

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)</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	American Warrior, Inc.
Well Name	UHLAND 1-16
Doc ID	1362114

All Electric Logs Run

Induction
Porosity
Micro
Sonic

Form	ACO1 - Well Completion
Operator	American Warrior, Inc.
Well Name	UHLAND 1-16
Doc ID	1362114

Tops

Name	Top	Datum
Anhy	2597	+645
B/Anhy	2618	+624
Topeka	3792	-550
Heebner	4018	-776
Toronto	4034	-792
Lansing	4073	-831
B/KC	4406	-1164
Marm	4450	-1208
Pawnee	4545	-1303
Ft. Scott	4599	-1357
Cherokee	4628	-1386
Miss	4824	-1582

Form	ACO1 - Well Completion
Operator	American Warrior, Inc.
Well Name	UHLAND 1-16
Doc ID	1362114

Perforations

Shots Per Foot	Perforation Record	Material Record	Depth
4	4472-4478		



**TRILOBITE
TESTING, INC.**

DRILL STEM TEST REPORT

American Warrior, Inc
PO Box 399
Garden City, Ks 67846
ATTN: Jason T Alm

16 14s 35w Logan, Ks

Uhland #1-16

Job Ticket: 64205

DST#: 1

Test Start: 2017.07.07 @ 16:57:00

GENERAL INFORMATION:

Formation: **Altamont A**

Deviated: No Whipstock: ft (KB)

Time Tool Opened: 19:55:45

Time Test Ended: 00:42:00

Test Type: Conventional Bottom Hole (Initial)

Tester: Bradley Walter

Unit No: 78

Interval: 4422.00 ft (KB) To 4485.00 ft (KB) (TVD)

Reference Elevations: 3242.00 ft (KB)

Total Depth: 4485.00 ft (KB) (TVD)

3234.00 ft (CF)

Hole Diameter: 7.88 inches Hole Condition: Good

KB to GR/CF: 8.00 ft

Serial #: 8845 Outside

Press@RunDepth: 45.05 psig @ 4423.00 ft (KB)

Capacity: 8000.00 psig

Start Date: 2017.07.07

End Date:

2017.07.08

Last Calib.: 2017.07.08

Start Time: 16:57:05

End Time:

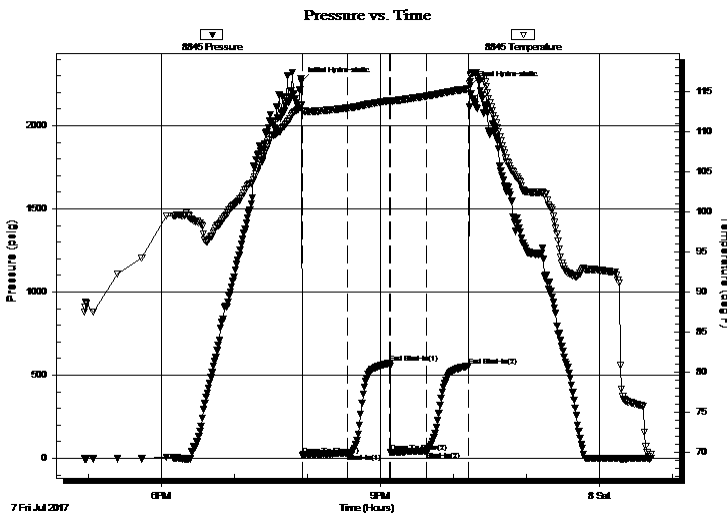
00:41:59

Time On Btm: 2017.07.07 @ 19:55:15

Time Off Btm: 2017.07.07 @ 22:14:00

TEST COMMENT: IF: 2 1/2" blow .
IS: No return.
FF: 1 1/2" blow .
FS: No return.

PRESSURE SUMMARY



Time (Min.)	Pressure (psig)	Temp (deg F)	Annotation
0	2264.88	113.36	Initial Hydro-static
1	19.28	112.66	Open To Flow (1)
38	32.06	112.97	Shut-In(1)
73	572.29	113.90	End Shut-In(1)
73	37.35	113.75	Open To Flow (2)
103	45.05	114.45	Shut-In(2)
137	554.26	115.34	End Shut-In(2)
139	2243.01	117.06	Final Hydro-static

Recovery

Length (ft)	Description	Volume (bbl)
50.00	socm 3o 97m	0.70
30.00	oil 100o	0.42

Gas Rates

	Choke (inches)	Pressure (psig)	Gas Rate (Mcf/d)



