Drillcollars		<b>0</b>			<b>924</b>	
Heavy DP					<b>919</b>	
Open Hole			<b>6 1/8"</b>	<b>Surface</b>	<b>8,470</b>	<b>Shots/Ft.</b>
Perforations						
Perforations						
Perforations						

Materials

Mud Type	WBM	Density	9	Lb/Gal
Disp. Fluid	Fresh Water	Density	<b>8.33</b>	Lb/Gal
Spacer type	resh Water	BBL.	<b>10</b>	<b>8.33</b>
Spacer type	BBL.			
Acid Type	Gal.		%	
Acid Type	Gal.		%	
Surfactant	Gal.		In	
NE Agent	Gal.		In	
Fluid Loss	Gal/Lb		In	
Gelling Agent	Gal/Lb		In	
Fric. Red.	Gal/Lb		In	
MISC.	Gal/Lb		In	

Hours On Location

Date	Hours
<b>12/14</b>	<b>9.5</b>
Total	<b>9.5</b>

Operating Hours

Date	Hours
<b>12/14</b>	<b>2.5</b>
Total	<b>2.5</b>

Description of Job  
**Liner**

Perfpac Balls \_\_\_\_\_ Qty. \_\_\_\_\_

Other \_\_\_\_\_

Other \_\_\_\_\_

Other \_\_\_\_\_

Other \_\_\_\_\_

Other \_\_\_\_\_

Pressures

**MAX 1,500 PSI**      **AVG. 900**

Average Rates in BPM

**MAX 6 BPM**      **AVG 5**

Cement Left in Pipe

**Feet 50**      **Reason SHOE JOINT**

Cement Data

Stage	Sacks	Cement	Additives	W/Rq.	Yield	Lbs/Gal
<b>1</b>	<b>360</b>	<b>50/50 Poz Premium</b>	<b>4% Gel - 0.4% FL-4 - 0.1% SA-1 - 0.2% X-Air - 0.5% C-45 - 2#/sk Phenoseal</b>	<b>7.10</b>	<b>1.47</b>	<b>13.60</b>
<b>2</b>	<b>0</b>	<b>0</b>		<b>0.00</b>	<b>0.00</b>	<b>0.00</b>
<b>3</b>	<b>0</b>	<b>0</b>		<b>0.00</b>	<b>0.00</b>	<b>0.00</b>

Summary

Preflush Breakdown	Type: _____	MAXIMUM _____	Lost Returns-N _____	Actual TOC _____	Bump Plug PSI: _____	ISIP _____	5 Min. _____	10 Min. _____	15 Min. _____	Preflush: BBI _____	25.00	Type: Mudwash
		1,500 PSI	NO/FULL	SURFACE						Load & Bkdn: Gal - BBI _____	N/A	Pad:Bbl-Gal _____
										Excess /Return BBI _____		Calc.Disp Bbl _____
										Calc. TOC: _____	4,011	Actual Disp. _____
										Final Circ. PSI: _____	1,175	Disp:Bbl _____
										Cement Slurr: BBI _____	94.0	
										Total Volume BBI _____	218.00	

CUSTOMER REPRESENTATIVE \_\_\_\_\_

*Randy J. Muth*  
SIGNATURE

AFK: 1601501 / Routing # 020105

JOB LOG					PROJECT NUMBER		TICKET DATE				
<b>Unit Petroleum</b>					<b>USA</b>		<b>Kansas</b>		<b>Reno</b>		
<b>Stroberg 24-1HXL</b>					<b>Brett Armer</b>		<b>Larry Miller</b>				
<b>24/25S/10W</b>					<b>24/25S/10W</b>		<b>#REF!</b>				
<b>15-155-21743-01-00</b>					<b>Liner</b>		<b>Oil &amp; Gas</b>				
	Time	Rate (BPM)	Volume (BBL)(GAL)	Press.(PSI)		Job Description / Remarks					
				CSG.	Tbg						
12-14-16	0600						Arrive on location				
	0900						Rig up				
	1200						Safety meeting				
	1212				5000		Test lines				
	1213	3.0	106		1200		Pump ball down				
	1257				2000		Seat ball				
	1258				3200		Blow ball seat				
	1304	4.0	25.0		1000		Mud wash spacer				
	1311	4.5	94.0		400		Cement @ 13.6 (360sks) 94bbl				
	1338	2.0	6.0				Pump sugar water				
	1340						Shut down wash lines				
	1341						Drop plug				
	1342	2.0	14.0				Pump sugar water				
	1344	5.0	99.0		1175		H2O displacement w/biocide				
	1350	3.0	33.0		3000		Land 1st plug				
	1406		99.0		2200		Land 2nd plug				
	1407				Held		Check floats				
	1411	6.5	100.0		1200		Circulate dp				
	1432				1500		Test backside				
	1500						Rig down				
	1530						Leave location				
							SUPERVISOR SIGNATURE				
Bumped Plug	Final lift Psi	Floats Held	PSI ON CSG		CEMENT		X				
YES	1175	YES	2200.0		SURFACE						