

Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1374721
OIL & GAS CONSERVATION DIVISION

Form ACO-1
November 2016

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
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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 <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
TCores aken	<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 (Explain) _____							
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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HRESSURE PUMPING LLC

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

1st well

TICKET NUMBER 63281
FIELD TICKET REF # 53268
LOCATION Thames
FOREMAN Scott Burdick

TREATMENT REPORT FRAC & ACID

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
10-13-17	58337	Redd # 15	26	305	16E	WIL

CUSTOMER <u>McPherson Drilling</u>		
MAILING ADDRESS		
CITY	STATE	ZIP CODE

TRUCK #	DRIVER	TRUCK #	DRIVER
734	Josh		
743	John Wade - Curshilly		
472	Ryan		
582	Grey		
735-1221	Garrett		
81193	Donnie - Curshilly		

WELL DATA

CASING SIZE	TOTAL DEPTH
CASING WEIGHT	PLUG DEPTH
TUBING SIZE <u>2 1/2 REG</u>	PACKER DEPTH
TUBING WEIGHT	OPEN HOLE
PERFS & FORMATION	
<u>212-22 (21)</u>	<u>Bortlesville</u>

TYPE OF TREATMENT

Acid + Frac

CHEMICALS

<u>Kemuls</u>	<u>Acids</u>
<u>Bioxide</u>	<u>Inhibitor</u>
<u>Breaker</u>	<u>Chelant</u>
<u>Iron salt +</u>	<u>Trace metal</u>

STAGE	BBL'S PUMPED	INJ RATE	PROPPANT PPG	SAND / STAGE	PSI
PAD	20	20			BREAKDOWN 2000
16-20		20	5-10	1000#	START PRESSURE
12-20		20	15	700#	END PRESSURE
19-20		20	2.0		BALL OFF PRESS
2-12			2.0		ROCK SALT PRESS
2-12			2.0	1,000#	ISIP 550
12-20 (3) + (2)			1.5		5 MIN
12-20 (3) + (2) + (1) balls			1.5	1,000#	10 MIN
2-12 (1)			2.0		15 MIN
2-12 (1)		20	2.0	1,000#	MIN RATE
FLUSH CASING	5	20			MAX RATE
Release balls to T.D			TOTAL	4,000#	DISPLACEMENT 4.2
OVERFLUSH	10	20			
TOTAL BBL'S	115				

REMARKS:

Spotted 100 gal = 15% HCl acid on parts

Location = 12:00 PM - 1:00 PM 15 miles

AUTHORIZATION [Signature] TITLE _____ DATE 10-13-17



**GAMMA RAY
NEUTRON
COMPLETION LOG**

Company **McPHERSON DRILLING**
Well **W REDD #15**

Field
County **WILSON** State **KANSAS**

Location: **SEC 26 TWP 30S RGE 16E** API #: 15-205-28386-00-00 Other Services

Permanent Datum **G.L.** Elevation
Log Measured From **G.L.**
Drilling Measured From **G.L.**

Date **10-13-2017**
Run Number **1-NEUWELL**

Depth Driller
Depth Logger **883.2'**

Top Log Interval **593'**
Bottom Logged Interval **883.2'**

Fluid Level **FULL**
Type Fluid **WATER**

Production Casing **2 7/8" @ T.D.**
Max. Recorded Temp. **@**
Estimated Cement Top **@**
Calculated Cement Top **@**

Amount & Type Cement
Drilling Contractor **COMPANY TOOLS**
Equipment Number **107**

Location
Recorded By **UDEN, D.**
Witnessed By **McPHERSON R.**

Location
Recorded By
Witnessed By

<<< Fold Here >>>

All interpretations are opinions based on inferences from electrical or other measurements and we cannot and do not guarantee the accuracy or correctness of any interpretation, and we shall not, except in the case of gross or willful negligence on our part, be liable or responsible for any loss, costs, damages, or expenses incurred or sustained by anyone resulting from any interpretation made by any of our officers, agents or employees. These interpretations are also subject to our general terms and conditions set out in our current Price Schedule.

