

1366932

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 <i>(Attach Additional Sheets)</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Log	Formation (Top), Depth and Datum	<input type="checkbox"/> Sample
Samples Sent to Geological Survey	<input type="checkbox"/> Yes <input type="checkbox"/> No	Name	Top	Datum
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:				

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)*

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>			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:
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JOB LOG

SWIFT Services, Inc.

DATE 7-19-17 PAGE NO. 1

CUSTOMER LARSON ENGINEERING WELL NO. *1 OWWO LEASE HJEMAN JOB TYPE 4 1/2" LOWSTRENGTH TICKET NO. 30334

CHART NO.	TIME	RATE (BPM)	VOLUME (BBL) (GAL)	PUMPS		PRESSURE (PSI)		DESCRIPTION OF OPERATION AND MATERIALS
				T	C	TUBING	CASING	
	1330							ON LOCATION - RUNNING CASING
								TD-4647' SET = 4644
								TP-4647' 4 1/2" 11.6
								ST-43'
								PORT COLLAR - 2101'
	1530							DROP BALL - CIRCULATE ROTATE
	1635	6	15		✓		400	PUMP 15 BBLs KCL FLUSH
	1638	6	12		✓		400	PUMP 500 GAL FLOCHECK-21
	1640	6	5		✓		400	PUMP 5 BBLs KCL FLUSH
	1645		7-5					PLUG RH (30SKS) MH (20SKS)
	1655	4	36		✓		200	MIX CEMENT - 150 SKS EA-2 @ 15.4 PPG
	1705							WASH OUT PUMP - LINES
	1705							RELEASE LATCH DOWN PLUG
	1710	6	0		✓			DISPLACE PLUG
		6	61				500	SHUT OFF ROTATING
	1722	5	71.4				1500	PLUG DOWN - PSE UP LATCH IN PLUG
	1725						OK	RELEASE PSE - HELD
								WASH TRUCK
	1800							JOB COMPLETE

THANK YOU
WAYNE, FLENT, DUSTY



CHARGE TO: **LARSON ENGINEERING**
 ADDRESS:
 CITY, STATE, ZIP CODE:

TICKET 30334

SERVICE LOCATIONS: **Ness City, Ks**
 WELL/PROJECT NO.: **#1 OWWO** LEASE: **HISEMAN** COUNTY/PARISH: **LANE** STATE: **Ks** CITY: DATE: **7-19-17** OWNER: **SAME**
 TICKET TYPE: SERVICE SALES CONTRACTOR: **SOUTHWIND DRIG.** RIG NAME/NO.: SHIPPED VIA: **CR** DELIVERED TO: **LOCATION** ORDER NO.:
 WELL TYPE: **INJECTION** WELL CATEGORY: **DEVELOPMENT** JOB PURPOSE: **4 1/2" LONGSTRING** WELL PERMIT NO.: WELL LOCATION: **SE/ DIGHTON, Ks**
 REFERRAL LOCATION: INVOICE INSTRUCTIONS:

PRICE REFERENCE	SECONDARY REFERENCE/ PART NUMBER	ACCOUNTING			DESCRIPTION	QTY.		UM		UNIT PRICE	AMOUNT
		LOC	ACCT	DF							
575		1			MILEAGE # 114	35		ME		5.00	175.00
578		1			PUMP CHANGE - LONGSTRING	1		JOB	4647	1250.00	1250.00
221		1			LIQUID KCL	2		GAL		25.00	50.00
280		1			FLOCHECK 21	500		GAL		3.00	1500.00
419		1			ROTATING HEAD RENTAL	1		JOB		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 *J.C. Larson*
 DATE SIGNED: **7-19-17** TIME SIGNED: **1330** 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?				#1	3175.00
WE UNDERSTOOD AND MET YOUR NEEDS?				#2	5995.27
OUR SERVICE WAS PERFORMED WITHOUT DELAY?				1020.00	-917.03
WE OPERATED THE EQUIPMENT AND PERFORMED JOB CALCULATIONS SATISFACTORILY?				TAX	825.24
ARE YOU SATISFIED WITH OUR SERVICE?	<input type="checkbox"/> YES	<input type="checkbox"/> NO		1000.00	482.78
<input type="checkbox"/> CUSTOMER DID NOT WISH TO RESPOND				TOTAL	8736.02

CUSTOMER ACCEPTANCE OF MATERIALS AND SERVICES The customer hereby acknowledges receipt of the materials and services listed on this ticket.
 SWIFT OPERATOR: **WAYNE WILSON** APPROVAL: *Wayne Wilson* **Thank You!**



Services, Inc.

