

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

TICKET 30805

1. SERVICE LOCATIONS NESS City, KS	WELL/PROJECT NO. B-1	LEASE SPLITTER OWWO	COUNTY/PARISH LANE	STATE Ks	CITY	DATE 12-17-17	OWNER SAME
2.	TICKET TYPE <input checked="" type="checkbox"/> SERVICE <input type="checkbox"/> SALES	CONTRACTOR SOUTHWIND DRIG. #1	RIG NAME/NO.	SHIPPED VIA CT	DELIVERED TO LOCATION	ORDER NO.	
3.	WELL TYPE OIL	WELL CATEGORY DEVELOPMENT	JOB PURPOSE CEMENT 4 1/2" LONGSTRING	WELL PERMIT NO.	WELL LOCATION SW/DIGHTON, KS		
4. REFERRAL LOCATION	INVOICE INSTRUCTIONS						

PRICE REFERENCE	SECONDARY REFERENCE/ PART NUMBER	ACCOUNTING			DESCRIPTION	QTY.		UNIT PRICE		AMOUNT
		LOC	ACCT	DF			UM		UM	
575		1			MILEAGE # 112	40	mi		5.00	200.00
578		1			PUMP CHARGE - LONGSTRING	1	JOB	4684.14	1250.00	1250.00
221		1			LEGARD 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
 DATE SIGNED **12-17-17** TIME SIGNED **1145** 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 #1	3200.00
OUR EQUIPMENT PERFORMED WITHOUT BREAKDOWN?				#2	6387.13
WE UNDERSTOOD AND MET YOUR NEEDS?				12% Disc 30%	-958.91
OUR SERVICE WAS PERFORMED WITHOUT DELAY?				TAX	8628.42
WE OPERATED THE EQUIPMENT AND PERFORMED JOB CALCULATIONS SATISFACTORILY?				Car to	601.28
ARE YOU SATISFIED WITH OUR SERVICE? <input type="checkbox"/> YES <input type="checkbox"/> NO				TOTAL	9232.70
<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 **Wayne Wilson** APPROVAL

Thank You!



PO Box 466
Ness City, KS 67560
Off: 785-798-2300

TICKET CONTINUATION

TICKET No. 30805

CUSTOMER: LARSON ENGINEERING
WELL: SPLITTER B-1 owwd
DATE: 12-17-17
PAGE: 2 OF 2

PRICE REFERENCE	SECONDARY REFERENCE / PART NUMBER	ACCOUNTING			TIME	DESCRIPTION	QTY.		UNIT PRICE		AMOUNT	
		LOC	ACCT	DF			QTY.	UM	QTY.	UM		
325		1				STANDARD CEMENT EA2	200	SYS		12.25	2450.00	
276		1				FLOCELE	25	LBS		2.25	56.25	
277		1				GILSONDE	1400	LBS		.75	1050.00	
283		1				SALT	1000	LBS		.20	200.00	
284		1				CALSEAL	9	SYS	900	LBS	30.00	270.00
290		1				D-ADR	3	GAL		42.00	126.00	
292		1				HALAD 322	200	LBS		8.00	1600.00	
581		1				SERVICE CHARGE			200	1.50	300.00	
583		1				MILEAGE CHARGE	TOTAL WEIGHT 22325	LOADED MILES 40	TON MILES 446.5	.75	334.88	

CONTINUATION TOTAL 6387.13

JOB LOG

SWIFT Services, Inc.

DATE 12-17-17 PAGE NO. 1

CUSTOMER LARSON ENGINEERING

WELL NO. B-1

LEASE SPLOTTER OWWO

JOB TYPE 4 1/2" LONGSTRING

TICKET NO. 30805

CHART NO.	TIME	RATE (BPM)	VOLUME (BBL/GAL)	PUMPS		PRESSURE (PSI)		DESCRIPTION OF OPERATION AND MATERIALS
				T	C	TUBING	CASING	
	1200							ON LOCATION - RUNNING 4 1/2" CASING
								TD-4685' SET e 4684 TP-4693' 4 1/2" # 11.6 SJ-41' PORT COLLAR - 2116'
	1230							DROP BALL - CIRCULATE ROTATE
	1340	6	15		✓		400	PUMP KCL WATER SPACER
	1343	6	12		✓		400	PUMP 500 GAL FLOCHECK 21
	1345	6	5		✓		400	PUMP KCL WATER SPACER
	1350		7-5					PLUG RH (30SKS) MH (20SKS)
	1400	4 1/2	36		✓		250	MIX CEMENT - 150 SKS EA-2 = 15.2 PP6
	1410							WASH OUT PUMP - LINES
	1410							RELEASE L.D. PLUG
	1415	6 3/4	0		✓			DISPLACE PLUG
		6 3/4	62				750	SHUT OFF ROTATE
	1427	5 1/2	72.1				1500	PLUG DOWN - PSE UP CATCH IN PLUG
	1430						OK	RELEASE PSE - HEAD
								WASH TRUCK
	1500							JOB COMPLETE

THANK YOU
WAYNE, PRESTON, DUSTY



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

TICKET 031129

PAGE 1 OF 1

SERVICE LOCATIONS: Ness City KS WELL/PROJECT NO. 010000 LEASE Splitter B COUNTY/PARISH Lane STATE KS CITY Dighton DATE 20 Dec 17 OWNER _____
 2. TICKET TYPE SERVICE SALES CONTRACTOR _____ RIG NAME/NO. _____ SHIPPED DELIVERED TO location ORDER NO. _____
 3. WELL TYPE oil WELL CATEGORY Development JOB PURPOSE cement port collar WELL PERMIT NO. _____ WELL LOCATION _____
 4. REFERRAL LOCATION _____ INVOICE INSTRUCTIONS _____

PRICE REFERENCE	SECONDARY REFERENCE/ PART NUMBER	ACCOUNTING			DESCRIPTION	QTY.		U/M		UNIT PRICE	AMOUNT
		LOC	ACCT	DF							
575		1			MILEAGE <u>TRK 114</u>	30		mi		5.00	150.00
576D		1			<u>Pump Charge</u> <u>PORT COLLAR</u>	1		ea		1250.00	1250.00
330					<u>SMD cement</u>	275		sk		15.75	4312.50
276		1			<u>flocele</u>	70		lb		2.25	157.50
290		1			<u>DAR</u>	3		gal		42.00	126.00
581		1			<u>Service Charge</u>	300		sk			450.00
583		1			<u>Drayage</u>	29853	16		447.80 TM	0.25	335.85
330		1			<u>SMD cement</u>	275		sk		15.75	4331.25

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

DATE SIGNED _____ TIME SIGNED 12:16 A.M. P.M.

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

SURVEY	AGREE	UNDECIDED	DISAGREE	PAGE TOTAL
OUR EQUIPMENT PERFORMED WITHOUT BREAKDOWN?				6811.85
WE UNDERSTOOD AND MET YOUR NEEDS?				-681.19
OUR SERVICE WAS PERFORMED WITHOUT DELAY?				10% Disc
WE OPERATED THE EQUIPMENT AND PERFORMED JOB CALCULATIONS SATISFACTORILY?				312.26
ARE YOU SATISFIED WITH OUR SERVICE?	<input type="checkbox"/> YES	<input type="checkbox"/> NO		TOTAL
<input type="checkbox"/> CUSTOMER DID NOT WISH TO RESPOND				6442.92

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

SWIFT OPERATOR ABG APPROVAL _____

Thank You!

