GMD #5 CATHODIC WELL COMPLETION (AS BUILT) PLAN PURSUANT TO K.A.R. 82-3-706 **Big Bend Groundwater Management District No. 5**

125 South	Main St. F	2.O. Box /				
Staffor	d, Kansas	67578		DISTR CPB-18-18	ICT PERMIT N	IUMBER
Well Location: MP 32.8	NIVA/	CW	CVA	Section	Township	Range
County PAWNEE	NW	SW 1/4	SW	6	23	16W
APPLICANT: RECEI	VED		OR/DRILLE		License No. 6	6427
Contact Person: RUSTY GANN		Contact Perso	on: GREG	DODSON		
Name: MESA CORROSION CONTROL Jan 09	2019	Name: DAR	LING DRIL	LING		
Address: 4445 S. 74TH E. AVE		Address: 391	6 W. 56TH	AVE		
City/State/Zip Code: TULSA, OK 74145	5# UML		Code:HUTC		KS 67502	
Telephone No. 918-627-3188 EX 6186		Telephone No	. 620-662-	7901		
Fax No. 918-627-2676	-	Fax No. 620	-662-1707			
Drill Cuttings Recorded At 5 Feet Intervals? (minimum allowable) (FS) If "NO", What interval? Drillers Log attached? (YES) NO (circle one) Geophysical/Electrical logs completed: YES (NO) (circle one) Geophysical/Electrical logs attached: YES (NO) (circle one) Bore hole completion: Cased / Uncased	NO (circle o	nie)	NW	NE		
Diameter 17"	- Drilling I	oit construction	: (Mark Yes	or No		
Casing material PVC SDR-21 Outside diameter of surface casing: 10.750" Minimum wall thickness 0.511 SDR -21 Casing interval 5, 35, 75, 115, 128	A. <u>Hyc</u> B. <u>Abc</u>		of bottom and	,	1 x 10 ⁻⁷ cm.sec:	YES
Centralizer locations: 3, 40, 80, 120, 145 feet bls Grout material NEAT CEMENT Grout intervals 150' to 3' feet bls Anode conductor (backfill) material:LORESCO SC-3 Anode conductor interval: 350' to 125' feet bls Anode interval 345', TO 160' ON 10' CC feet bls	Number	of copies of well of of copies of geopl of copies of Comp	nysical/electrica	l logs submitted		j: <u>1</u>

FROM	TO	LITHOLOGIC LOG	FROM	TO	LITHOLOGIC LOG
0	4'	TOP SOIL			
4'	35'	BROWN CLAY			
35'	42'	COURSE GRAVEL TAN CLAY MIX			
42'	75'	MED-SMALL SAND			
75'	85'	GRAY CLAY			
85'	120'	BROWN CLAY W/STRKS OF SAND			
120'	132'	BROWN CLAY W/STRKS OF CALICHE			
132'	155'	GRAY SHALE			
155'	200'	HVY STICKY GRAY SHALE			
200'	355'	GRAY SHALE			

Date Submitted: 1/7/2019

Confidentiality Requested: Yes No

KANSAS CORPORATION COMMISSION OIL & GAS CONSERVATION DIVISION

Form ACO-1 July 2014 Form must be Typed Form must be Signed All blanks must be Filled

WELL COMPLETION FORM WELL HISTORY - DESCRIPTION OF WELL & LEASE

OPERATOR: License # 35587	API No. 15				
Name: Rose Rock Midstream Crude, L.P.	Spot Description: MP 32.8				
Address 1: TWO WARREN PLACE	NW_NW_SW_SW Sec. 6 Twp. 23 S. R. 16 East ✓ West				
Address 2: 9120 S. YALE, SUITE 1500	1,295 Feet from North / South Line of Section				
City: TULSA State: OK Zip: 74136 +					
Contact Person: JOHN CHRISTENSEN	Footages Calculated from Nearest Outside Section Corner:				
Phone: (405) 945-6337	NE □NW □SE ✓SW				
CONTRACTOR: License #6427					
Name: DARLING DRILLING	GPS Location: Lat: <u>38.076531</u> , Long: <u>-99.131878</u> (e.g. xx.xxxxx) (e.gxxx.xxxxxx)				
Wellsite Geologist: _JOHN HILDEBRAND	Datum: ☐ NAD27 ✓ NAD83 ☐ WGS84				
Purchaser:	County: PAWNEE				
Designate Type of Completion:	Lease Name: MP 32.8 Well #: 1				
	Field Name:				
✓ New Well	Producing Formation:				
Oil WSW SWD SIOW	Elevation: Ground: 2060 Kelly Bushing:				
Gas D&A ENHR SIGW	Total Vertical Depth: _355' Plug Back Total Depth:				
☐ OG ☐ GSW ☐ Temp. Abd. ☐ CM (Coal Bed Methane)	Amount of Surface Pipe Set and Cemented at: 150 Feet				
Cathodic Other (Core, Expl., etc.):	Multiple Stage Cementing Collar Used? ☐ Yes ✓ No				
If Workover/Re-entry: Old Well Info as follows:	If yes, show depth set:Feet				
Operator:	If Alternate II completion, cement circulated from:				
Well Name:	feet depth to:w/sx cmt.				
Original Comp. Date: Original Total Depth:					
Deepening Re-perf. Conv. to ENHR Conv. to SWD	Drilling Shrid Management Blen				
Plug Back Conv. to GSW Conv. to Producer	Drilling Fluid Management Plan (Data must be collected from the Reserve Pit)				
	Chloride content: 1500 ppm Fluid volume: 226 bbls				
Commingled Permit #:	Dewatering method used:				
Dual Completion Permit #:	Dewatering method used.				
SWD Permit #:	Location of fluid disposal if hauled offsite:				
ENHR Permit #:	Operator Name: UNDERGROUND CAVERN STABILIZATION, LLC				
GSW Permit #:	Lease Name: UCS HUTCHINSON FACILITY License #: KS-05-155-002				
11/1/2018 11/2/2018 11/3/2018	QuarterSW Sec. 14 Twp. 24 S. R. 6 East West				
Spud Date or Date Reached TD Completion Date or Recompletion Date Recompletion Date	County: RENO Permit #:147-1175				
days of the spud date, recompletion, workover or conversion of a well. If con	n Commission, 130 S. Market - Room 2078, Wichita, Kansas 67202, within 120 indidentiality is requested and approved, side two of this form will be held confi-Drill Stem Test, Cement Tickets and Geological Well Report must be attached.				
AFFIDAVIT	KCC Office Use ONLY				
I am the affiant and I hereby certify that all requirements of the statutes, rules					
regulations promulgated to regulate the oil and gas industry have been fully comwith and the statements herein are complete and correct to the best of my knowledge.	iplied				
A A	Confidential Release Date:				
Signature: Sustly Sur	Wireline Log Received				
·	Geologist Report Received UIC Distribution				
Title: PROJECT MGR Date: 1/4/2019	ALT U U U Approved by:				