**TRILOBITE
TESTING, INC.**

DRILL STEM TEST REPORT

FLUID SUMMARY

American Warrior, Inc

16 14s 35w Logan, Ks

PO Box 399
Garden City, Ks 67846

Uhland #1-16

Job Ticket: 64205

DST#: 1

ATTN: Jason T Alm

Test Start: 2017.07.07 @ 16:57:00

Mud and Cushion Information

Mud Type: Gel Chem

Cushion Type:

Oil API:

29 deg API

Mud Weight: 9.00 lb/gal

Cushion Length:

ft

Water Salinity:

0 ppm

Viscosity: 56.00 sec/qt

Cushion Volume:

bbbl

Water Loss: 9.59 in³

Gas Cushion Type:

Resistivity: ohm.m

Gas Cushion Pressure:

psig

Salinity: 4000.00 ppm

Filter Cake: 1.00 inches

Recovery Information

Recovery Table

Length ft	Description	Volume bbl
50.00	soem 3o 97m	0.701
30.00	oil 100o	0.421

Total Length: 80.00 ft

Total Volume: 1.122 bbl

Num Fluid Samples: 0

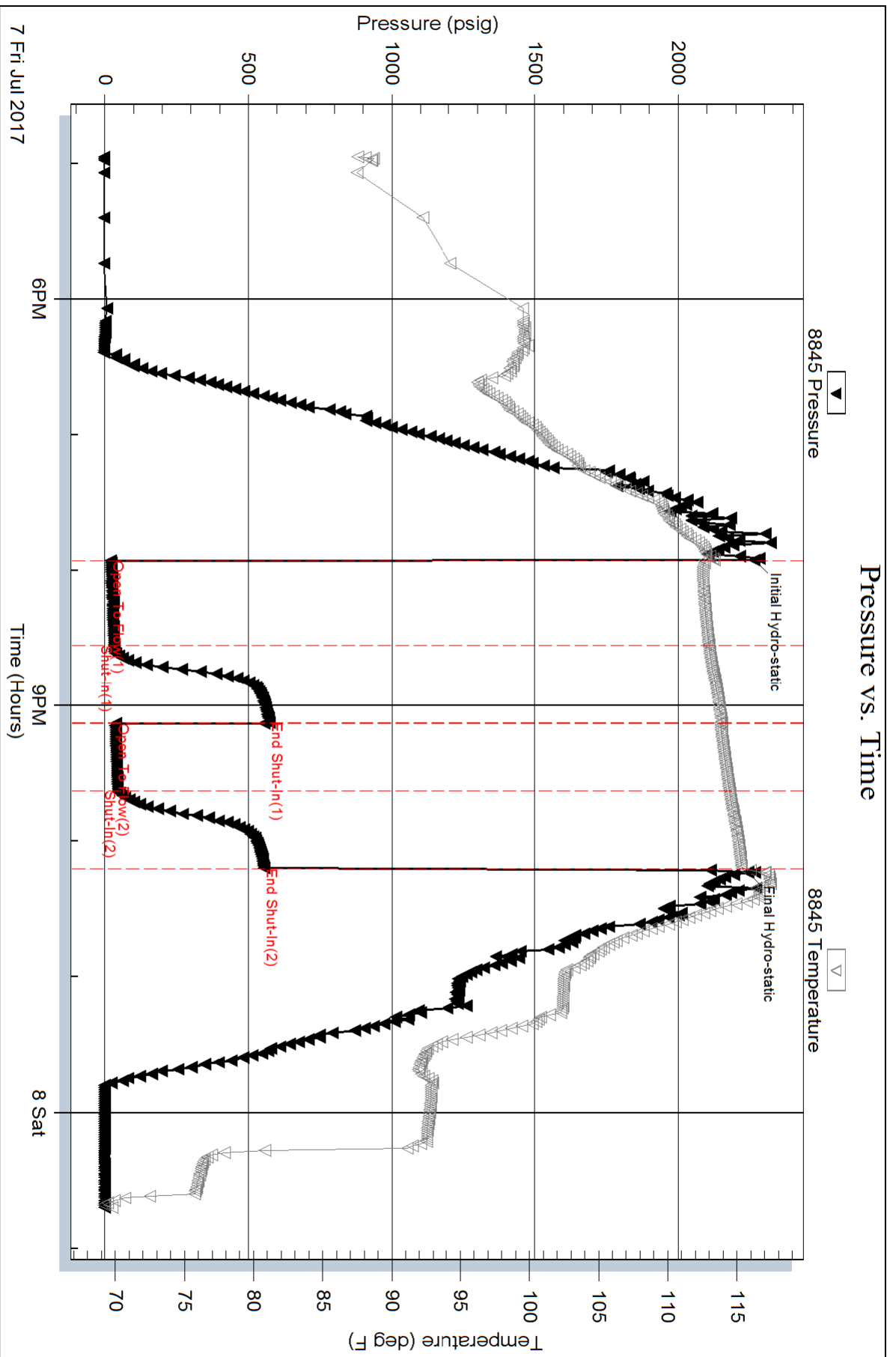
Num Gas Bombs: 0

Serial #:

Laboratory Name:

Laboratory Location:

Recovery Comments:



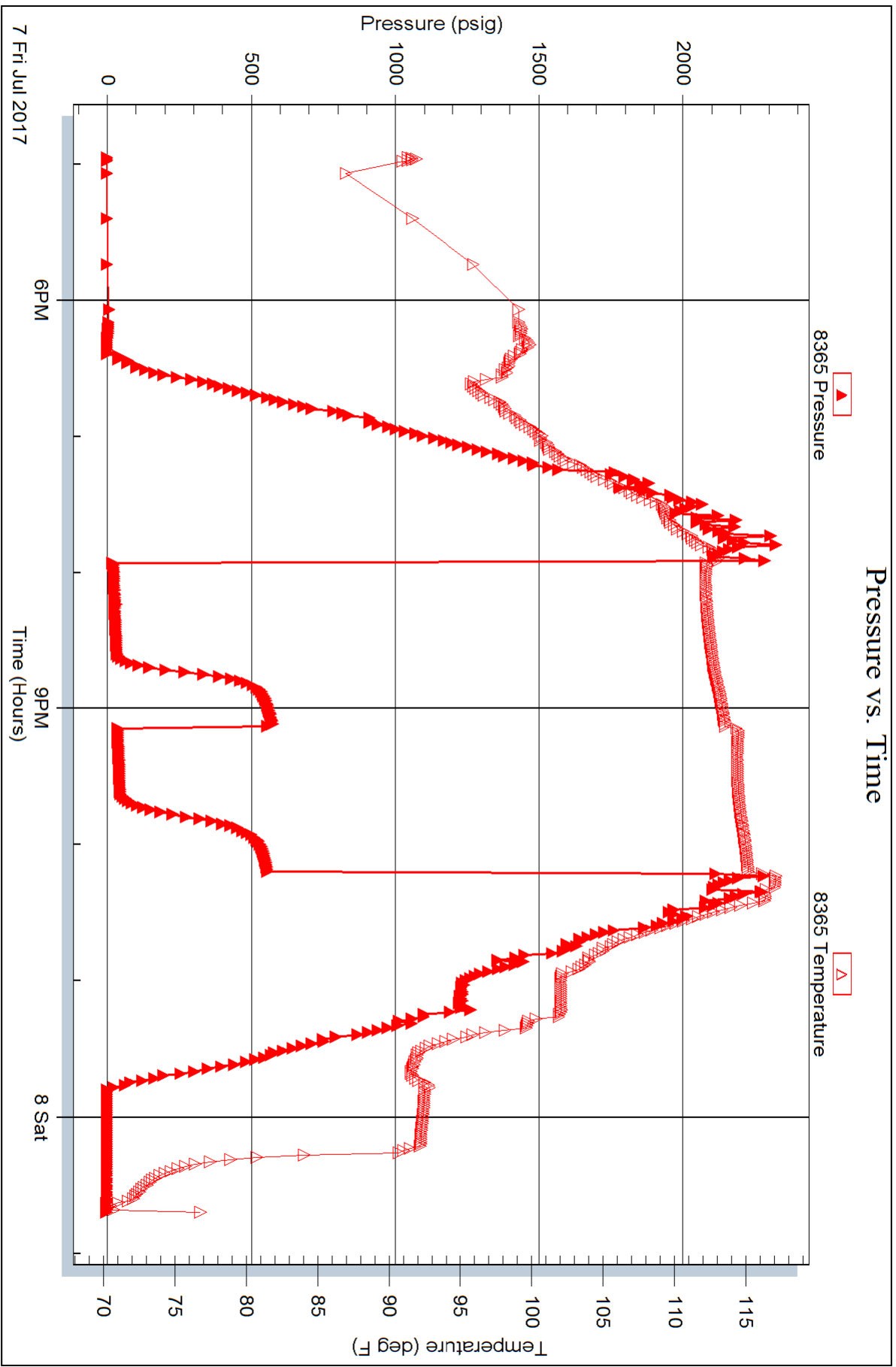
Serial #: 8365

Inside

American Warrior, Inc

Unland #1-16

DST Test Number: 1





TRILOBITE TESTING, INC.