JOB LOG

SWIFT Services, Inc.

DATE
20 DEC 17

PAGE NO.
1

CUSTOMER		WELL NO.		LEASE		JOB TYPE		TICKET NO.	
Larson Engineering		#1 owned		Splitter B		cement port collar		31129	
CHART NO.	TIME	RATE (BPM)	VOLUME (BBL) (GAL)	PUMPS		PRESSURE (PSI)		DESCRIPTION OF OPERATION AND MATERIALS	
				T	C	TUBING	CASING		
									300 sk SMD cement w/ 1/4# floccule 2 3/8 x 4 1/2 port collar - 2116'
	1045								on loc TRK 114
	1105					1000	1000		test to 1000psi - held open port collar
		3 1/2	2			400			inj rate 3 1/2 @ 400 psi - good blow
	1115	3 1/2				200			MIX SMD cement @ 1 1/2 ppg slight blow
		3 1/2	49			215			slight pressure increase hit the throttle - increase rate
		5	51			600			- circulate fluid to pit -
		3				300			drop back to 3 bpm @ 300 - continuing circ -
		3	150			425			→ cement to surface.
									<div style="border: 1px solid black; padding: 5px; display: inline-block;"> 275 sk mixed 20 sk to pit </div>
		3	7			425			7 bbl H ₂ O close port collar
	1215					1000	1000		test to 1000 psi - held RUN 5 joints
									Reverse hole clean wash truck Pack up
	1320								job complete Thanks Blane, Flint & Isaac



**CEMENT BOND LOG
WITH GAMMA RAY**

Comp. LARSON ENGINEERING, INC.
Well SPLITTER B #1
Field N/A
Co. LANE
State KANSAS

Company LARSON ENGINEERING, INC.
Well SPLITTER B #1
Field N/A
County LANE State KANSAS

Location: C W/2 W/2 NW
SEC 35 TWP 16S RGE 27W
Permanent Datum GROUND LEVEL Elevation 2801'
Log Measured From KELLY BUSHING 5' Above GL
Drilling Measured From KELLY BUSHING
Other Services
PERF
Elevation
K.B. 2806'
D.F. N/A
G.L. 2801'

Date of Service	12/26/2017			
Run Number	ONE			
Depth Driller or PBTID	4641'			
Depth Logger	4633'			
Bottom Log Interval	4631'			
Top Log Interval	3750'			
Open Hole Size	7.875"			
Type Fluid	WATER			
Fluid Level	260'			
Fluid Density	N/A			
Max. Recorded Temperature	122 DEG F			
Max. Wellhead Pressure	00 PSI			
Wellhead Connection	WELLHEAD			
Estimated Cement Top	3810'			
Unit Number	106			
Wireline Size	0.288"			
Location	HAYS			
Recorded By	T. MARTIN			
Witnessed By	BRIAN CABLE			
Tubing Record	Size	Wt/Ft	Top	Bottom
Surface Casing				
Production Casing	4.5"	11.6#	00'	TD
Liner Record				

<<< Fold Here >>>

All interpretations are opinions based on inferences from electrical or other measurements and Pioneer Wireline Services, LLC cannot and does not guarantee the accuracy or correctness of any interpretation, and Pioneer Wireline Services, LLC will not 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.

Comments

N/A DENOTES NOT AVAILABLE OR NON-APPLICABLE.

DIGHTON, 3 W TO IKE RD,
2 S, 1 E, 1/4 S, E INTO

LOG RAN WITH 00 PSI SURFACE PRESSURE APPLIED

THANK YOU FOR USING PIONEER ENERGY SERVICES!

Your Pioneer Energy Services Crew	Tool Data - Services	Serial Number
Engineer: T. MARTIN Operator: Operator: Operator:		

Operator	Offset (ft)	Schematic	Description	Length (ft)	O.D. (in)	Weight (lb)
----------	-------------	-----------	-------------	-------------	-----------	-------------

Sensor	Offset (ft)	Schematic	Description	Length (ft)	O.D. (in)	Weight (lb)
			CENT-Probe Probe Centralizer	2.83	2.75	20.00
WVFS8	11.62		RBT-Probe (080554 RBL-D) Probe Radii Bond Tool with Digital Telemetry	8.75	2.75	107.00
WVFS7	11.62					
WVFS6	11.62					
WVFS5	11.62					
WVFS4	11.62					
WVFS3	11.62					
WVFS2	11.62					
WVFS1	11.62					
WWFCAL	11.62					
WWF3FT	11.62					
WWF5FT	10.62					
			CENT-Probe Probe Centralizer	2.83	2.75	20.00
CCL	3.63					
GR	2.30	GR_CCL-2 3/4" Probe (111032)	4.54	2.75	50.00	

Dataset: larsen_splitterb_#1.db: field/well/CBL/pass4.10
 Total length: 18.95 ft
 Total weight: 197.00 lb
 O.D.: 2.75 in

Log Variables

Database: C:\ProgramData\Warrior\Data\laron_splitterb_#1.db
 Dataset: field/well/CBL/pass4.10/_vars_

Top - Bottom

PPT usec 0	CASEWGHT lb/ft 11.6	MAXAMPL mV 0	MINAMPL mV 1	MINATTN db/ft 0.8	SRFTEMP degF 10	CASETHCK in 0.25	CASEOD in 4.5
PERFS 0	TDEPTH ft 4633	BOTTEMP degF 122	BOREID in 7.875				