ALT I II III Approved by:

Date:

KANSAS CORPORATION COMMISSION OIL & GAS CONSERVATION DIVISION

Form CDP-4 July 2014 Form must be Typed

CLOSURE OF SURFACE PIT

Feet from East / West Line of Section	Operator Name: ROSE ROCK MIDSTREAM CRUDE, L.P.	License Number: 35587								
Permit Number (API No. if applicable): CPB-18-18 Type of Pit: Fit Location (QQQQ): Settling Pit Burn Pit Secting Pit Section S	Operator Address: TWO WARREN PLACE, SUITE 1500, TULSA, OK	74136								
Type of Pit: Fit Location (QQQQ): Pit Location (QQQQ): NW NW SW SW SW Setting Pit North Pit NW NW SW SW Setting Pit North Pit NW NW SW SW Setting Pit North Pit NW North Pit North Pit	Contact Person: JOHN CHRISTENSEN	Phone Number: (405) 945 - 6337								
Emergency Pit Burn Pit Settling Pit Drilling Pit Workover Pit Haul-Off Pit 1295	Permit Number (API No. if applicable): CPB-18-18	Lease Name & Well No.: MP 32.8								
Settling Pit	Type of Pit:	Pit Location (QQQQ):								
Workover Pit	Emergency Pit Burn Pit	NW NW SW SW								
Date of closure: 11/2/2018 Was an artificial liner used? Yes No If no, how were the sides and bottom sealed to prevent downward migration of the pit contents? Abandonment procedure of pit: WASTE WAS IN A STEEL CONTAINER, AND HAULED TO LICENSED FACILITY. The undersigned hereby certifies that he / she is RUSTY GANN for MESA CORROSSION CONTROL (Co.), a duly authorized agent, that all information shown hereon is true and correct to the best of his her knowledge and belief. Subscribed and sworm to me on this 4TH day of JANUARY , 2019 Subscribed and sworm to me on this 4TH day of JANUARY , 2019	$oxed{\sum}$ Settling Pit $oxed{X}$ Drilling Pit	Sec. 6Twp. 23R. 16 East								
Date of closure: 11/2/2018 Was an artificial liner used? Yes No If no, how were the sides and bottom sealed to prevent downward migration of the pit contents? Abandonment procedure of pit: WASTE WAS IN A STEEL CONTAINER, AND HAULED TO LICENSED FACILITY. The undersigned hereby certifies that he / she is RUSTY GANN for MESA CORROSSION CONTROL (Co.), a duly authorized agent, that all information shown hereon is true and correct to the best of his /her knowledge and belief. Subscribed and sworm to me on this 4TH day of JANUARY , 2019 LACY WILLIAMS Notary Public, State of Oklahoma Commission #16008423 AM AND	Workover Pit Haul-Off Pit	1295 Feet from ☐ North / ✓ South Line of Section								
Date of closure:		Feet from East / West Line of Section								
Was an artificial liner used? Yes No If no, how were the sides and bottom sealed to prevent downward migration of the pit contents? Abandonment procedure of pit: WASTE WAS IN A STEEL CONTAINER, AND HAULED TO LICENSED FACILITY. The undersigned hereby certifies that he / she is RUSTY GANN for MESA CORROSSION CONTROL (Co.), a duly authorized agent, that all information shown hereon is true and correct to the best of his /her knowledge and belief. Subscribed and sworn to me on this 4TH day of JANUARY		PAWNEE County								
The undersigned hereby certifies that he / she is	Date of closure:									
a duly authorized agent, that all information shown hereon is true and correct to the best of his /her knowledge and belief. Signature of Applicant or Agent Subscribed and sworn to me on this 4TH day of JANUARY LACY WILLIAMS Notary Public, State of Oklahoma Commission # 16008423	Whole the little continuity, and in colle	TO EIGENOED I MOIEI								
a duly authorized agent, that all information shown hereon is true and correct to the best of his /her knowledge and belief. Signature of Applicant or Agent Subscribed and sworn to me on this 4TH day of JANUARY LACY WILLIAMS Notary Public, State of Oklahoma Commission # 16008423										
LACY WILLIAMS Notary Public, State of Oklahoma Commission # 16008423	The undersigned hereby certifies that he / sile is	e best of his /her knowledge and belief.								
Notary Public, State of Oklahoma Commission # 16008423	Subscribed and sworn to me on this 4TH day of	JANUARY , 2019								
My Commission Expires: Aug., 31. 2020	Notary Public, State of Oklahoma Commission # 16008423 My Commission Expires August 31, 2020	Notary Public								

KANSAS CORPORATION COMMISSION OIL & GAS CONSERVATION DIVISION

Form CDP-5 July 2014 Form must be Typed

EXPLORATION & PRODUCTION WASTE TRANSFER

Operator Name: ROSE ROCK MIDSTREAM CRUDE, L.P.	License Number: 35587				
Operator Address: TWO WARREN PLACE, SUITE 1500					
Contact Person: JOHN CHRISTENSEN	Phone Number: (405) 945 - 6337				
Permit Number (API No. if applicable): CPB-18-18	Lease Name: MP 32.8				
Source of Waste:	Well Number: 1				
Emergency Pit Settling Pit Workover Pit Drilling Pit Burn Pit Haul-off Pit ✓ Steel Pit Spill / Escape Dike	Source Location (QQQQ): NW - NW - SW - SW Sec. 6 Twp. 23 R. 16 East West 1295 Feet from North / South Line of Section 13 Feet from East / West Line of Section GPS Location: Lat: 38.076531 , Long: -99.131878 (e.g. xx.xxxxx) (e.g. xxx.xxxxx) Datum: NAD27 NAD83 WGS84 County: PAWNEE				
No Waste to be Hauled: (If checked, provide an explanation as to why n					
Type of waste to be disposed: ✓ Fluid Soil ✓ Mud /	Cuttings Other:				
Amount of waste: No. of loads226 Barrels	Tons YDS				
Destination of waste: Reserve Pit Haul Off Pit 🗸 Disposal Well	Lease Road Dike / Berm Other:				
If waste is transferred to another reserve pit, is the lease active? ✓ Yes	☐ No				
Location of Waste Disposal: Destination Out of State: (If checked, provide the location of where the waste)					
	Date of Waste Transfer: 11/2/2018				
Operator Name: UNDERGROUND CAVERN STABILIZATION, LLC	License No.: _KS-05-155-002				
Lease Name: UCS HUTCHINSON FACILITY	Sec. 14 Twp. 24 R. 6 East V West				
Docket No./API No.: CPB-18-18	County:RENO				
Comments:					
UNDER PENALTY OF PERJURY I HEREBY ATTEST THAT THE INFORMATION CONTAINED HEREIN IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE. Date:					