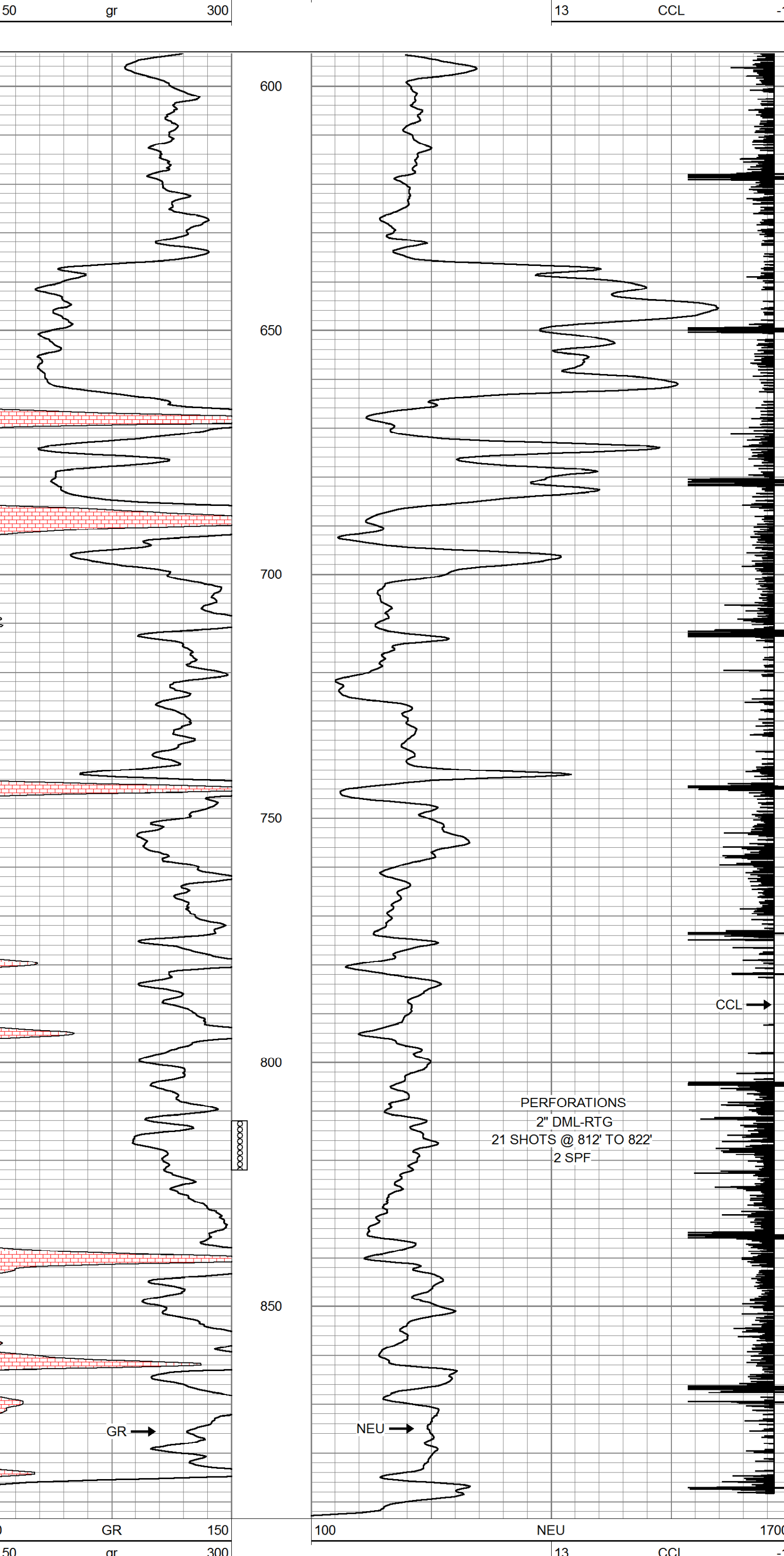
Comments

THANK YOU

Sensor	Offset (ft)	Schematic	Description	Len (ft)	OD (in)	Wt (lb)
GR	7.59		GR-TITAN_169 (TIT169_001) Titan 1 11/16" Gamma Ray	4.75	1.69	20.00
CCL	5.05		CCL-TITAN_169 (TIT169) Titan 1 11/16" Logging CCL	1.83	1.69	7.50
NEU	0.63		NEU-TITAN_169 (TIT169_001) Titan 1 11/16" Neutron	4.33	1.69	20.00

Dataset: w redd #15.db: field/well/run1/pass1
Total Length: 10.92 ft
Total Weight: 47.50 lb
O.D.: 1.69 in

Database File: e:\w redd #15.db
Dataset Pathname: pass1
Presentation Format: gr-n-ccl
Dataset Creation: Fri Oct 13 08:58:03 2017 by Log Std Casedhole 07122
Charted by: Depth in Feet scaled 1:240