DRILL STEM TEST REPORT

American Warrior, Inc
 PO Box 399
 Garden City, Ks 67846
 ATTN: Jason T Alm

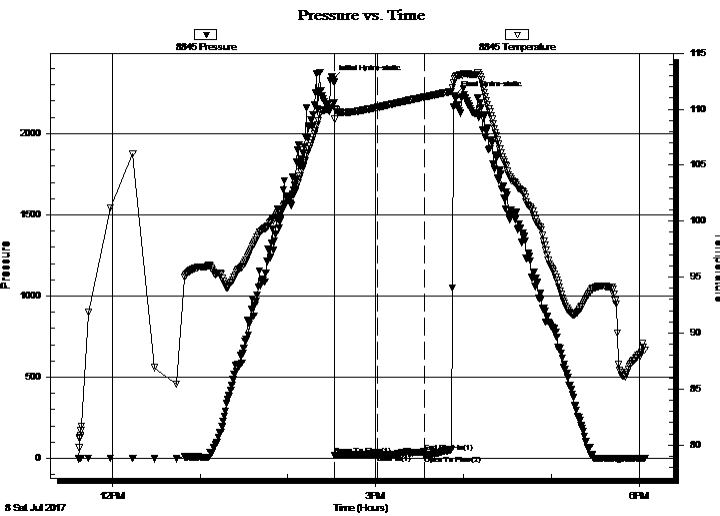
16 14s 35w Logan, Ks
Uhland #1-16
 Job Ticket: 64206 **DST#: 2**
 Test Start: 2017.07.08 @ 12:37:00

GENERAL INFORMATION:

Formation: **Altamont B-C**
 Deviated: No Whipstock: ft (KB)
 Time Tool Opened: 15:32:00
 Time Test Ended: 19:03:45
Interval: 4485.00 ft (KB) To 4548.00 ft (KB) (TVD)
 Total Depth: 4548.00 ft (KB) (TVD)
 Hole Diameter: 7.88 inches Hole Condition: Good
 Test Type: Conventional Bottom Hole (Reset)
 Tester: Bradley Walter
 Unit No: 78
 Reference Elevations: 3242.00 ft (KB)
 3234.00 ft (CF)
 KB to GR/CF: 8.00 ft

Serial #: 8845 Outside
 Press@RunDepth: 20.95 psig @ 4486.00 ft (KB) Capacity: 8000.00 psig
 Start Date: 2017.07.08 End Date: 2017.07.08 Last Calib.: 2017.07.08
 Start Time: 11:37:05 End Time: 18:03:44 Time On Btm: 2017.07.08 @ 14:30:45
 Time Off Btm: 2017.07.08 @ 15:54:00

TEST COMMENT: IF: 1/4 " blow .
 IS: No return.
 FF: No Blow .
 Pulled Test.



PRESSURE SUMMARY

Time (Min.)	Pressure (psig)	Temp (deg F)	Annotation
0	2330.04	110.59	Initial Hydro-static
2	16.84	109.11	Open To Flow (1)
31	20.95	110.18	Shut-In(1)
63	39.38	111.08	End Shut-In(1)
63	19.97	111.09	Open To Flow (2)
84	2232.31	112.69	Final Hydro-static