WATER WELL RECORD FORM WWC-5 Division of Water CPB-18-18 MP 32.8								.8	
■ Original Record □ Correction □ Change in Well Use Resources App. No. Well ID □									
	TION OF WATER WELL: Fraction Section Number Township Number Range Nu								
								R 16 □ E ■ V	
2 WELL	OWNER: I	ast Name: JOHN	First: CHRISTES				here well is located (
		OCK MIDSTREAM C	RUDE, L.P.	direction fr	om nea	arest town or in	ntersection): If at owner's	address, check here: [
Address:	TWO WA	RREN PLACE		EDOM T	HE C	ODNED (OF F RD AND 130TI	H PD GO N ON	
Address:		0 Ok	/ ZID 74400						СТ
City:	TULSA	State: Ok	ZIP: 74136	13011118	U A	PPROX 0.4	25 MILES TO LOCA	TION ON THE EAS	<u>ا د.</u>
3 LOCAT		4 DEPTH OF CO	MPLETED WELL:		ft	5 Latitue	le: 38.07653	(decimal degre	rees)
WITH "			r Encountered: 1)		. 10.		ude: -99.1318		
	ON BOX:		3) ft., or 4)		1	Longit	tal Datum: WGS 84	.9(decimal degree	rees)
l I	N		ATER LEVEL:		1			■ NAD 83 □ NAD) 21
			e, measured on (mo-day				for Latitude/Longitude:		`
'	, '		e, measured on (mo-day			□ GP	S (unit make/model: (WAAS enabled?)
NW	NE		water was						
w			rs pumping			Lar	nd Survey	F FARTH	
"	Е		water was			■ On	ime Mapper:	π. π ε.ν.ν.ι	
SW	SE	1	rs pumping						
X		Estimated Yield:		Spin		6 Elevati	on: 2060 ft.	☐ Ground Level ☐ T	OC
	S		in. to	ft and		Source:	☐ Land Survey ☐ G	PS Topographic M	Map
	nile		in. to				☐ Other		
		D BE USED AS:		11.					
			lator Cumples well ID			10 = 0:1	Field Water Cumulan 1	S.A.	
1. Domestic:			/ater Supply: well ID			10. W Ull	Field Water Supply: lea ole: well ID	sc	
			ing: how many wells?				ed Uncased Ge		
Lawn o			Recharge: well ID						
Livesto			ng: well ID				rmal: how many bores?		
2. Irrigati			ital Remediation: well I		•••		sed Loop Horizontal		
3. Feedlo		☐ Air Spar		Extraction		b) Ope	n Loop Surface Disc	narge in inj. of water	er
4. Industr	rial	☐ Recover	y Injection			13. Oth	er (specify): CATHOD	10.1.10.1.60.11014.	•••
Was a che	mical/bacte	riological sample sub	mitted to KDHE?	Yes N	lo I	If yes, date	sample was submitted		
Water well	disinfected	Ves ■ No							
8 TYPE O	F CASING	USED: ☐ Steel ■ P	VC Other	CA	SINC	GIOINTS:	■ Glued □ Clamped	□ Welded □ Threade	led
Casing diam	eter 10	in. to 150 ft	Diameter	in to		ft Diame	ter in to	ft	
Casing triali	at above land	surface	in Weight 10.8	05 lbs /	fi fi	Wall thickn	ess or gauge No. 0.511		
		R PERFORATION MA		103./	11.	Wan unckn	ess of Buuge 110		
The second second second						□ Othe	r (Specify)		
☐ Steel		nless Steel ☐ Fibe vanized Steel ☐ Con	_	ised (open l	ادادا		(Specify)		
Brass				iseu (open	noie)				
		ATION OPENINGS A		10.5	¬ ъ		□ 0:1 (C :C)		
	nuous Slot		Gauze Wrapped To						
		☐ Key Punched ☐ '				ne (Open Ho		0	
		ED INTERVALS: Fro							
G	RAVEL PA	CK INTERVALS: Fro	om ft. to	ft., Fro	m	ft. to	ft., From	ft. to ft.	
9 GROUT	MATERIA	AL: Neat cement	☐ Cement grout ☐ Be	entonite [Oth	ner			
Grout Interv	als: From	ft. to 150	ft., From	ft. to		ft., From	ft. to	ft.	
Nearest sou	rce of possib	le contamination:							
☐ Septic	Tank	☐ Lateral Lir	nes		☐ Li	ivestock Pens	Insecticio	de Storage	
☐ Sewer		☐ Cess Pool	☐ Sewage La	igoon	☐ Fu	uel Storage	☐ Abandon	ned Water Well	
☐ Watert	ight Sewer Li	nes	it	-	□ Fe	ertilizer Stora	nge □ Oil Well	/Gas Well	
☐ Other (Specify)								
							ft.		
10 FROM	ТО		OGIC LOG	FROM			ITHO. LOG (cont.) or F	LUGGING INTERVA	ALS
0		TOP SOIL		200'	_		RAY SHALE		
4'		BROWN CLAY		1_00	 				
			TANICI AV MIV		+				
35'		COURSE GRAVEL/	IAN CLAT WIX	-	+				
42'		MED-SMALL SAND			-				
75'		GRAY CLAY							
85'		BROWN CLAY W/S							
120'	132'	BROWN CLAY W/S	TRKS OF CALICHE	Notes:					
132'		GRAY SHALE							
155'		HVY STICKY GRAY	SHALE						
11 CONT	RACTOR'S	OR LANDOWNER	'S CERTIFICATION	Y: This w	ater v	well was	constructed. Trecon	structed, or nlugg	ged
under my i	urisdiction a	nd was completed on (mo-day-year) 11/2/2	018 a	nd th	is record is	true to the best of my	knowledge and belie	ef.
Kansas Wa	ter Well Co	ntractor's License No.	6427 This W	ater Well	Reco	rd was com	leted on (mo-day-vea	ar) .1.1/2/2018	
under the h	usiness nam	ntractor's License No. e ofMESA			.Sign	nature	Justy & the		
Mail	1 white copy ale	ong with a fee of \$5.00 for e	ach constructed well to: Ka	nsas Departn	nent of	f Health and E	nvironment, Bureau of Wat	er, GWTS Section,	
	1000 SW Jackson St., Suite 420, Topeka, Kansas 66612-1367. Mail one to Water Well Owner and retain one for your records. Telephone 785-296-5524. Visit us at http://www.kdheks.gov/waterwell/index.html KSA 82a-1212 Revised 7/10/2015								