REMIT TO

QES Pressure Pumping LLC
 Dept:970
 P.O.Box 4346
 Houston, TX 77210-4346

MAIN OFFICE

P.O.Box884
 Chanute,KS 66720
 620/431-9210,1-800/467-8676
 Fax 620/431-0012

Invoice

Invoice# 811510

Invoice Date: 10/17/17

Terms: Net 30

Page 1

McPHERSON DRILLING

P O BOX 129
 SYCAMORE KS 67363
 USA
 6203382662

McPHERSON DRILLING- #15 &
 #14

Part No	Description	Quantity	Unit Price	Discount(%)	Total
FE0251	Combo Unit, 1,300 HHP 1st (4) Four Hours	2,000	3,500.0000	64.000	2,520.00
FE1136	Flatbed Truck, Misc. Delivery	2,000	400.0000	64.000	288.00
FE0133	Flex-Hose Fluid Spotting Unit	2,000	500.0000	64.000	360.00
FC5005	15% Uninhibited HCL Acid (22 Baume)	200,000	3.0000	64.000	216.00
FC5250	CIA-1 Corrosion Inhibitor <350° F	0.500	50.4500	64.000	9.08
FC5701	MaxSurf Plus (Surfactant/N.E./Remediation)	1,000	55.2500	64.000	19.89
FC5550	IC-1L, Iron Control (Acetic/Citric Blend)	1,000	31.5000	64.000	11.34
FC5302	CS-1 Clay Stabilizer (Cationic)	1,000	52.5000	64.000	18.90
FC6159W	City Water	12,000,000	0.0173	64.000	74.74
FC5450	WG-1, Guar Gelling Agent	250,000	7.1500	64.000	643.50
FC5300	KCL-Sub, KCl Substitutue	12,000	17.2500	64.000	74.52
FC5280	BIO-1 Powdered	4,000	35.0000	64.000	50.40
FC5486	B-11LE, Concentrated High pH/Low Temp. < 100° F, Enzyme Breaker	0.500	225.0000	64.000	40.50
FE1053	2" Valve	2,000	350.0000	64.000	252.00
FE1000	Manual Ball Injector	2,000	800.0000	64.000	432.00
FC5176A	7/8" 1.3 Sp.Gr.RCN Ball Sealers	24,000	2.5500	64.000	22.03
FE0754	25K Body Load Sand Dump	1,000	1,000.0000	64.000	360.00
FE0001	Equipment Mileage Charge - Light Equipment	15,000	3.0000	64.000	16.20
FE0002	Equipment Mileage Charge - Heavy Equipment	45,000	7.1500	64.000	115.83
WS2403	Water Transport (Frac Service)	6,000	120.0000	64.000	259.20
FP9003A	16/30 Brown Sand - Sack	300,000	0.3000	64.000	32.40
FP9004	12/20 Brown Sand	4,700,000	0.3000	64.000	507.60



REMIT TO
 QES Pressure Pumping LLC
 Dept:970
 P.O.Box 4346
 Houston, TX 77210-4346

MAIN OFFICE

P.O.Box884
 Chanute,KS 66720
 620/431-9210,1-800/467-8676
 Fax 620/431-0012

Invoice Invoice# 811510

Invoice Date: 10/17/17 Terms: Net 30 Page 2

McPHERSON DRILLING
 P O BOX 129
 SYCAMORE KS 67363
 USA
 6203362662

McPHERSON DRILLING- #15 &
 #14

Part No	Description	Quantity	Unit Price	Discount(%)	Total
FP9005	8/12 Brown Sand	5,000.000	0.3400	64.000	612.00
Subtotal					19,267.03
Discounted Amount					12,330.90
SubTotal After Discount					6,936.13
Amount Due 19,284.50 If paid after 11/16/17					
Tax:					6.29
Total:					6,942.42



TICKET NUMBER 53268

LOCATION Thayer

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

715 + 714 FIELD TICKET

DATE	CUSTOMER ACCT #	WELL NAME	OTR/OTR	SECTION	TWP	RGE	COUNTY	FORMATION
10-13-17	5357	Redd		26	305	16E	WL	Bartlesville
CHARGE TO <u>McPherson Dring.</u>				OWNER				
MAILING ADDRESS				OPERATOR				
CITY & STATE				CONTRACTOR				