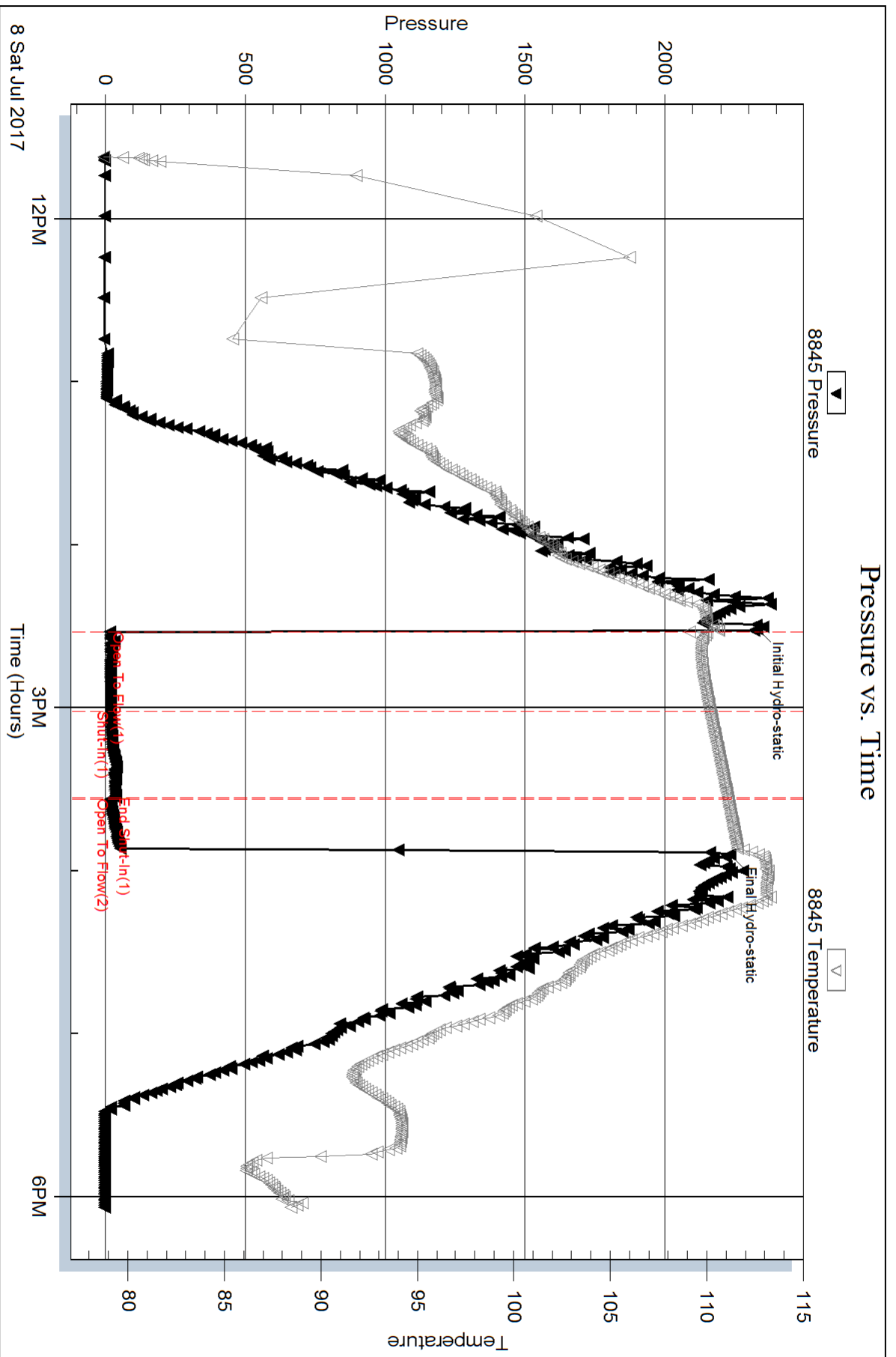
Recovery

Length (ft)	Description	Volume (bbl)
5.00	Mud 100m	0.07

* Recovery from multiple tests

Gas Rates

Choke (inches)	Pressure (psig)	Gas Rate (Mcf/d)