Page Two

Operator Name: Ros	se Rock Midstrea	m Crude	e, L.P.	Lease	Name: _	ЛР 32.8		Well #:1		
	S. R.16W		West	County	: PAWI	NEE				
INSTRUCTIONS: Shopen and closed, flow and flow rates if gas the Final Radioactivity Louisides must be submitted.	ving and shut-in press o surface test, along og, Final Logs run to d	sures, who with final o obtain Geo	ether shut-in pre chart(s). Attach ophysical Data a	essure read extra shee and Final E	ched stati et if more lectric Lo	c level, hydro space is nee	ostatic pressures eded.	s, bottom hole temp	erature, f	fluid recovery,
Drill Stem Tests Taker (Attach Additional		Y	′es 🔽 No		₽ L	og Form	ation (Top), Dep	oth and Datum		Sample
Samples Sent to Geo	logical Survey	Y	es 🔽 No		Nam	е		Тор	I	Datum
Cores Taken Electric Log Run			res No							
List All E. Logs Run:										
			CASING	RECORD	☐ Ne	w Used				
			ort all strings set-o							
Purpose of String	Size Hole Drilled		ze Casing et (In O.D.)	Wei		Setting Depth	Type of Cemen			and Percent additives
SURFACE	17"	10"		SDR-21		150'	NEAT	150	6% GE	EL 3% CC
		<u> </u>	ADDITIONAL	. CEMENTI	NG / SQL	JEEZE RECO	RD			
Purpose: Perforate Protect Casing Plug Back TD	Depth Top Bottom	Туре	e of Cement	# Sacks	s Used		Туре	and Percent Additives	5	
Plug Off Zone										
Did you perform a hydra Does the volume of the t Was the hydraulic fractur	otal base fluid of the hyd	fraulic fract	uring treatment ex		-	Yes Yes Yes	✓ No (If N	lo, skip questions 2 a lo, skip question 3) lo, fill out Page Three		0-1)
Shots Per Foot			RD - Bridge Plug Each Interval Perl			Acid,	Fracture, Shot, Co	ement Squeeze Reco	rd	Depth
TUBING RECORD:	Size:	Set At	:	Packer A	xt:	Liner Run:	Yes	No		
Date of First, Resumed	Production, SWD or EN	IHR.	Producing Meth	nod:	ng \square	Gas Lift	Other (Explain)			
Estimated Production Per 24 Hours	Oil	Bbls.		Mcf	Wate		Bbls.	Gas-Oil Ratio		Gravity
Vented Solo	ON OF GAS: d Used on Lease bmit ACO-18.)		Open Hole	METHOD OF		Comp.	Commingled Submit ACO-4)	PRODUCTI	ON INTER	VAL:

HYDRAULIC FRACTURING FLUID PRODUCT COMPONENT INFORMATION DISCLOSURE

Last Fracture Date	te:		County: PAWNE	<u> </u>		AP	Number:	
Operator Name: _	Rose Rock	Midstream Cru	de, L.P.		and Number: _	MP 32.8		1
Latitude:				-99.13		Dat	tum: NAD83	
Production Type:			True Vertical Depth	n (TVD): 355'		Tota	al Base Fluid Volume (gal)*:	
Hydraulic Fractur	ring Fluid Com	position:						
Trade Name	Supplier	Purpose	Ingredients	Chemical Abstract Service Number (CAS #)	Maximum Ingi in Additiv	redient Concentration e (% by mass)**	Maximum Ingredient Concentration in HF Fluid (% by mass)**	Authorized Representative's Name, Address, and Phone Numb
la anna di anta ala an		-h-i	4040 4000(i) and annual an Matarial Cafety Date	- Charte (MCDC) In marella	-41 11-	Non MODO		
ingredients snow	n above are su	ibject to 29 CRF	1910.1200(i) and appear on Material Safety Dat	a Sneets (MSDS). Ingredie	nts snown beid	ow are Non-MSDS.		

KANSAS CORPORATION COMMISSION OIL & GAS CONSERVATION DIVISION

WELL COMPLETION (FORM ACO-1)

Instructions

General Instructions.

- The form must be typed.
- All horizontal wellbore completions are required to attach the additional information with their ACO-1 as listed below in Section 11.

Section 0: Confidentiality.

 Confidentiality Requested. Mark the box to indicate if confidentiality is requested.

Section 1: Operator/Well Information.

- 1a. License #. Enter the operator's license number.
- Name. Enter the operator's full name as it appears on the operator's license.
- 1c. Address. Enter the operator's mailing address (street or PO Box).
- 1d. City/State/Zip. Enter the operator's city, state, and zip code.
- 1e. Contact Person. Enter the name of the individual who will be the operator's contact person, should Conservation Staff need to contact the operator about the Form. The contact person may be the operator or the operator's agent.
- 1f. Phone. Enter the phone number of the contact person listed in "1e" above.
- Contractor License #. Enter the Drilling Contractor's license number. The drilling contractor may be the operator or the operator's agent.
- Contractor Name. Enter the name of the drilling contractor as it appears on the drilling contractor's operator license.
- Wellsite Geologist. Enter the name of the wellsite geologist witnessing the completion work.
- Purchaser. Enter the name of the purchaser of the oil and/or gas produced from the subject well.
- 1k. Designate Type of Completion. Mark the appropriate box to indicate if it is a new well, re-entry, or workover. Also mark the appropriate box(es) to indicate the type of completion. Multiple boxes may be marked.
- Old Well Information. <u>Only complete this section if the subject</u> well is a workover or reentry.
 - Operator. Enter the name of the last operator of the subject wellbore, prior to workover or re-entry operations.
 - 1l(2). **Well Name.** Enter the name under which the subject well was last operated.
 - 1l(3). **Original Completion Date.** Enter the date on which the subject well was originally completed.
 - 1l(4). **Original Total Depth.** Enter the original total depth of the subject well.
 - 11(5). Deepening, Re-perforate, Convert to Enhanced Recovery/ Saltwater Disposal/Gas Storage. Mark the appropriate box(es) to indicate whether, through workover/re-entry operations, the well has been deepened, re-perforated, and/or converted to an enhanced recovery or saltwater disposal well. Multiple boxes may be marked. For each box that is marked, enter the corresponding permit number to the right of the box.
- 1m. Spud Date or Recompletion Date. For new wells, enter the date on which the well was spud. Otherwise, enter the date on which current recompletion operations were commenced.
- Date Reached TD. Enter the date on which the operator reached total depth.
- Completion Date or Recompletion Date. For new wells, enter the date on which the new well was completed. Otherwise, enter the date on which current recompletion operations were finished.
- API No. Enter the API Number. This number is subject to change. Staff will contact the operator if major changes are made to the subject well's API Number.
- 1q. Spot Location. Enter the geographic location of the subject well by ¼¼¼¼, Section, Township, and Range. Mark the appropriate box to indicate if the range is east or west of the Sixth Principal Meridian.
- 1r. Footage Location from Section Lines.
 - 1r(1). Enter the number of feet the subject well is located from the South or North section line. Circle which section line the measurement was taken from.

