

TREATMENT REPORT

Acid	& Cemen	L Mathin							Acid Stage No			
					Type Treatment:	Amt.		Type Fluid	Sand Size	Pound	s of Sand	
Date 8/15/2017 District G.B. F.O. No. C45548					Bkdown							
	K&N Petroleu	-		-			ol./Gal.					
Well Nam	& No. Ogle #2				************							
Location	.,	1	Bl	ol./Gal.								
County	Barton	Flush										
777					Treated from		ft.	to	ft.	No. ft.	0	
Casing:	Size 5.5"	Type & Wt.		Set at ft.				to		No. ft.		
Formation		from			to		No. ft.	0				
Formation												
					Actual Volume of Oil / Water to Load Hole: Bbl./Gal.							
Formation Liner: Si	Type &	. \A/+	Ton at ft	toft.	Duma Tsueks A	No Head. S	3	65 Sn		Turin		
	Cemented: Ves	Perforated fro	om .		Pump Trucks. N Auxiliary Equipment			363636		- 144111		
	Size & Wt.				Personnel Nathar							
	Perforated fi				Auxiliary Tools	, .,,,		-101/21117				
					Plugging or Sealing	Materials	Tyne					
Open Hole	Slze	T.D.	ft. P.		525H 25	waterials.	, уре		Gals.		lb.	
Company	Representative		Ed		Treater			Nathan	W.			
TIME	_	SURES	1		- Ireater			11001011				
a.m./p.m.		Casing	Total Fluid Pumped			RE	MARKS					
3:00	2"	5.5"		8/15/17 On Lo	cation Snot	t hotton	n nlug					
3.00		3.3		0/13/17 011 00	cacion. Spot	Coccon	ii piub					
				Mix 13cks of gol and E0cks 60/40noz 49/gol with 100# Hulls at 22001								
				Mix 13sks of gel and 50sks 60/40poz 4%gel with 100# Hulls at 3200'								
			<u> </u>	8 6: - CO -lo 1 4 0 0 H Lo -lo -lo -lo -lo -lo -lo -lo -lo -lo -l								
				Mix 60sks with 100# Hulls at 1450'								
				Mix 65sks with 100# Hulls at 840'								
				Mix 60sks at 275' Circulated cement to surface out casing.								
				with the same								
				Pull tubing. Tie	on casing an	nd mix 2	5sks.	Circulated	cement c	ut anr	iulus.	
				Thank You!								
				Nathan W.								
				li de la companya de								
							_					



FIELD ORDER Nº C 45521

BOX 438 • HAYSVILLE, KANSAS 67060 316-524-1225

			316-524-1	DATE	8-10	'o	20/7	
IS AUTHORI	ZED BY:	KYN Petrole	UM I	LUC JSTOMER)		-3		
Address			_ City	======================================		State		_
To Treat Well As Follows:	Lease	GLE	_ Well No	2	Customer (Order No		_;
Sec. Twp. Range		_ County _	BARTON		_ State	Ks.	=1	
not to be held I implied, and no treatment is pa our invoicing de	iable for any da representations yable. There wil epartment in acc	consideration hereof it is agreed that Copmage that may accrue in connection with have been relied on, as to what may be it be no discount allowed subsequent to stordance with latest published price schethinself to be duly authorized to sign this	said service the results or uch date. 6% dules.	or treatment. Copeland a reffect of the servicing or interest will be charged a	Acid Service has treating said we	made no repre	esentation, expresse eration of said service	ed or ce or
	JST BE SIGNED IS COMMENCED)Well Owner o	r Operator	Ву	<u> </u>	Agent		
CODE	QUANTITY	well Owner o		TION		UNIT	AMOUNT	
		. 129	DESCRIP			COST	AMOUNT	
2	3057	CALCIUM CHIO	<u>CC</u>			12.75	382.50	
2	dsx	CAICIUM CHIOI	RIDE	4.1		30.00	60.00	
		Top off plue	NELL	-From				
		P 7 9 0	261776					
		Bulk Charge						
		Bulk Truck Miles						
		Process License Fee or	n	Gallons		102	442.8	0
				TOTAL	BILLING		44.25	_
manner	that the above under the direct Prepresentati	e material has been accepted an ection, supervision and control o ve Duave Broz	f the owner	at the above service r, operator or his age	was performent, whose sig	ed in a good	and workmanli ears below.	ke
Remarks			NET 20	DAVE	on Owner, Operation	a Ar vialit		
			NET 30	DATO				