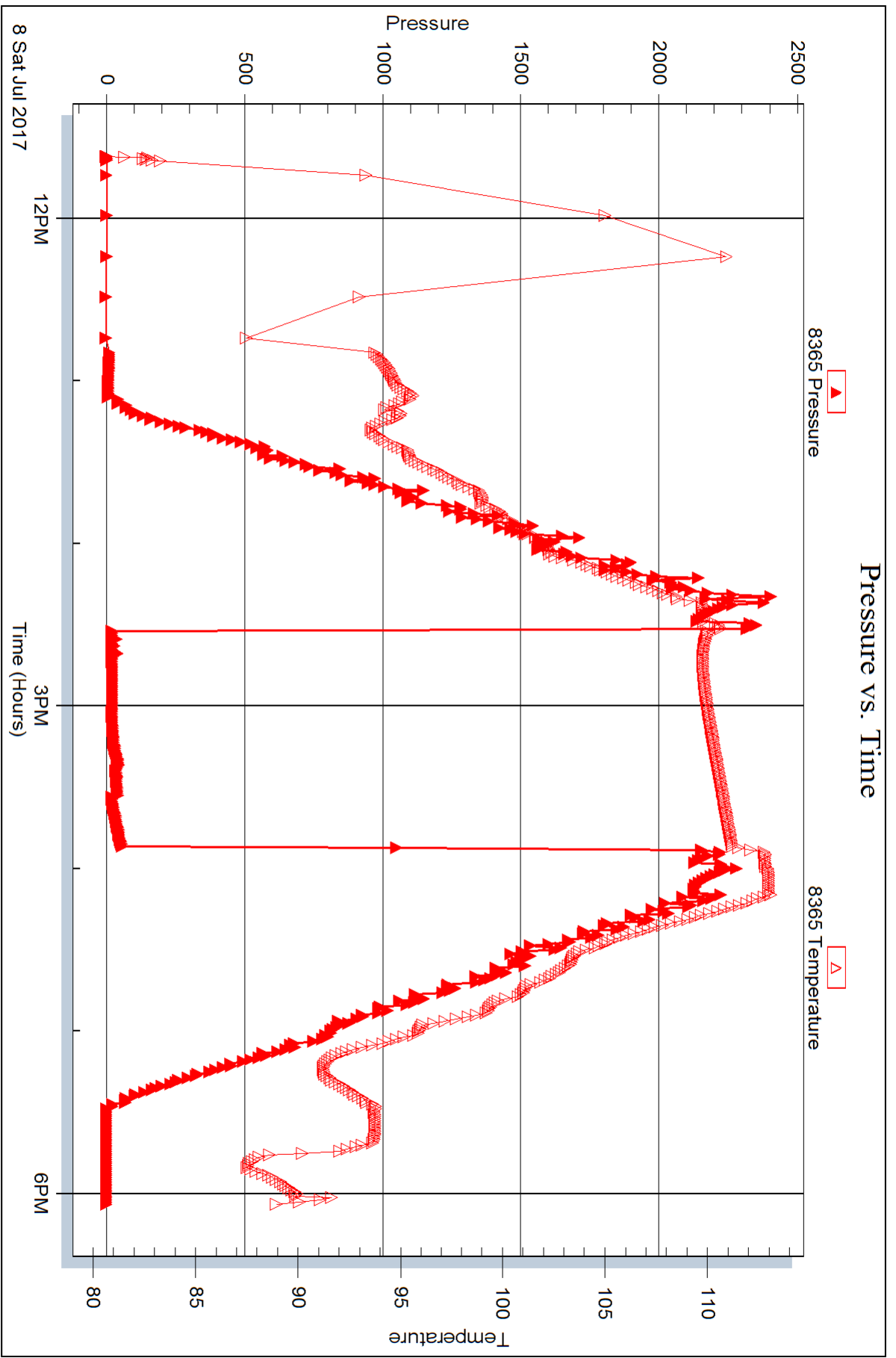
Serial #: 8365

Inside

American Warrior, Inc

Uhland #1-16

DST Test Number: 2



Triobite Testing, Inc

Ref. No: 64206

Printed: 2017.07.08 @ 21:07:58



PRESSURE PUMPING

8513
8409

TICKET NUMBER 53542
LOCATION Oakley Ks
FOREMAN Walt Dunkel

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

FIELD TICKET & TREATMENT REPORT
CEMENT

INVOICE #810683

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY	
7-1-17	1087	Uhland 1-16	16	14 ^s	35 ^w	Logan	
CUSTOMER American Warrior, Inc			TRUCK # DRIVER TRUCK # DRIVER				
MAILING ADDRESS P.O. Box 399, 3318 Cummings Rd			Russell Springs West to Rd 240. 3 1/2 South E. S.				
CITY STATE ZIP CODE Garden City Ks 67846			731- Cary Davis 479- Miles Shaw 697-				
JOB TYPE	SURFACE	HOLE SIZE	12 1/4"	HOLE DEPTH	218'	CASING SIZE & WEIGHT	8 5/8 - 23#
CASING DEPTH	228'	DRILL PIPE		TUBING		OTHER	
SLURRY WEIGHT	15.2	SLURRY VOL		WATER gal/sk		CEMENT LEFT In CASING	15'-00"
DISPLACEMENT	12 1/4	DISPLACEMENT PSI		MIX PSI		RATE	4 BPM
REMARKS: Safety Meeting, Rig up on Discovery #1, Circ Casing on bottom mix 170 sks cement, 3% acc - 2% gal, Displace 12 1/4 BBL H ₂ O, Shut in Cement did circulate							