- 1r(2). Enter the number of feet the subject well is located from the East or West section line. Circle which section line the measurement was taken from.
- Footages Calculated From Nearest Outside Section Corner.
 Mark the appropriate box indicating the outside section corner nearest the location of the well.
 - 1s(1). Enter GPS latitude
 - 1s(2). Enter GPS Longitude
 - 1s(3). Enter Datum
- 1t. County. Enter the county in which the well is located.
- Lease Name/Well Number. Enter the name of the lease and the well number
- Field Name. List the name of the field where the well is located. Field names are available from KGS at http://www.kgs.ku.edu/Magellan/Field/index.html, or Independent Oil & Gas Service at http://www.iogsi.com.
- Producing Formation. Enter the name of the geologic formation from which the well is producing.
- 1x. Elevation.
 - Ground. Enter the elevation in feet above sea level for the well's location.
 - Kelly Bushing. Enter the elevation in feet above sea level of the Kelly bushing during drilling operations.
- 1y. Total Vertical Depth. Enter the total vertical depth of the well.
- Plug Back Total Depth. Enter the total depth of the plug back in the well.
- 1aa. Amount of Surface Pipe Set and Cemented. Enter the depth to which surface pipe is set and cemented.
- 1bb. Multiple Stage Cementing Collar Used.
 - 1bb(1). Mark the box to show if a multiple stage cementing collar was used to complete/recomplete the well.
 - 1bb(2). If a multiple stage cementing collar was used, fill in the blank with the depth at which it was set.
- 1cc. Alternate II Completion. If the subject well is an Alternate II Completion, enter the depth to which cement was circulated and the number of sacks of cement used.

Section 2: Drilling Fluid Management Plan.

- Chloride Content. Enter the chloride content in parts per million of reserve pit fluids.
- 2b. Fluid Volume. Enter the volume in barrels of reserve pit fluids used.
- Dewatering Method Used. Enter the dewatering method used at the well during drilling operations.
- 2d. Location of Fluid Disposal if Hauled Offsite.
 - 2d(1). **Operator Name.** Enter the name of the operator who disposed of the drilling fluids.
 - Lease Name. Enter the name of the lease at which the drilling fluids were disposed.
 - 2d(3). License Number. Enter the license number of the operator who disposed of the drilling fluids.
 - 2d(4). Geographic Location. Enter the geographic location of the lease on which drilling fluids were disposed by ¼, Section, Township, and Range. Mark the box to indicate if the Range is East or West of the Sixth Principal Meridian.
 - 2d(5). County. Enter the county in which the fluid disposal is located.
 - 2d(6). Permit Number. If the fluid will be hauled offsite and injected into an enhanced recovery or disposal well, enter the permit number under which the operator is authorized to conduct injection operations into the well.

Section 3: Verification.

- Signature. The operator or the operator's agent must sign the Well Completion Form.
- 3b. **Title.** The title, with respect to the operator, of the individual signing the form
- 3c. Date. Enter the date on which the form is completed.

Section 4: Operator and Well Information.

- Operator Name. Enter the operator's full name as it appears on the operator's license.
- Lease Name/Well Number. Enter the lease name and well number for the well.
- 4c. Geographic Location. Enter the location of the well by Section, Township, and Range, and mark the box to indicate if the Range is East or West of the Sixth Principal Meridian.
- 4d. County. Enter the name of the county in which the well is located.

Section 5: Logs, Samples, and Test Reporting.

- Drill Stem Tests. Mark the box to indicate whether drill stem tests were taken. If drill stem tests were taken, additional sheets must be attached to the ACO-1.
- Samples Sent to Geological Survey. Mark the box to indicate if geologic samples were sent to KGS.
- 5c. Cores Taken. Mark the box to indicate if cores were taken.
- Electric Log Run. Mark the box to indicate if electric log(s) were run on the subject well.
- List All Electric Logs Run. If electric logs were run on the subject well, list all of the electric logs conducted.
- 5f. Formation (Top), Depth, and Datum. Mark the appropriate "Log" or "Sample" box, or both boxes, to indicate whether the formation information is derived from a driller's log or geologic samples. Enter the name of each penetrated producing or storage formation, the formation top, and the datum of the formation top. The formation datum is the distance from the formation top to the mean sea level. It may be a positive or a negative number.

Section 6: Casing Record.

- New or Used. Mark the box to indicate if the well's casing is new or had been previously used.
- 6b. Casing Strings Used. For each separate string of casing used, enter the following information:
 - 6b(1). Purpose of String. The purpose of the casing string.
 - 6b(2). **Size Hole Drilled.** The size of hole drilled for the casing string.
 - 6b(3). Size Casing Set. The outside diameter of the casing.
 - 6b(4). **Weight.** The weight of the casing set, expressed in pounds per foot.
 - 6b(5). **Setting Depth.** The depth to which the casing string is set.
 - 6b(6). **Type of Cement.** The type of cement used to set the casing string.
 - 6b(7). **# Sacks Used.** The number of sacks of cement used to set the casing string.
 - 6b(8). **Type and Percent Additives.** The type and percent additives to the cement used to set the casing string.

Section 7: Additional Cementing/Squeeze Record.

- Purpose. Mark the blank(s) indicating the purpose of the additional cementing/squeeze. Mark all that apply.
- 7b. **Depth Top Bottom.** Enter the depth of the additional cementing from top to bottom
- Type of Cement. Enter the type of cement used for the additional cementing.
- Number of Sacks Used. Enter the number of sacks used for the additional cementing.
- Type and Percent Additives. Enter the type and percent of additives to the additional cementing.
- 7f. Three Hydraulic Fracturing Questions. Mark the appropriate box for each question.

Section 8: Perforation, Acid, Fracture, Shot, and Cement Squeeze Record. For each set of perforations in the well, enter the following information:

- 8a. Shots per foot. Enter the number of perforations per foot.
- 8b. Perforation Record Bridge Plugs Set/Type & Specific Footage of Each Interval Perforated. Enter the type of bridge plugs, the depth the bridge plugs are set for each interval perforated, and the depth of each perforated interval.
- Bc. Acid, Fracture, Shot, Cement Squeeze Record. Enter the amount and kind of material used for any acid, fracture, or shot treatment, and any cement squeeze at each perforation interval.

8d. **Depth.** Enter the depth of the acid, fracture, shot, or cement squeeze at each perforation interval.