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION OF SERVICES OR PRODUCT	UNIT PRICE	TOTAL AMOUNT
FE0251	2	PUMP CHARGE 135X Combo		7600 -
FE1136	2	Iron truck		800.00
FE0133	2	Acid spotter		1000.00
FC5005	200	15% HCL acid		600 -
FC5250	1/2	Inhibitor		25.23
FC5701	1	Maxsurf +		55.25
FC5550	1	Iron control		31.50 -
FC5302	1	Clay stabilize		52.50
FC6159W	12,000	Thayer City		209.66
FC5450	250#	frac gel		1787.50
FC5300	12	Kelsub		207.00
FC5280	4#	Bimcycle		140 -
FC5486	1/2 gal	Breaker		112.50
FE1053	2	2" frac valve		700 -
FE1000	2	Ball gun		1200 -
FC5176A	24	1.35X 1/2" Ballscrews		61.20
BLENDING & HANDLING				
FE0754	1	TON-MILES x 1 unit		1000 -
FE0001	15	STAND BY TIME light truck		45.00
FE0002	45	MILEAGE x 30 PSI		331.25
WS2403	6 hrs	WATER TRANSPORTS - 2	750	960.00
VACUUM TRUCKS				
FP9003A	3000#	FRAC SAND 16-20 bags		90.00
FP9004	4,700#	12-20 Bulk		1410.00
FP9005	5,000#	8-12 Bulk		1700.00
			SALES TAX	17.47
				1954.60
				19284.50
			ESTIMATED TOTAL	2342.08
				6942.42

CUSTOMER or AGENTS SIGNATURE _____ COWS FOREMAN Brett Busby

CUSTOMER or AGENT (PLEASE PRINT) _____ DATE 10-13-17

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 services on the back of this form are in effect for services identified on this form.

44-09-333



PRESSURE PUMPING LLC

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

1st well

TICKET NUMBER 63281
FIELD TICKET REF # 53268
LOCATION Thayer
FOREMAN Shott Burby

TREATMENT REPORT FRAC & ACID

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
10-13-17	5337	Redd # 15	26	305	18E	WL

CUSTOMER Moppherson Dring		
MAILING ADDRESS		
CITY	STATE	ZIP CODE

TRUCK #	DRIVER	TRUCK #	DRIVER
754	Josh		
745	John Wade - Cushing		
478	Ryan		
582	Gary		
735-921	George		
50195	Domnie - Cushing		

WELL DATA

CASING SIZE	TOTAL DEPTH
CASING WEIGHT	PLUG DEPTH
TUBING SIZE <u>2 7/8 REG</u>	PACKER DEPTH
TUBING WEIGHT	OPEN HOLE
PERFS & FORMATION	
<u>8 1/2 - 22 (21)</u>	<u>Bartlesville</u>

TYPE OF TREATMENT

Acid spot + frac

CHEMICALS

Kelsub	Acid
Bincide	Inhibitor
Breaker	Clay control
Maxsurf +	Temp control

STAGE	BBL'S PUMPED	INJ RATE	PROPPANT PPG	SAND / STAGE	PSI
PAD	20	20			BREAKDOWN 2000
16-30		20	5-10	1000#	START PRESSURE
12-20		20	1.5	900#	END PRESSURE
12-20		20	2.0		BALL OFF PRESS
8-12			2.0		ROCK SALT PRESS
8-12			2.0	1,000#	ISIP 550
12-20 (5)+(2)			1.5		5 MIN
12-20 + (2) = 14 balls			1.5	1,000#	10 MIN
8-12 (1)			2.0		15 MIN
8-12 (1)		20	2.0	1,000#	MIN RATE
FLUSH CASING 5		20			MAX RATE
Release balls to T.D.			TOTAL	4,000#	DISPLACEMENT 4.8
OVERFLUSH 10		20	SAND		
TOTAL BBL'S 115					

REMARKS:

Spotted 100 gal - 10% HCL acid on perfs

Location: 12:00 PM - 1:00 PM 15 miles

AUTHORIZATION [Signature] TITLE _____ DATE 10-13-17



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

2nd well

TICKET NUMBER 63282
FIELD TICKET REF # 53268
LOCATION Hayes
FOREMAN Robert Buckley

**TREATMENT REPORT
FRAC & ACID**

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
10-13-17		Reed 9 14	26	305	16E	WL

CUSTOMER <u>McPherson Drilling</u>		
MAILING ADDRESS		
CITY	STATE	ZIP CODE

TRUCK #	DRIVER	TRUCK #	DRIVER
754	Josh		
743	John Wade		
478	Ryan		
582	Gary		
7357241	Rentage		