Thank You
Walt + Crew

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
Co0471	1	PUMP CHARGE	1,150.00	1,150.00
Co0002	30	MILEAGE	7.15	214.50
Co0711	7.99	Ten Mileage Delivery	1.75	660.00
CC-5871	170 sks	SurFace Blend II	23.00	3,910.00
				5,934.50
		less 30% Disc		-1,780.35
				4,154.15
		SALES TAX		218.96
		ESTIMATED TOTAL		4,373.11

Ravin 3737

AUTHORIZATION [Signature] TITLE Pusher 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.



CHARGE TO:
American Warrior Inc

ADDRESS

CITY, STATE, ZIP CODE

TICKET 30435

PAGE 1 OF 1

SERVICE LOCATIONS 1. Hays Ks	WELL/PROJECT NO. # 1-1b	LEASE Unland	COUNTY/PARISH Logan	STATE Ks	CITY	DATE 7-10-17	OWNER
2. Ness City Ks	TICKET TYPE <input type="checkbox"/> SERVICE <input type="checkbox"/> SALES	CONTRACTOR Discovery Drilling	RIG NAME/NO. Rig # 1	SHIPPED VIA CT	DELIVERED TO Location	ORDER NO.	
3.	WELL TYPE Oil	WELL CATEGORY development	JOB PURPOSE Long String	WELL PERMIT NO.	WELL LOCATION		
4. REFERRAL LOCATION	INVOICE INSTRUCTIONS						

PRICE REFERENCE	SECONDARY REFERENCE/ PART NUMBER	ACCOUNTING			DESCRIPTION	QTY.	U/M	QTY.	U/M	UNIT PRICE		AMOUNT	
		LOC	ACCT	DF									
575		1			MILEAGE Trk # 111	120	Mi			5	00	600	00
578		1			Pump Charge - Long String	1	EA			1250	00	1250	00
290		1			D-Air	3	Gal			42	00	126	00
281		1			Mud Flush	500	Gal			1	25	625	00
221		1			Liquid Kel	2	Gal			25	00	50	00
402		1			Centralizers	8	EA	5 1/2		60	00	480	00
403		1			Cement BASKET	2	EA			250	00	500	00
404		1			Port Collar	1	EA			2500	00	2500	00
406		1			Latch Down Plug & Baffle	1	EA			225	00	225	00
407		1			Insert & float shoe w/ Autofill	1	EA			300	00	300	00
419					Rotating Head Rental	1	EA			200	00	200	00

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
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	AGREE	UN-DECIDED	DIS-AGREE	PAGE TOTAL	AMOUNT
OUR EQUIPMENT PERFORMED WITHOUT BREAKDOWN?				P.1	6856 00
WE UNDERSTOOD AND MET YOUR NEEDS?				P.2	5029 00
OUR SERVICE WAS PERFORMED WITHOUT DELAY?				Total	11885 00
WE OPERATED THE EQUIPMENT AND PERFORMED JOB CALCULATIONS SATISFACTORILY?				Logan Co TAX 8.0%	715 38
ARE YOU SATISFIED WITH OUR SERVICE? <input type="checkbox"/> YES <input type="checkbox"/> NO				TOTAL	12600 38
<input type="checkbox"/> CUSTOMER DID NOT WISH TO RESPOND					

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

SWIFT OPERATOR David Edgerton

APPROVAL _____ Thank You!

JOB LOG

SWIFT Services, Inc.

DATE
7-10-17

PAGE NO.

CUSTOMER

American Warrior

WELL NO.

1-16

LEASE

Uhland

JOB TYPE

Long String

TICKET NO.