Section 9: Miscellaneous.

- 9a. Tubing Record.
 - 9a(1). Size. Enter the size of tubing set in the subject well.
 - 9a(2). **Set at.** Enter the depth at which the tubing is set in the subject well.
 - Packer at. Enter the depth at which the tubing packer is set in the subject well.
- Liner Run. Mark the appropriate box to indicate if a liner is in the subject well.
- 9c. Date of First or Resumed Production, SWD, or ENHR. For newly completed wells, enter the date of first production, saltwater disposal, or enhanced recovery operations. For workovers or re-entries, enter the date of resumed production, saltwater disposal, or enhanced recovery operations.
- 9d. Producing Method. Mark the appropriate box to indicate by which method the subject well is producing: flowing, pumping, gas lift, or other. If the "other" box is marked, write in a brief explanation of the producing method.
- 9e. Estimated Production Per 24 Hours. Enter the following information regarding the estimated production from the subject well over a 24-hour period:
 - 9e(1). Oil Bbls. Enter the estimated number of barrels oil produced from the subject well in a 24-hour period.
 - 9e(2). Gas Mcf. Enter the estimated amount of gas produced from the subject well in a 24-hour period, expressed in thousands of cubic feet.
 - 9e(3). **Water Bbls.** Enter the estimated number of barrels water produced from the subject well in a 24-hour period.
 - Gas-Oil Ratio. Enter the gas-oil ratio for production from the subject well.
 - 9e(5). **Gravity.** The API gravity (density) of produced oil, measured in degrees.
 - 9e(6). Disposition of Gas. Mark the appropriate box to indicate the disposition of any gas produced from the subject well as vented, sold, or used on lease. If the gas is vented, you must submit an ACO-18 with the ACO-1.
 - 9e(7). Method of Completion; Production Interval. Mark the appropriate box to indicate if the production interval in the subject well is open hole, perforated, dually completed, commingled, or other. If the "other" box is marked, specify the method of completion in the blank provided. If the subject well is producing from commingled zones, you must file an ACO-4 form. If the subject well is dually completed, you must file an ACO-5 form.
 - 9e(8). Production Interval. Enter the footages where the wellbore is perforated.

Section 10: Hydraulic Fracturing Fluid Product Component Information Disclosure

Section 10 must be completed if Question 3 in Section 7(f) was marked "No". In other words, Section 10 must be completed for each hydraulic fracturing treatment using more than 350,000 gallons of base fluid, if the operator has not submitted all of the required information to FracFocus. "Hydraulic fracturing treatment" means all stages in a well completion utilizing hydraulic fracturing fluid.

- 10a. Last Fracture Date. Enter the date on which the operator concluded fracturing at the well.
- 10b. County. Enter the county where the well is located.
- 10c. API Number. Enter the API number of the well.
- 10d. Operator Name. Enter the operator's full name as it appears on the operator's license.
- 10e. **Well Name and Number.** Enter the well name and well number.
- 10f. Latitude. Enter the GPS latitude for the well.
- 10g. Longitude. Enter the GPS longitude for the well.
- Datum. Provide the horizontal reference datum used with the GPS reading (NAD 27, NAD 83, WGS 84).
- Production Type. Describe the type of completion, as listed in section 1k on the first page of the ACO-1.
- 10j. True Vertical Depth (TVD). Enter the true vertical depth of the well.

- Total Base Fluid Volume (gal). Enter the volume in gallons the total base fluid used.
- 10l. Hydraulic Fracturing Fluid Composition.
 - 10l(1) through 10l(8) must be provided for each base fluid, proppant, and chemical constituent used in each hydraulic fracturing treatment, unless it is the incidental result of a chemical process or a naturally occurring material that becomes part of the fluid during the hydraulic fracturing treatment. Fluids/proppants/chemical constituents subject to 29 CRF 1910.1200(i) appear on material safety data sheets (MSDS), and must be listed at the top of the page. All other fluids/proppants/chemical constituents must be listed at the bottom.
 - Trade Name. Enter the trade name for each fluid/ proppant/chemical constituent.
 - Supplier. Enter the supplier name for each fluid/proppant/ chemical constituent.
 - Purpose. Enter the purpose of each fluid/proppant/ chemical constituent.
 - 10l(4). Ingredients. Enter the ingredients of each fluid/proppant/ chemical constituent. If the ingredients are a trade secret, enter "Trade Secret" in this section.
 - 10l(5). Chemical Abstract Service Number (CAS #). Enter the CAS # for the fluid/proppant/chemical constituent.
 - 10l(6). Maximum Ingredient Concentration in Additive (% by mass). Enter the maximum concentration, as part of the additive, by percent mass, of each propapnt/ chemical constituent. That is, exclude the base fluid from the percent mass calculation. Enter "N/A" for the base fluid. Enter a percentage in this column for each other proppant/constituent.
 - 10I(7). Maximum Ingredient Concentration in HF Fluid (% by mass). Enter the maximum concentration, as part of the hydraulic fracturing fluid, of each fluid/proppant/ chemical constituent. In other words, include the base fluid in the percent mass calculation. Enter a percentage for the base fluid, and also for each proppant and other constituent.
 - 10l(8). Authorized Representative's Name, Address, and Phone Number. For any fluid/proppant/chemical constituent labeled a "Trade Secret" in 10L(4), list the name, authorized representative, mailing address, and phone number of the party claiming the trade secret. If the fluid/proppant/chemical constituent is not a trade secret, this section may be left blank.
- Non-MSDS Data. For non-MSDS fluids/proppants/constituents, enter the data for 10l(1) through 10l(8) here.

Section 11: Information to attach to the ACO-1 for Mississippi horizontal wellbores

- Attach a directional survey indicating the final path of the horizontal wellbore.
- Attach a plat map depicting the well as it is drilled.
 - a. For horizontal wellbores completed open hole, the plat must depict the surface location, the point at which the wellbore encounters the producing formation (depth and distance from the nearest lease or unit boundary line), any isolation packers and the terminus of the wellbore (depth and distance from the nearest lease or unit boundary line). The lease and unit boundaries must be clearly depicted. Include GPS latitude and longitude readings for each point and specify which GPS planar projection was used to determine any footages listed on the map.
 - b. For cased horizontal wellbores, upload a plat that shows the well as it is drilled, including the surface location, the point the wellbore enters the producing formation (depth and distance from the nearest lease or unit boundary line), the location of the first perforation (depth and distance from the nearest lease or unit boundary line), the location of the last perforation (depth and distance from the nearest lease or unit boundary line), and the terminus of the wellbore (depth and distance from the nearest lease or unit boundary line). The lease and unit boundaries must be clearly depicted. Include GPS latitude and

- longitude readings for each point and specify which GPS planar projection was used to determine any footages listed on the map.
- All operators must certify that the information contained on the plat depicting the well as drilled is accurate. Also, all operators must retain the well's completion information depicting how the wellbore was perforated for the life of the well and make it available upon Commission request.