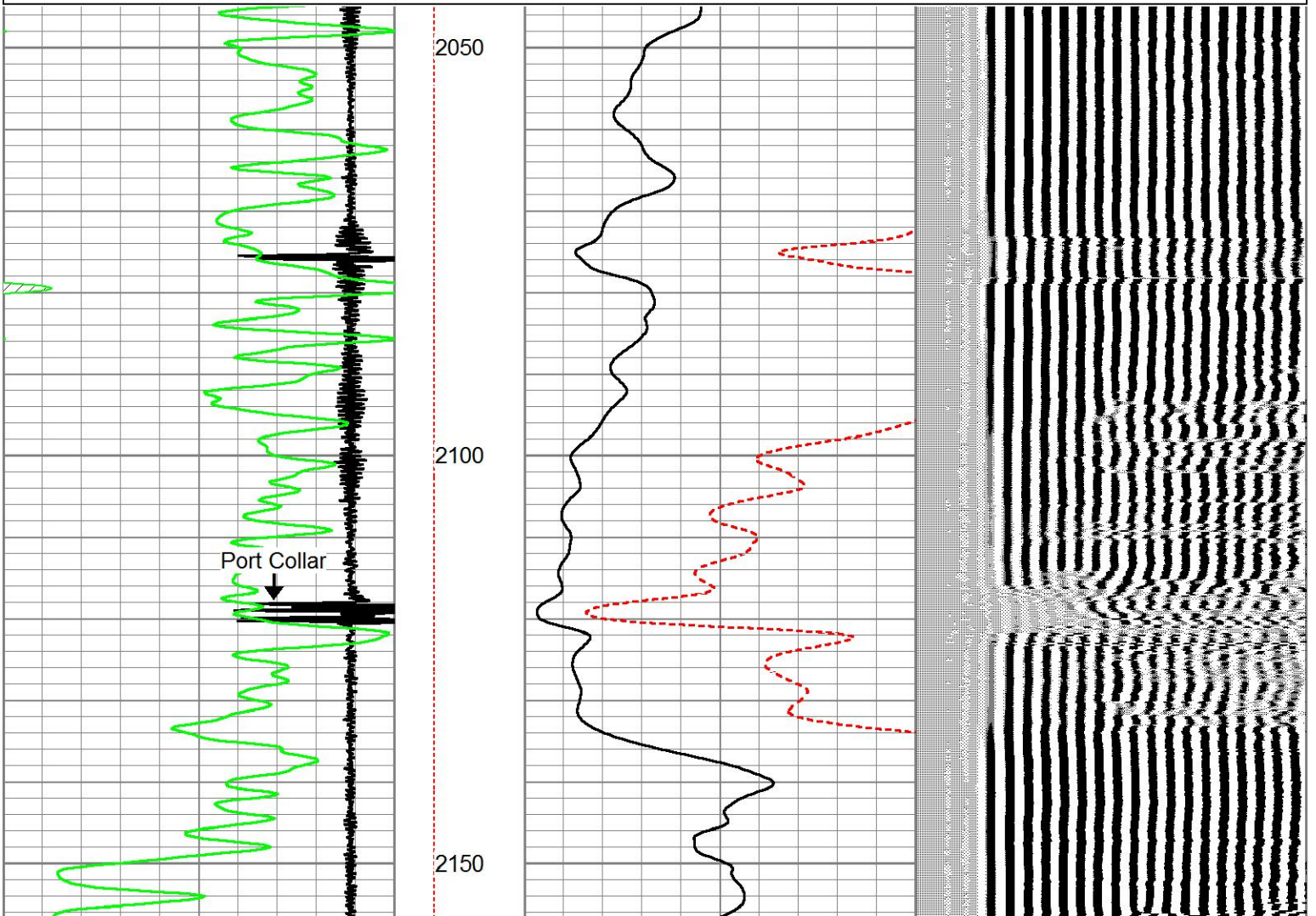
PIONEER
Pioneer Energy Services

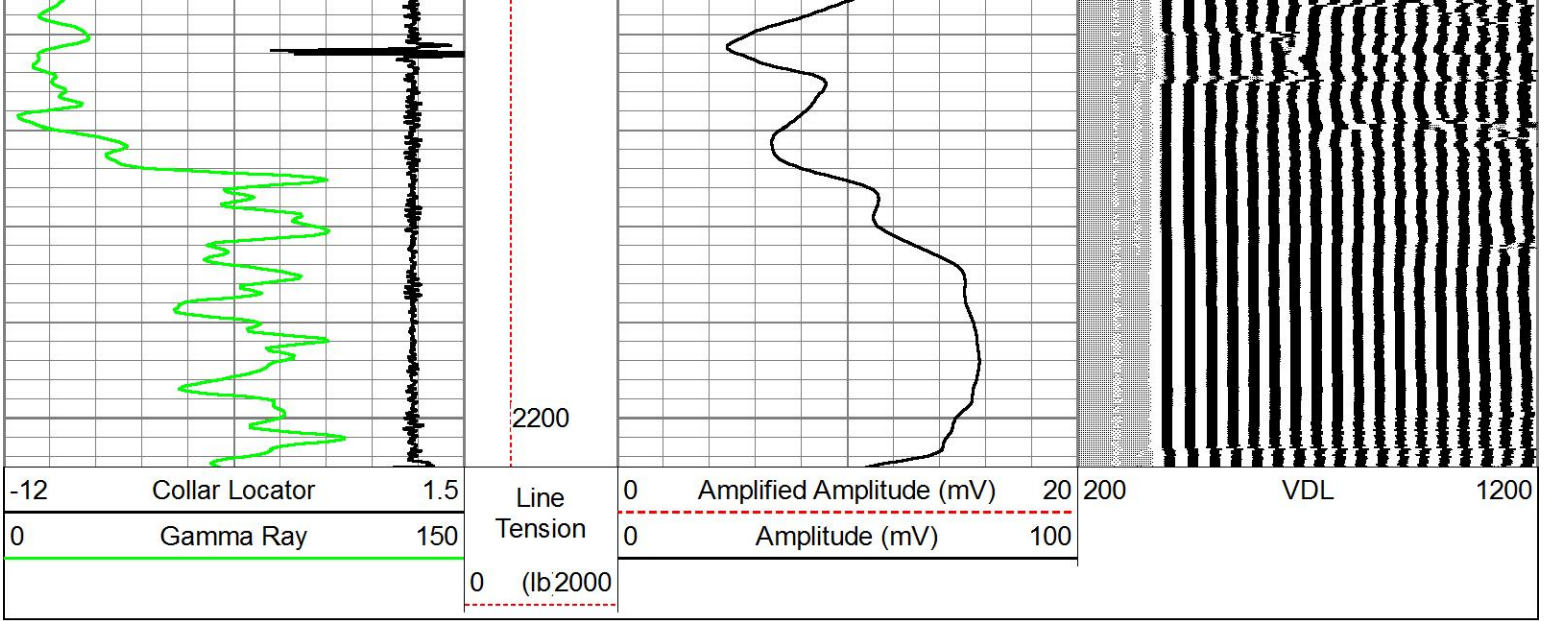
MAIN PASS

PORT COLLAR @ 2118'

Database File: laron_splitterb_#1.db
 Dataset Pathname: CBL/pass5
 Presentation Format: PINR_C~1
 Dataset Creation: Tue Dec 26 10:16:44 2017
 Charted by: Depth in Feet scaled 1:240

-12	Collar Locator	1.5	Line	0	Amplified Amplitude (mV)	20	200	VDL	1200
0	Gamma Ray	150	Tension	0	Amplitude (mV)	100			
			0 (lb/2000)						