30435

CHART NO.	TIME	RATE (BPM)	VOLUME (BBL) (GAL)	PUMPS		PRESSURE (PSI)		DESCRIPTION OF OPERATION AND MATERIALS
				T	C	TUBING	CASING	
	1400							On Location
								Csg - 5 1/2 x 17#
								RTD - 4899'
								Baffle - 4861.27
								Centralizers - 1, 3, 5, 7, 9, 11, 13, 53
								Baskets - 1 @ 54
								Port Collar - 54 @ 2555.28
	1705							Start Running Csg
	1910							Break Circ on Bottom
	1940	2.5	7			0		plug Rat Hole - 30 sks cmt
	1945	2.5	5			0		plug Mouse Hole - 20 sks cmt
	1950	5	12			300		pump Mudflush - 500 Gal
		5	20			300		pump Kcl Spacer
	1955	5	30					pump cmt - 125 sks
								Drop plug - wash p & l
	2000	4.5	0			0		Start Disp
	2030	4.5	113			700		Land plug - lift psi - 700
								Land psi - 1400
								Release psi - Dry
								Thanks
								David, Austin & Kirby



CHARGE TO: American Warrior

ADDRESS

CITY, STATE, ZIP CODE

TICKET 30565

PAGE 1 OF 1

SERVICE LOCATIONS 1. Ness City, KS WELL/PROJECT NO. 1-10 LEASE Umland COUNTY/PARISH Logan STATE KS CITY Russell Springs DATE 27 Jul 17 OWNER

2. TICKET TYPE SERVICE SALES CONTRACTOR CO T0062 RIG NAME/NO. 7 SHIPPED VIA CT DELIVERED TO location ORDER NO. 127300

3. WELL TYPE oil WELL CATEGORY Developments JOB PURPOSE cement put collar WELL PERMIT NO. WELL LOCATION 16-14-35

4. REFERRAL LOCATION INVOICE INSTRUCTIONS

PRICE REFERENCE	SECONDARY REFERENCE/ PART NUMBER	ACCOUNTING			DESCRIPTION	QTY.	U/M	QTY.	U/M	UNIT PRICE	AMOUNT
		LOC	ACCT	DF							
575		1			MILEAGE TRK 114	100	mi			5.00	500.00
576D		1			Pump Charge	1	kg			12.50	12.50
330		1			SMD cement	300	sk			15.75	4725.00
276		1			Fluoride	75	lb			2.25	168.75
290		1			D-air	2	gal			42.00	84.00
104		1			Port Colchester Rental	5 1/2	hr	1	kg	200.00	200.00
288		1			SAND	1	sk			22.00	22.00
581		1			Service charge	300	sk			1.50	450.00
		1			Drayage	29953	lb	1492.65	TM		1119.49

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

X Jose P

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	AGREE	UN-DECIDED	DIS-AGREE	PAGE TOTAL
OUR EQUIPMENT PERFORMED WITHOUT BREAKDOWN?				8519 24
WE UNDERSTOOD AND MET YOUR NEEDS?				
OUR SERVICE WAS PERFORMED WITHOUT DELAY?				
WE OPERATED THE EQUIPMENT AND PERFORMED JOB CALCULATIONS SATISFACTORILY?				LOGGIN TAX 415 118
ARE YOU SATISFIED WITH OUR SERVICE?	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO		
<input type="checkbox"/> CUSTOMER DID NOT WISH TO RESPOND				TOTAL 8025 22

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

SWIFT OPERATOR 184611 APPROVAL

Thank You!

JOB LOG

SWIFT Services, Inc.

DATE 27 Jul 17 PAGE NO. 1
TICKET NO. 30565

CUSTOMER American Warrior WELL NO. 1-16 LEASE Oil and 127200 JOB TYPE Cement port collar

CHART NO.	TIME	RATE (BPM)	VOLUME (BBL) (GAL)	PUMPS		PRESSURE (PSI)		DESCRIPTION OF OPERATION AND MATERIALS
				T	C	TUBING	CASING	
								300SK SMD cement w/ 1" Floccle 2 3/8 x 5 1/2 port collar 2562' RBP 2725'
	0830							on loc TRK 114
	0910		60					load hole
						1000	1000	test to 1000 psi - held
	0945		10					spot 1 sk sand open port collar
		3 1/2	2			300		inj rate 3 1/2 bpm @ 300 psi
	1020	3 1/2				200		Mix SMD cement @ 11.2 ppm
		3 1/2	20			300		-circ fluid to surface
		3 1/2	165			400		→ cement to surface ← 300SK mixed 15 topit
			9					Displace 9 bbl H ₂ O close port collar
	1122					1000	1000	test to 1000 psi - held Run 4 joint
	1128		22					Reverse hole clean - 2 cement plugs -
	1150		32					Run down to wash sand from plug - latch on RBP -
	1205							wash truck Rack up
	1230							job complete

Thanks
Blaine Flatt #1016