Kansas Corporation Commission Oil & Gas Conservation Division

Form ACO-1
Jully 2014
Form must be Typed
Form must be Signed
All blanks must be Filled

WELL COMPLETION FORM WELL HISTORY - DESCRIPTION OF WELL & LEASE

VV CL	IIISTORT - DESCRIPTION	OI WELL & LLASI	_	
OPERATOR: License #1a	API1	lo. 15	1p	
Name: 1b	Spot	Description:	1q	
Address 1: 1c	1q	Sec. <u>1</u> 0	<mark>q</mark> _{Twp.} <u>1q</u> _{S.} R. <u>1q</u>	East West
Address 2: 1c		1r (1) Feet	from North / Sc	outh Line of Section
City:1d State:1d Zip:		1r (2) Feet	from East / W	est Line of Section
Contact Person: 1e	Foota	iges Calculated from Nea	arest Outside Section Cor	ner:
Phone: (<u>1f</u>)1	1	S NE NW	□ SE □ SW	
CONTRACTOR: License # 1g	GPS	Location: Lat:	1s (1) , Long:	1s (2)
Name:1h		(e.g.	. xx.xxxxx)	(e.gxxx.xxxxx)
Wellsite Geologist:1i			AD83 WGS84 15	
Purchaser: 1j	Cour	•	1t	
Designate Type of Completion: 1k			Well	
	Workover		1v	
	Prod		1w	
Gas D&A ENHR	SIGW	tion: Ground: 1x ((1) Kelly Bushing:	1x (2)
□ OG □ GSW		Vertical Depth:1y_	Plug Back Total Dep	oth: 1z
CM (Coal Bed Methane)	Amor	ınt of Surface Pipe Set a	ind Cemented at:1	Iaa Feet
Cathodic Other (Core, Expl., etc.):	Multi	ole Stage Cementing Col	llar Used?	lo 1bb (1)
If Workover/Re-entry: Old Well Info as follows:	If yes	, show depth set:	1bb (2)	Feet
Operator:1I (1)	If Alte	rnate II completion, cem	nent circulated from:	1cc
Well Name:1I (2)	feet o	epth to: 1cc	w/1cc	sx cmt
Original Comp. Date: 11 (3) Original Total I	Depth:1I (4)			
☐ Deepening ☐ Re-perf. ☐ Conv. to ENHR	R Conv. to SWD Drilli	ng Fluid Management F	Plan	
	Conv. to Producer (Data	must be collected from the F	Reserve Pit)	
11 (5)	Chlo	ide content: 2a	ppm Fluid volume: _	2b bbls
	Dewa	atering method used:	2c	
	Loca	tion of fluid disposal if ha	ulad offsita:	
ENHR Permit #:		·		
GSW Permit #:	Oper	ator Name:	2d (1)	
400	4	e Name: 2d (2)	License #:	2d (3)
1m 1n Spud Date or Date Reached TD Compared to the comparison of the com	10 Quar	ter 2d (4) Sec. 2d (4)	Twp.2d (4)S. R. 2d (4	
Recompletion Date Re	ecompletion Date Cour	ty: 2d (5)	Permit #:2	2d (6)
INSTRUCTIONS: The original form shall be filed wiredays of the spud date, recompletion, workover or codential for a period of 2 years. Rules 82-3-130, 82-3-	onversion of a well. If confidentiali	y is requested and appro	oved, side two of this form	will be held confi-
AFFIDAVIT		К	CCC Office Use ONLY	
am the affiant and I hereby certify that all requirement	ents of the statutes, rules and	1		

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.

Signature:		3a			
oignataro.					
Title:	3b		Date:	3c	

KCC Office Use ONLY
Confidentiality Requested
Date:
Confidential Release Date:
Wireline Log Received
Geologist Report Received
UIC Distribution
ALT I II Approved by: Date:

Page Two

Operator Name:	4a		Lease Name: _	4	łD	Well #:	
Sec. 4c Twp. 4c	S. R. <u>4c</u>	East West	County:	4	ld		
INSTRUCTIONS: Show open and closed, flowing and flow rates if gas to s	g and shut-in pressu	res, whether shut-in pre	essure reached stat	ic level, hydrosta	atic pressures, b		
Final Radioactivity Log, files must be submitted i				ogs must be ema	ailed to kcc-well	-logs@kcc.ks.gov	r. Digital electronic log
Drill Stem Tests Taken (Attach Additional She	eets)	Yes No		· ·	on (Top), Depth		Sample
Samples Sent to Geolog	jical Survey	☐ Yes ☐ No	5b Nam	10		Тор	Datum
Cores Taken Electric Log Run		☐ Yes ☐ No ☐ Yes ☐ No	5c 5d		5f		
List All E. Logs Run:					31		
	5e						
		CASING Report all strings set-		ew Used ermediate, product	6a ion, 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
6b (1)	6b (2)	6b (3)	6b (4)	6b (5)	6b (6)	6b (7)	6b (8)
		ADDITIONAL	CEMENTING / SQI	 JEEZE RECORD			
Purpose: 7a Perforate	Depth Top Bottom	Type of Cement	# Sacks Used		Type and	d Percent Additives	
Protect Casing Plug Back TD	7b	7c	7d			7e	
Plug Off Zone							
 Did you perform a hydrau Does the volume of the t Was the hydraulic fractur 	otal base fluid of the hy	draulic fracturing treatmen	_		No (If No,	skip questions 2 an skip question 3) fill out Page Three	
Shots Per Foot		N RECORD - Bridge Plug otage of Each Interval Per			cture, Shot, Ceme mount and Kind of	ent Squeeze Record Material Used)	d Depth
8a		8b			8c		8d
TUBING RECORD:	Size: 9a (1)	Set At: 9a (2)	Packer At: 9a (3)	Liner Run:	Yes ^	No 9t	0
Date of First, Resumed Pro	oduction, SWD or ENHI	R. Producing Meth	nod:	Gas Lift (9d Other (Explain)		
Estimated Production Per 24 Hours	Oil Bt 9e (1)	ols. Gas 9e (2	Mcf Wa	ter B	bls.	Gas-Oil Ratio 9e (4)	Gravity 9e (5)
DISPOSITION	OF GAS: 9e (6)		METHOD OF COMPL	ETION: 9e	(7)	PRODUCTIO	ON INTERVAL:
Vented Sold	Used on Lease		Perf. Duall	y Comp. Cor	mmingled		e (8)
(If vented, Submi	 it ACO-18.)	Other (Specify)	(Submit	ACO-5) (Sub	omit ACO-4)		

