

JOB LOG

SWIFT Services, Inc.

DATE 7-19-17 PAGE NO. 1

CUSTOMER LARSON ENGINEERING WELL NO. *1 OWWO LEASE HJWEMAN 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!**