WELL DATA	
CASING SIZE	TOTAL DEPTH
CASING WEIGHT	PLUG DEPTH
TUBING SIZE <u>2 1/2 REG</u>	PACKER DEPTH
TUBING WEIGHT	OPEN HOLE
PERFS & FORMATION	
<u>210-17 (11)</u>	<u>Bartlesville</u>
<u>295-805 (2)</u>	<u>Chillemian</u>

TYPE OF TREATMENT
<u>Acid spot + frac</u>

CHEMICALS	
<u>Kalsub</u>	<u>Acid</u>
<u>Bioside</u>	<u>Inhibitor</u>
<u>Packer</u>	<u>Clay control</u>
<u>Plexsurf +</u>	<u>Iron control</u>

STAGE	BBL'S PUMPED	INJ RATE	PROPPANT PPG	SAND / STAGE	PSI
PAD	20	20			BREAKDOWN 1500
16-30		20	1.5/1.0	200	START PRESSURE
12-20		20	1.3		END PRESSURE
12-20		20	2.0	1800	BALL OFF PRESS
8-12			2.0	1,500#	ROCK SALT PRESS
2-12			2.0	1,500#	ISIP 600
12-20 (7) + (5)			1.5		5 MIN
12-20 (2) (5) = (10)			2.0	4,000#	10 MIN
2-12 (2) (10)			2.0	1,500#	15 MIN
2-12 (16)			2.0	1,500#	MIN RATE
FLUSH Casing	5				MAX RATE
Release balls to T.D.			TOTAL	6,000#	DISPLACEMENT 4.8
OVERFLUSH	10	20	SAND		
TOTAL BBL'S	175				