CHARGE TO: Harbor Engineering
 ADDRESS: _____
 CITY, STATE, ZIP CODE: _____

TICKET 30564

PAGE 1 OF 1

SERVICE LOCATIONS

1. WELL/PROJECT NO. 1000 G4 K5 LEASE Hickman COUNTY/PARISH Lane STATE KS CITY Dighton DATE 26/1/17 OWNER _____

2. TICKET TYPE Build CONTRACTOR _____ RIG NAME/NO. _____ ORDER NO. _____

3. SERVICE SALES WELL TYPE _____ WELL CATEGORY FRITZLER JOB PURPOSE Development SHIPPED VIA CT DELIVERED TO location WELL PERMIT NO. _____

4. REFERRAL LOCATION _____ INVOICE INSTRUCTIONS _____ WELL LOCATION _____

PRICE REFERENCE	SECONDARY REFERENCE/ PART NUMBER	ACCOUNTING			DESCRIPTION	QTY.	UM	QTY.	UM	UNIT PRICE	AMOUNT
		LOC	ACCT	DF							
576					MILEAGE	20	mi			5.00	1.00.00
576D					Pump Charge	1	ea			1250.00	1250.00
330					SMD cement	250	sk			15.75	3937.50
276					Flare	75	lb			2.25	168.75
290					D-air	3	bag			4200	12600.00
581					sewer charge	300	sk			1.60	480.00
583					Drygas	2983	lb			47.8	141774.00

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

DATE SIGNED: _____ TIME SIGNED: _____

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

SURVEY

OUR EQUIPMENT PERFORMED WITHOUT BREAKDOWN? YES NO

WE UNDERS TOOD AND MET YOUR NEEDS? YES NO

OUR SERVICE WAS PERFORMED WITHOUT DELAY? YES NO

WE OPERATED THE EQUIPMENT AND PERFORMED JOB CALCULATIONS SATISFACTORILY? YES NO

ARE YOU SATISFIED WITH OUR SERVICE? YES NO

CUSTOMER DID NOT WISH TO RESPOND

PAGE TOTAL: 6468.10

TOTAL: 6016.97

CUSTOMER ACCEPTANCE OF MATERIALS AND SERVICES: _____ APPROVAL: _____

SWIFT OPERATOR: _____

Thank You!

JOB LOG

SWIFT Services, Inc.

DATE 26 Jul 17 PAGE NO. 1

CUSTOMER		WELL NO.		LEASE		JOB TYPE		TICKET NO.	
Larson Engineering		09100 #1		Horemnan		cement part collar		30564	
CHART NO.	TIME	RATE (BPM)	VOLUME (BBL) (GAL)	PUMPS		PRESSURE (PSI)		DESCRIPTION OF OPERATION AND MATERIALS	
				T	C	TUBING	CASING		
									300sk SMD cement w/ #4 floccule 2 3/8 x 4 1/2 part collar - 2098'
	1300								on loc TRK 114
	1324					1000	1000		test to 1000 psi - hold
	1348								open part collar
	1350	3 1/2	3			300			inj rate 3 1/2 bpm @ 300 psi
	1353	3 1/2				300			Mix SMD cement @ 11.2 ppb
		3 1/2	21			300			- circ fluid to surface -
		3 1/2	134			500			→ cement to surface ← (250sk mixed 20 to pit)
		3 1/2	7			500			Displace w/ H ₂ O close part collar
	1443								test to 1000 psi - hold - RUN CIRC WAS -
	1455		25						Reverse hole clean - 2 cement plugs -
	1510								Wash truck Pack up
	1540								job complete
	1540								Thanks Blake, Flint & Squatch