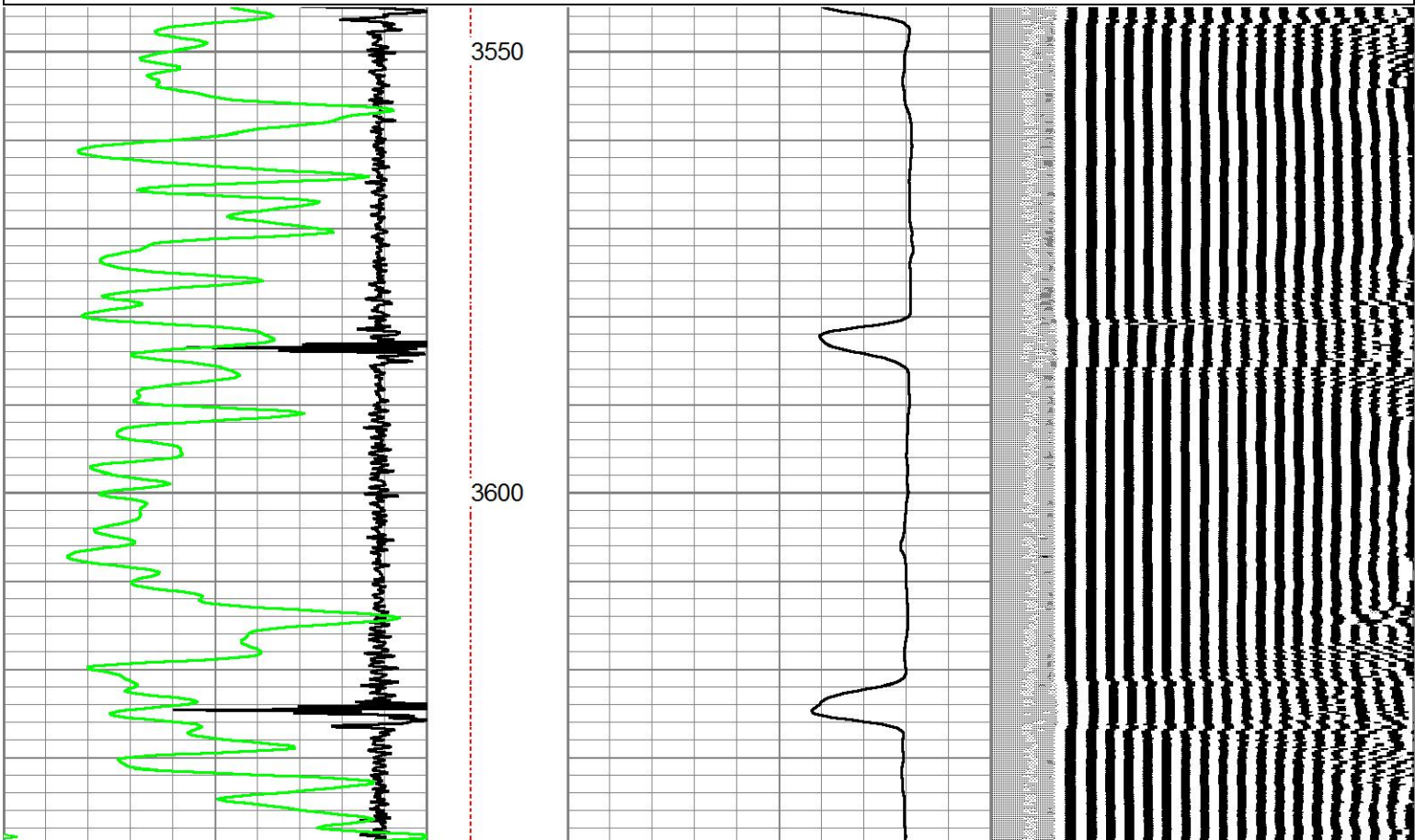
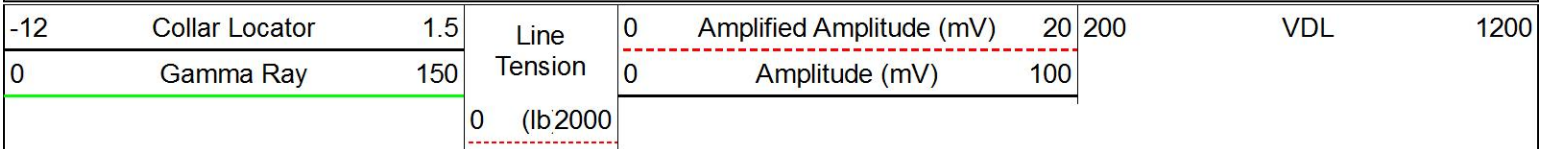


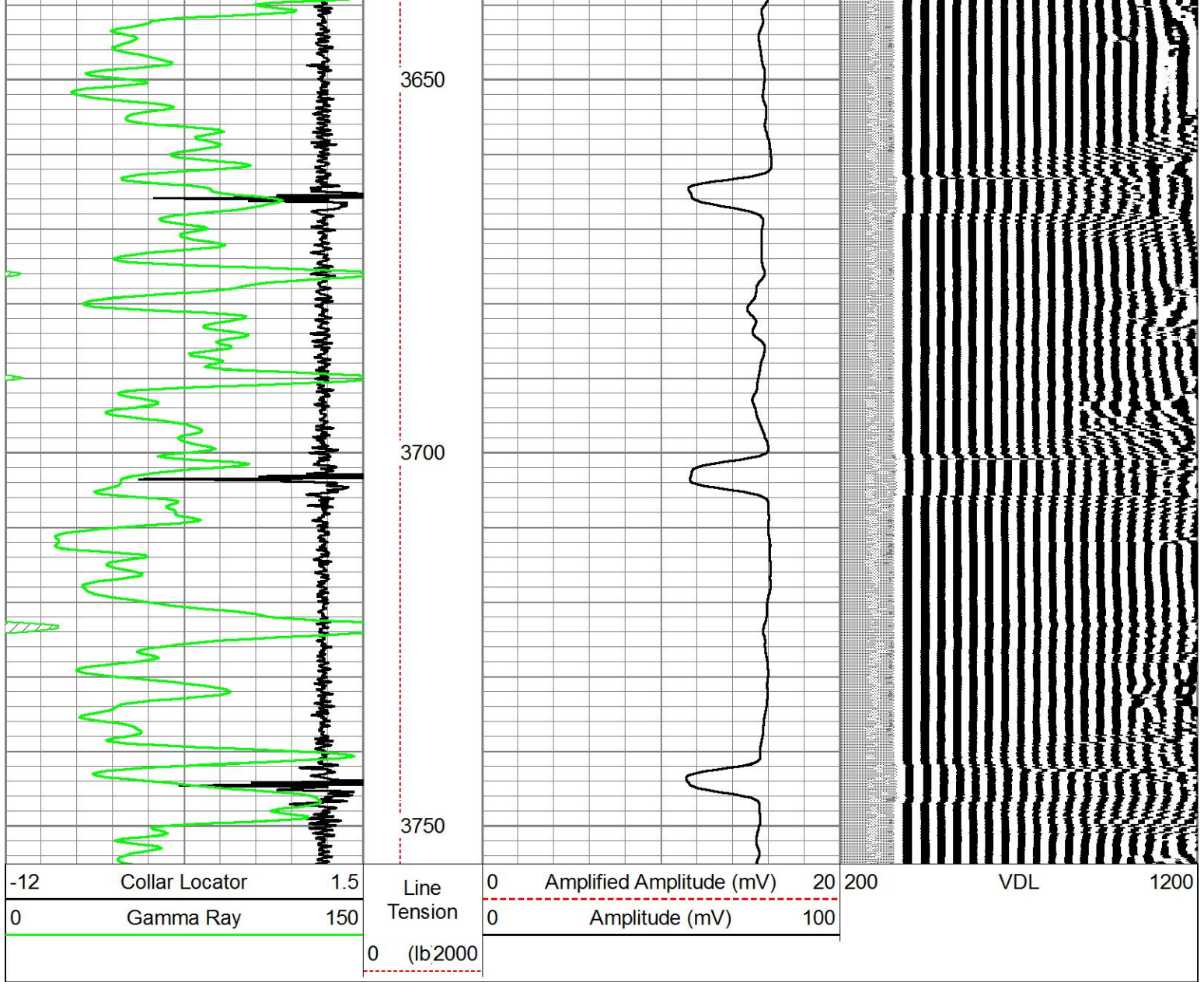



FREE PIPE SECTION

ZERO PSI APPLIED AT SURFACE

Database File laron_splitterb_#1.db
 Dataset Pathname CBL/pass2
 Presentation Format PINR_C~1
 Dataset Creation Tue Dec 26 09:46:49 2017
 Charted by Depth in Feet scaled 1:240