REMARKS:
Spotted 100 gal - 15% HCL acid on pads

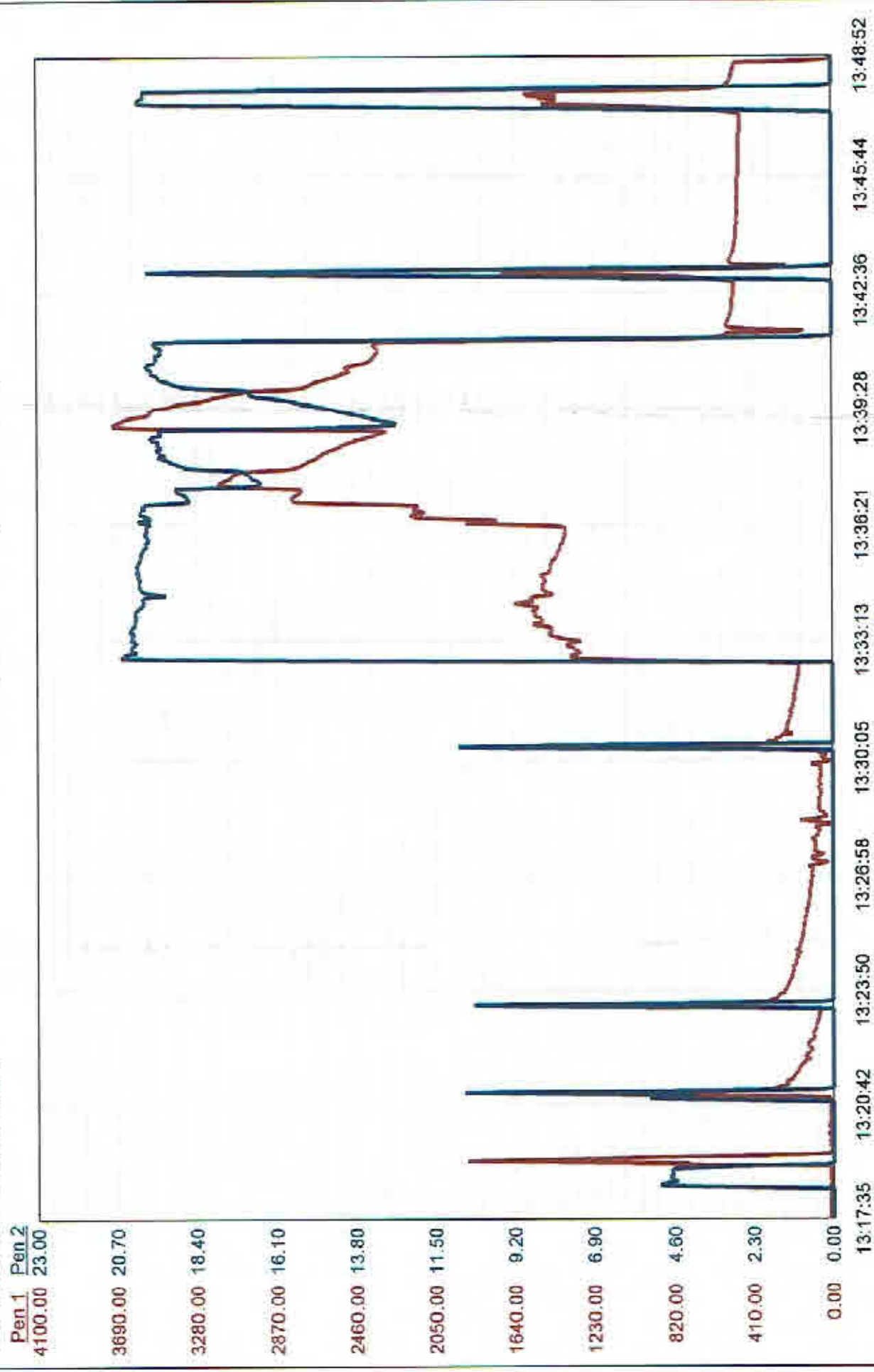
Location 1:15 PM - 2:15 PM 15 miles

AUTHORIZATION Road Mc TITLE _____ DATE 10-13-17



SERVICE COMPANY: Q.E.S.
 TICKET NO: 63282
 CUSTOMER NAME: MCPHERSON DRUNG
 WELL NAME: REDD 14
 WELL LOCATION: SEC 26-30S-16E WL. CO.
 DATE RECORDED: 10/13/2017
 JOB NO: 1
 UNIT DESCRIPTION: BARTLESVILLE SS
 UNIT NOTES: ACIDSPOT + FRAC
 FILE NAME: MCPHERSON DRUNG_REDD 14_17_10_13_#1.csv

Pen 1: Pressure (Pressure : psi)
 Pen 2: Flowrate (Flowrate : bpm)





SERVICE COMPANY: Q.E.S.
 TICKET NO: 63281
 CUSTOMER NAME: MCPHERSON DRLNG
 WELL NAME: REDD 15
 WELL LOCATION: SEC 26-30S-16E WL. CO.
 DATE RECORDED: 10/13/2017
 JOB NO: 1
 UNIT DESCRIPTION: BARTLESVILLE SS
 UNIT NOTES: ACIDSPOT + FRAC
 FILE NAME: MCPHERSON DRLNG_REDD 15_17_10_13_#1.csv

Pen 1: Pressure (Pressure : psi)

Pen 1 Pen 2

3000.00 24.00

2700.00 21.60

2400.00 19.20

2100.00 16.80

1800.00 14.40

1500.00 12.00

1200.00 9.60

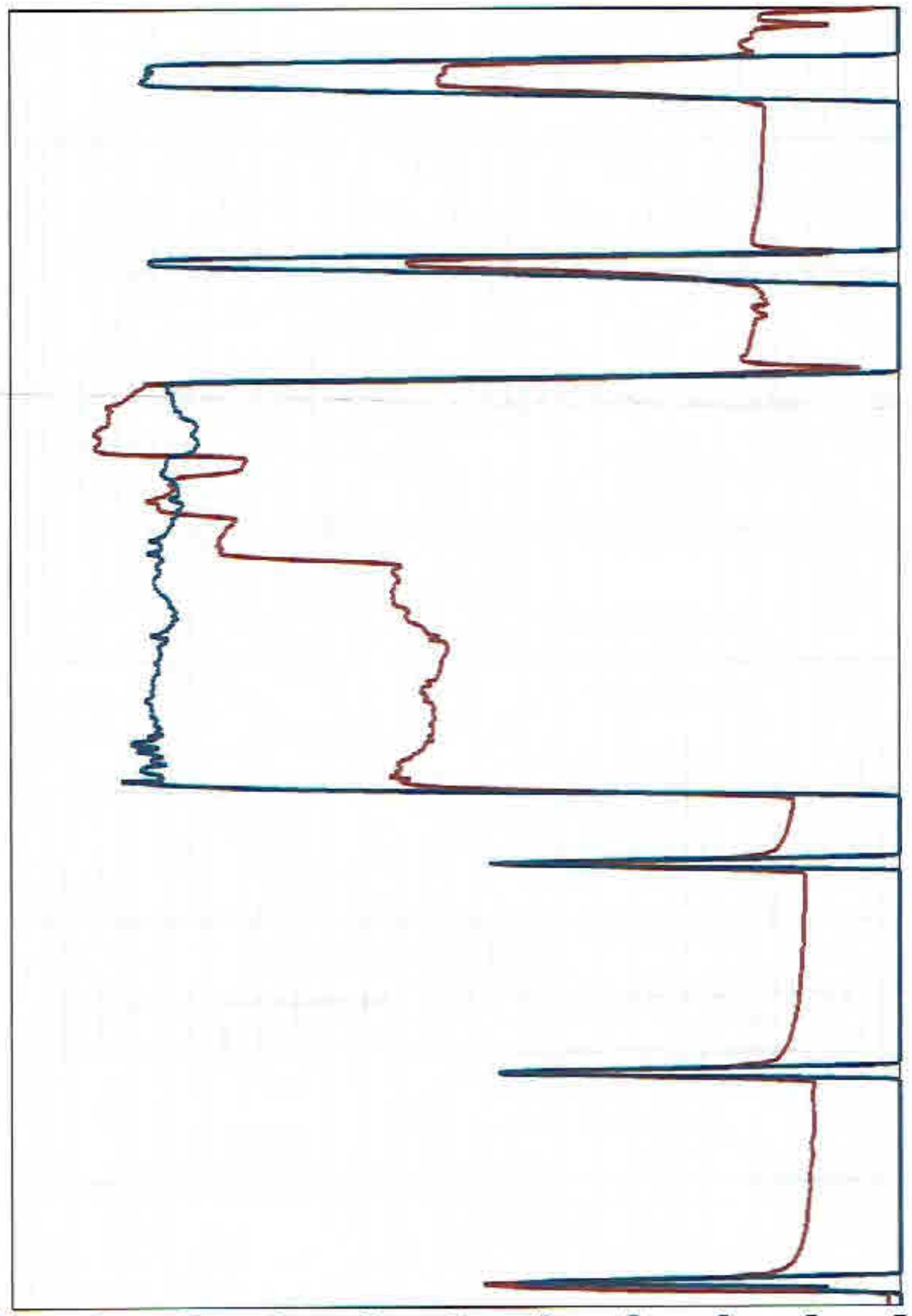
900.00 7.20

600.00 4.80

300.00 2.40

0.00 0.00

Pen 2: Flowrate (Flowrate : bpm)



12:30:46 12:32:20 12:33:54 12:35:29 12:37:03 12:38:38 12:40:12 12:41:46 12:43:21 12:44:55 12:46:30



HRESSURE PUMPING LLC

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

1st well

TICKET NUMBER 63281
FIELD TICKET REF # 53268
LOCATION Thames
FOREMAN Scott Bandy

TREATMENT REPORT FRAC & ACID

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
10-13-17	58337	Redd # 15	26	305	16E	WIL

CUSTOMER <u>McPherson Drilling</u>		
MAILING ADDRESS		
CITY	STATE	ZIP CODE

TRUCK #	DRIVER	TRUCK #	DRIVER
734	Josh		
743	John Wade - Curshilly		
472	Ryan		
582	Grey		
735-1221	Gardner		
81193	Donnie - Curshilly		

WELL DATA

CASING SIZE	TOTAL DEPTH
CASING WEIGHT	PLUG DEPTH
TUBING SIZE <u>2 1/2 REG</u>	PACKER DEPTH
TUBING WEIGHT	OPEN HOLE
PERFS & FORMATION	
<u>212-22 (21)</u>	<u>Bortlesville</u>

TYPE OF TREATMENT

Acid + Frac

CHEMICALS

<u>Kemuls</u>	<u>Acids</u>
<u>Bioxide</u>	<u>Inhibitor</u>
<u>Breaker</u>	<u>Chelant</u>
<u>Iron salt +</u>	<u>Trace metal</u>