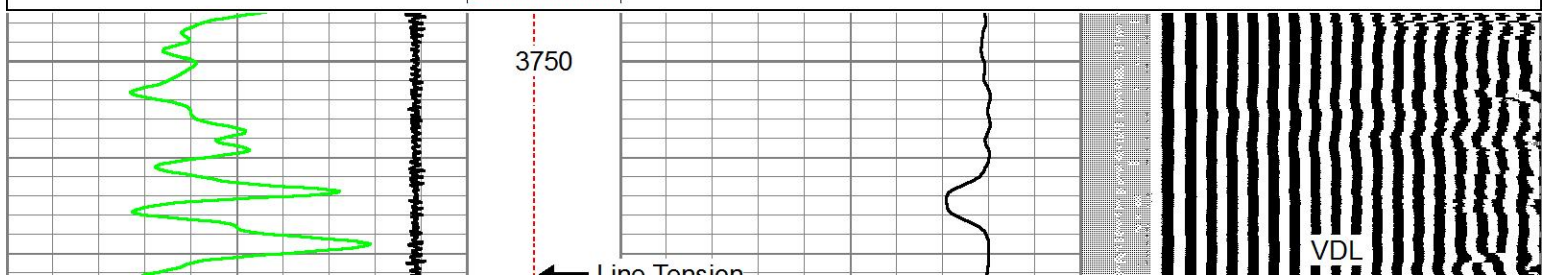


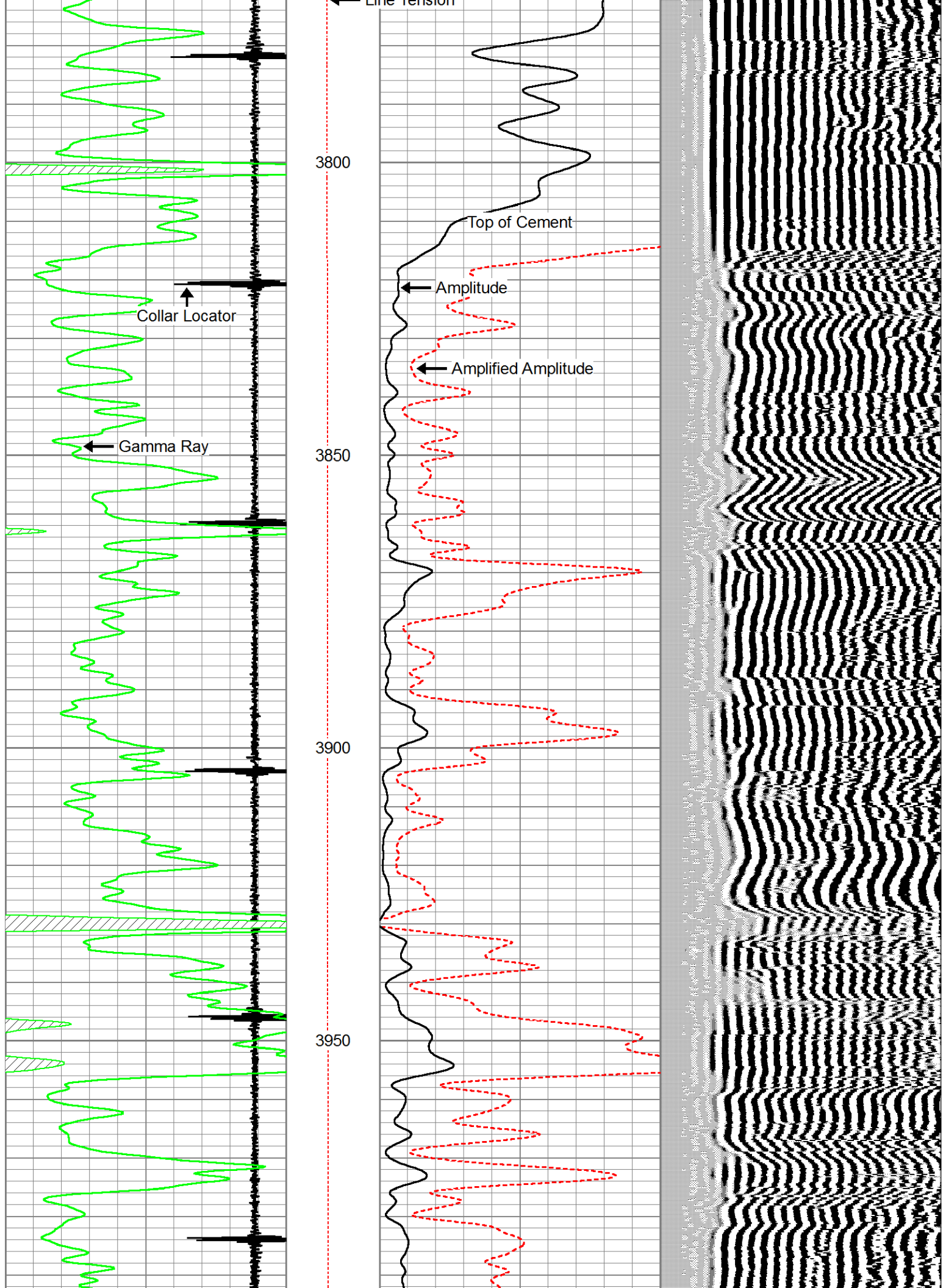
MAIN LOG

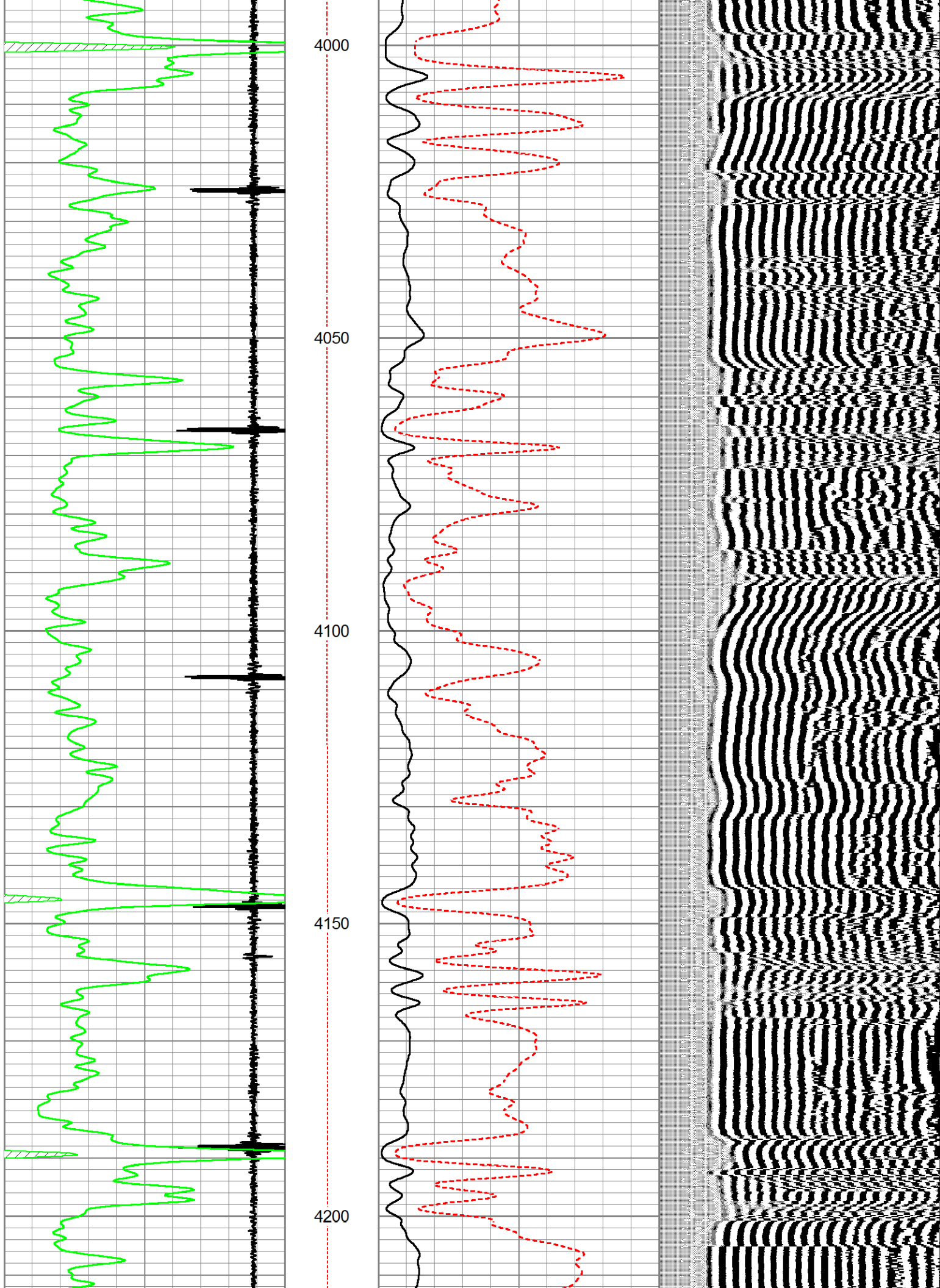
ZERO PSI APPLIED AT SURFACE

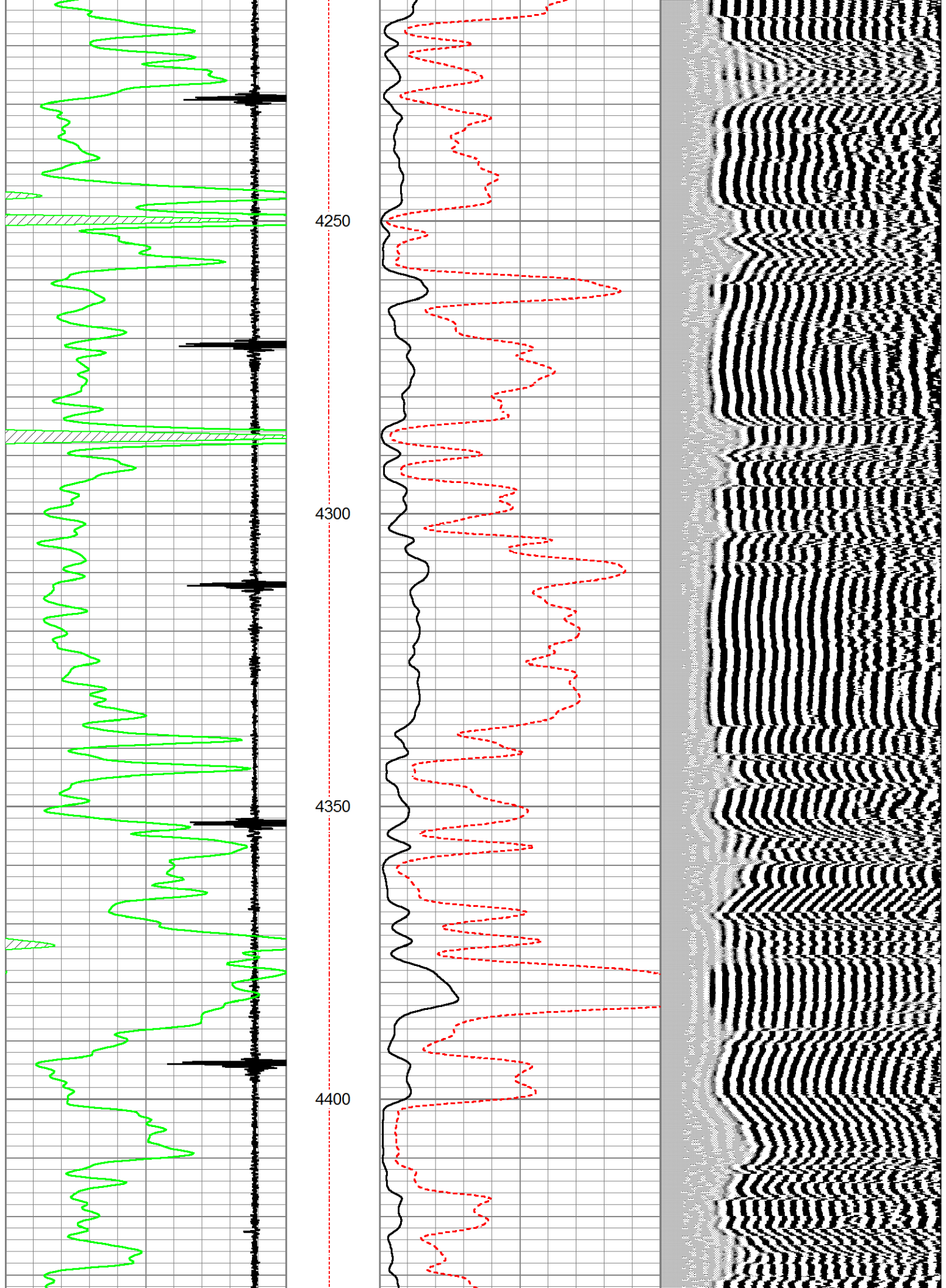
Database File: laron_splitterb_#1.db
 Dataset Pathname: CBL/pass4.10
 Presentation Format: PINR_C~1
 Dataset Creation: Tue Dec 26 10:14:17 2017
 Charted by: Depth in Feet scaled 1:240