STAGE	BBL'S PUMPED	INJ RATE	PROPPANT PPG	SAND / STAGE	PSI
PAD	20	20			BREAKDOWN 2000
16-20		20	5-10	1000#	START PRESSURE
12-20		20	15	700#	END PRESSURE
19-20		20	2.0		BALL OFF PRESS
2-12			2.0		ROCK SALT PRESS
2-12			2.0	1,000#	ISIP 550
12-20 (3) + (2)			1.5		5 MIN
12-20 (3) + (2) + (3) balls			1.5	1,000#	10 MIN
2-12 (1)			2.0		15 MIN
2-12 (1)		20	2.0	1,000#	MIN RATE
FLUSH CASING	5	20			MAX RATE
Release balls to T.D			TOTAL	4,000#	DISPLACEMENT 4.2
OVERFLUSH	10	20	TOTAL		
TOTAL BBL'S	115				

REMARKS:

Spotted 100 gal = 15% HCl acid on parts

Location = 12:00 PM - 1:00 PM 15 miles

AUTHORIZATION [Signature] TITLE _____ DATE 10-13-17



REMIT TO
 QES Pressure Pumping LLC
 Dept:970
 P.O.Box 4346
 Houston, TX 77210-4346

MAIN OFFICE

P.O.Box884
 Chanute, KS 66720
 620/431-9210, 1-800/467-8676
 Fax 620/431-0012

Invoice: _____ Invoice# 811445

Invoice Date: 10/08/17 Terms: Net 30 Page 1

McPHERSON DRILLING
 P O BOX 129
 SYCAMORE KS 67363
 USA
 6203362662

WEST RED #15

Part No	Description	Quantity	Unit Price	Discount(%)	Total
CE0450	Cement Pump Charge 0 - 1500'	1.000	1,500.0000	50.000	750.00
CE0002	Equipment Mileage Charge - Heavy Equipment	1.000	0.0000	0.000	0.00
CE0711	Minimum Cement Delivery Charge	0.500	660.0000	50.000	165.00
CC5840	Poz-Blend I A (50:50)	95.000	13.5000	50.000	641.25
CC5965	Bentonite	360.000	0.3000	50.000	54.00
CC6079	PhenoSeal Formica Flakes	48.000	1.3500	50.000	32.40
CP8176	2 7/8" Top Rubber Plug	1.000	45.0000	50.000	22.50

Subtotal 3,330.30
 Discounted Amount 1,665.15
 SubTotal After Discount 1,665.15

Amount Due 3,427.82 If paid after 11/05/17

Tax: 48.76
 Total: 1,713.91



PRESSURE PUMPING LLC
 PO Box 894, Chanute, KS 66720
 620-431-9210 or 800-457-8678

9188/900

TICKET NUMBER 53845

LOCATION Chanute, KS

FOREMAN Casey Kennedy

FIELD TICKET & TREATMENT REPORT
 CEMENT

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
10/2/17	5337	West Red # 15	SE 26	30	16	WL
CUSTOMER <u>McPherson Drilling</u>			TRUCK #			
MAILING ADDRESS <u>PO Box 129</u>			DRIVER			
CITY <u>Sycamore</u>			TRUCK #			
STATE <u>KS</u>			DRIVER			
ZIP CODE <u>67363</u>			TRUCK #			
			DRIVER			

JOB TYPE log string HOLE SIZE 5 7/8" HOLE DEPTH 920' CASING SIZE & WEIGHT 2 7/8" EUE
 CASING DEPTH 90' DRILL PIPE _____ TUBING _____ OTHER _____
 SLURRY WEIGHT _____ SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT in CASING _____
 DISPLACEMENT 5.22 bbls DISPLACEMENT PSI _____ MIX PSI _____ RATE 4 bpm

REMARKS: field safety meeting, established circulation, mixed & pumped 200 # Gel followed by 5 bbls fresh water, grinded & pumped 95' sls Portland cement w/ 2% gel & 1/2 # Phenoseal per sk, cement to surface, flushed pump clean, pumped 2 1/2" rubber plug to casing TD w/ 5.22 bbls fresh water, pressured to 800 PSI, released pressure, shut in casing.

Handwritten signature/initials

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
CEM50	1	PUMP CHARGE	1500.00	
CE0002	on lease	MILEAGE		
CE0211	1/2 min	less mileage	330.00	
		trucks	1830.00	
		-50%	915.00	
		subtotal		915.00
CE5540	95 sls	Portland cement	1282.50	
CE5965	360 #	Gel	108.00	
CE6079	48 #	Phenoseal	64.80	
CE8176	1	2 1/2" rubber plug	45.00	
		materials	1500.30	
		-50%	750.15	
		subtotal		750.15
		6.5%	SALES TAX	48.76
			ESTIMATED TOTAL	1713.91

AUTHORIZATION *McPherson* TITLE _____ DATE 10/2/17

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.