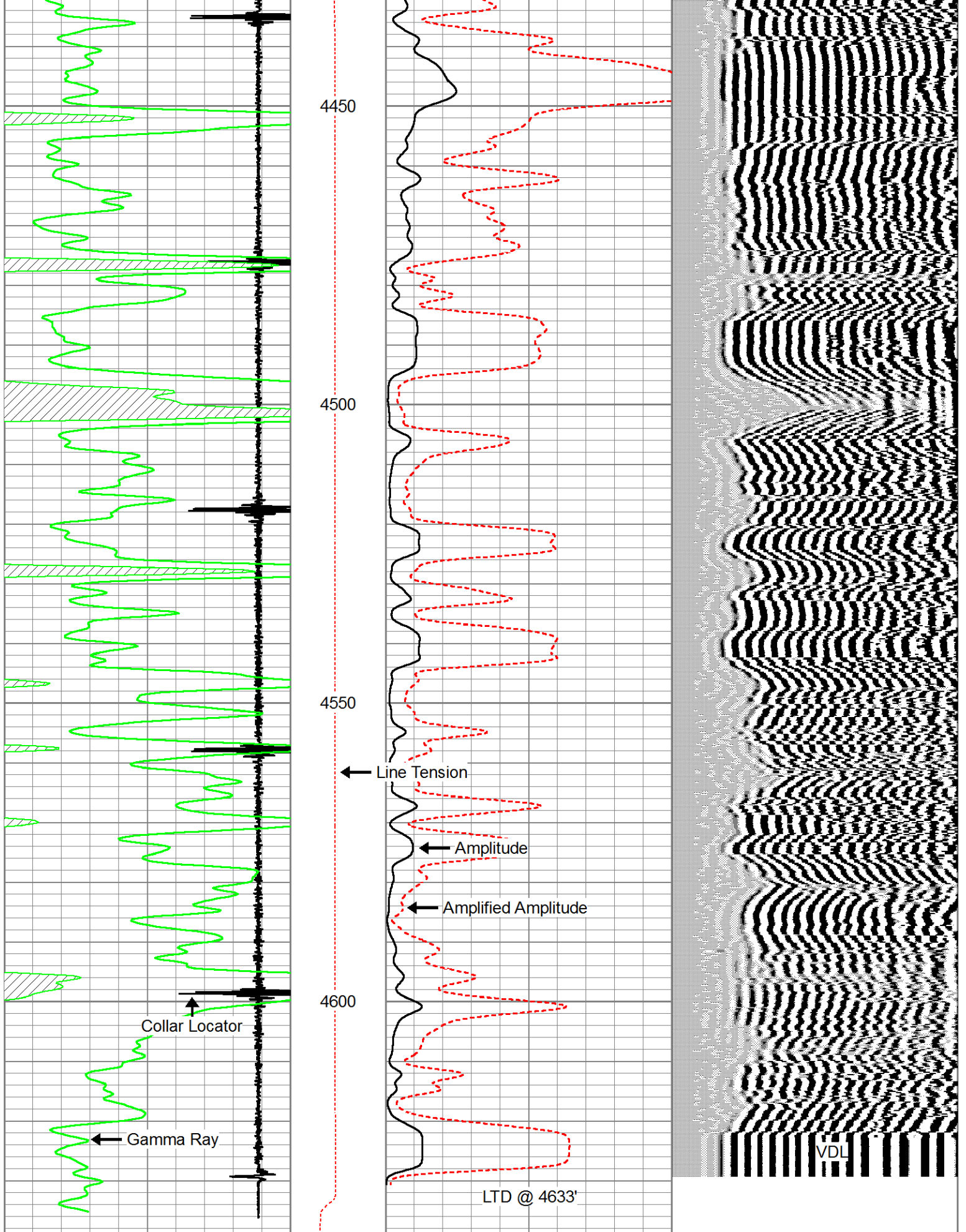
-12	Collar Locator	1.5	Line Tension	0	Amplified Amplitude (mV)	20	200	VDL	1200
0	Gamma Ray	150	0 (lb2000)	0	Amplitude (mV)	100			











-12	Collar Locator	1.5	Line Tension	0	Amplified Amplitude (mV)	20	200	VDL	1200
0	Gamma Ray	150		0	Amplitude (mV)	100			
			0 (lb'2000)						

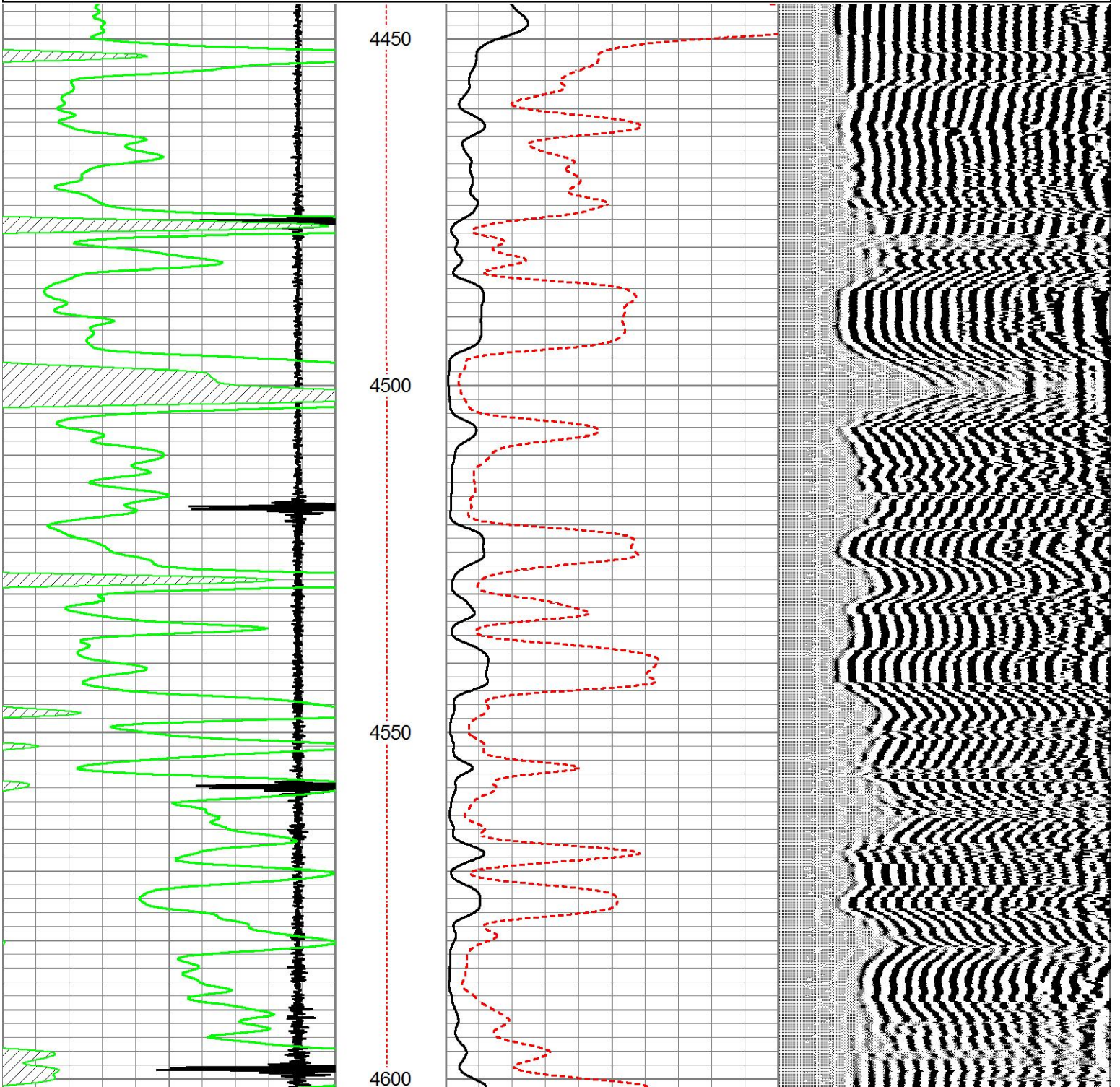


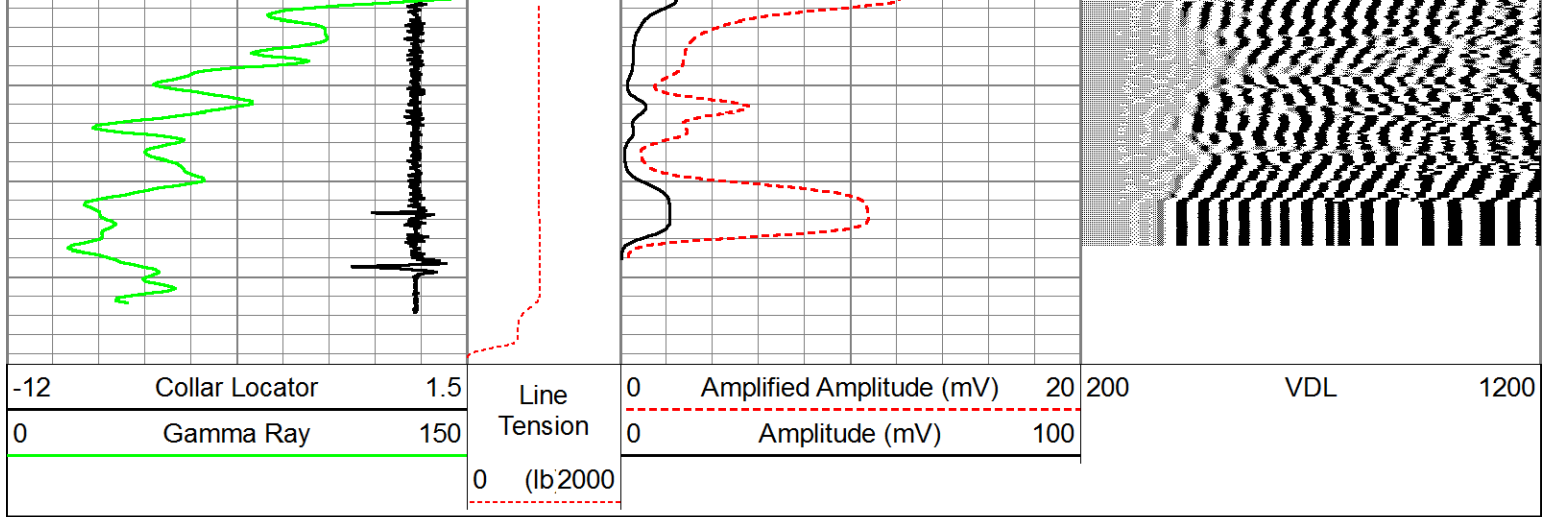
REPEAT SECTION

ZERO PSI APPLIED AT SURFACE

Database File larsen_splitterb_#1.db
 Dataset Pathname CBL/pass3
 Presentation Format PINR_C~1
 Dataset Creation Tue Dec 26 09:54:11 2017
 Charted by Depth in Feet scaled 1:240

-12	Collar Locator	1.5	Line	0	Amplified Amplitude (mV)	20	200	VDL	1200
0	Gamma Ray	150	Tension	0	Amplitude (mV)	100			
			0 (lb2000)						





Calibration Report

Database File l Larson_splitterb_#1.db
 Dataset Pathname CBL/pass4.10
 Dataset Creation Tue Dec 26 10:14:17 2017

Gamma Ray Calibration Report

Serial Number: 111032
 Tool Model: 2 3/4" Probe
 Performed: Tue Sep 05 13:35:03 2017

Calibrator Value: 1.0

Background Reading: 0.0 cps
 Calibrator Reading: 1.0 cps

Sensitivity: 1.0010 /cps

Segmented Cement Bond Log Calibration Report

Serial Number: 080554 RBL-D
 Tool Model: Probe

Calibration Casing Diameter: 4.500 in
 Calibration Depth: -3577.104 ft

Master Calibration, performed Tue Dec 26 09:46:30 2017:

	Raw (v)		Calibrated (mv)		Results	
	Zero	Cal	Zero	Cal	Gain	Offset
CAL	-0.001	2.394				
T1R1						
T1R2						
T2R1						
T2R2						
T1R3						
T2R3						
S1	-0.015	2.168	0.000	100.000	45.805	0.701
S2	0.003	2.193	0.000	100.000	45.671	-0.156
S3	0.004	2.264	0.000	100.000	44.239	-0.168
S4	0.006	2.343	0.000	100.000	42.781	-0.239
S5	0.001	2.415	0.000	100.000	41.424	-0.040
S6	0.000	2.463	0.000	100.000	40.602	-0.017
S7	0.006	2.418	0.000	100.000	41.459	-0.228
S8	0.004	2.255	0.000	100.000	44.431	-0.181

Internal Reference Calibration, performed Sat Jun 14 10:55:06 2008:

	Raw (v)		Calibrated (v)		Results	
	Zero	Cal	Zero	Cal	Gain	Offset
CAL	0.000	0.000	-0.001	2.394	1.000	0.000

Air Zero Calibration, performed Tue Dec 26 09:25:56 2017:

	Raw (v)	Calibrated (v)	Results
	Zero	Zero	Offset
T1R1			
T1R2			
T2R1			
T2R2			
T1R3			
T2R3			
S1	0.000	0.000	0.000
S2	0.000	0.000	0.000
S3	0.000	0.000	0.000
S4	0.000	0.000	0.000
S5	0.000	0.000	0.000
S6	0.000	0.000	0.000
S7	0.000	0.000	0.000
S8	0.000	0.000	0.000



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Company LARSON ENGINEERING, INC.
Well SPLITTER B #1
Field N/A
County LANE
State KANSAS