HYDRAULIC FRACTURING FLUID PRODUCT COMPONENT INFORMATION DISCLOSURE

Last Fracture Date	e:	10a	County:	10b	AF	PI Number:	10c
Operator Name: _		10d		Well Name	and Number:	10e	
Latitude:		10f	Longitude:	10g	Da	itum:10)h
Production Type: _		10i	True Vertical Depth	(TVD):	10j To	tal Base Fluid Volume (gal)*:	10k
Hydraulic Fracturi	ng Fluid Com	position:					
Trade Name	Supplier	Purpose	Ingredients	Chemical Abstract Service Number (CAS #)	Maximum Ingredient Concentration in Additive (% by mass)**	Maximum Ingredient Concentration in HF Fluid (% by mass)**	Authorized Representative's Name, Address, and Phone Number
101 (1)	101 (2)	101 (3)	101 (4)	10l (5)	101 (6)	101 (7)	101 (8)
Ingredients show	n above are su	bject to 29 CRF	1910.1200(i) and appear on Material Safety Dat	a Sheets (MSDS). Ingredie	nts shown below are Non-MSDS.	10m	

Acid & Cement

POST OFFICE BOX 438 HAYSVILLE, KS 67060 (316) 524-1225 (316) 524-1027 FAX Invoice

LEASE: ROSE ROCK 32.2 MILE POST 32

Page: 1

BURRTON, KS (620) 463-5161 FAX (620) 463-2104

 GREAT BEND, KS (620) 793-3366
 FAX (620) 793-3536

INVOICE NUMBER: C46553-IN

BILL TO:

MESA QUALITY FOCUSED SPECIALTY CONSTRUCTION PO BOX 52608 TULSA, OK 74152

DATE	ORDER	SALESMAN	ORDER DATE	PURCHASE O			INSTRUCTIONS
10/31/2018	C46553		10/31/2018	10-18-0581 MILE POST 3		2	NET 30
QUANTITY	U/M	ITEM NO./DE	SCRIPTION		D/C	PRICE	EXTENSION
25.00	МІ	MILEAGE CEME	NT PUMP TRUCK		20.00	4.00	80.00
1.00	EA	PUMP CHARGE-	SURFACE PIPE		20.00	1,100.00	880.00
150.00	SK	СОММОМ СЕМЕ	NT		20.00	12.75	1,530.00
150.00	EA	BULK CHARGE			20.00	1.25	150.00
176.25	MI	BULK TRUCK - T	ON MILES		20.00	1.10	155.10
REMIT TO:			COP			Not Invoice:	2.705.40
P.O. BOX 4 HAYSVILLE	38 E, KS 67060		IS NOT TAXABLE AND I		PAWC	Net Invoice: Sales Tax: Invoice Total:	2,795.10 237.58 3,032.68
ECEIVED BY		N	IET 30 DAYS				



FIELD ORDER Nº C 46553

BOX 438 · HAYSVILLE, KANSAS 67060 316-524-1225 Mesa Products Address City To Treat Well As Follows: Lease Sec. Twp. Range _ County CONDITIONS: As a part of the consideration hereof it is agreed that Copeland Acid Service is to service or treat at owners risk, the hereinbefore mentioned well and is not to be held liable for any damage that may accrue in connection with said service or treatment. Copeland Acid Service has made no representation, expressed or implied, and no representations have been relied on, as to what may be the results or effect of the servicing or treating said well. The consideration of said service or treatment is payable. There will be no discount allowed subsequent to such date. 6% interest will be charged after 60 days. Total charges are subject to correction by our invoicing department in accordance with latest published price schedules. The undersigned represents himself to be duly authorized to sign this order for well owner or operator. THIS ORDER MUST BE SIGNED BEFORE WORK IS COMMENCED Well Owner or Operator Agent UNIT CODE QUANTITY DESCRIPTION **AMOUNT** COST 2 2 2 150 2 **Bulk Charge** 7.05×15=176.25 TM **Bulk Truck Miles** Process License Fee on Gallons 20 **TOTAL BILLING** I certify that the above material has been accepted and used; that the above service was performed in a good manner under the direction, supervision and control of the owner, operator or his agent, whose signature appears below — 698.78 Copeland Representative 2795.10 Station Well Owner Operator or Agent Remarks

NET 30 DAYS



TREATMENT REPORT

Acid & Cement							Acid Sta	ge No.		
			Type Treatment:	Amt.		Type Fluid	d Sand	Size	Pounds	of Sand
Date 10/31/2018 District GB	F.O. No.	46553	Bkdown		Bbl./Gal.					
Company MESA PRODUCTS					Bbl./Gal.					
Well Name & No. ROSE ROCK 32.2					Bbl./Gal.					
Location Field										
County PAWNEE State	KS		Flush		Bbl./Gal.					
61			Treated from			ft. to	f	t. No	. ft.	0
Casing: Size 10 3/4 Type & Wt.		Set atft.	from			ft. to	f	t. No	. ft.	0
Formation:	Perf.	to	from			ft. to		t. No	. ft.	0
Formation:	Perf.	to	Actual Volume of	Oil / Water	to Load Ho	le:				Bbl./Gal.
Formation:	Perf.	to							Contraction of the last	
Liner: Size Type & Wt. Top at	ft.	Bottom atft.	Pump Trucks.	No. Used:	Std.	365 Sp		T	win	t and a
Cemented: Yes Perforated from	ft.	toft.	Auxiliary Equipme	nt	1		327			
Tubing: Size & Wt. Swur	ng at		Personnel GREG	the second secon						
Perforated from	ft. to		Auxiliary Tools							
			Plugging or Sealing	g Materials:	Туре					
Open Hole Size T.D.	ft. P.B.	toft.						Gals.		Ib.
Company Representative	GREG		Treater			GREG	CURTIS			

TIME	presentative	LIDEC	GREG	Treater	GREG CURTIS
a.m./p.m.	Tubing	Casing	Total Fluid Pumped		REMARKS
4:00				ON LOCATION	
				BREAK CIRCULATION	
建设				PUMP 150 SKS COMMON CEMEN	
			1	POMP 150 SKS COMMON CEMEN	VI
				KNOCK HOSE OFF AND PUMP LIN	IE CLEAN
				DISPLACE WITH 13.5 BBLS OF H2	0
基位				CIRCLE ATTER OF LEVEL TO ALLEY	
五年 第17			-	CIRCULATED CEMENT TO SURFAC	CE
5:30				JOB COMPLETE	
				700 001111	
				THANK YOU!!!	
		4			
11					
			-		
			-		
			-		
			 		
11					
9					
34					
			-		
Edi					

GRESSEL OIL FIELD SERVICE, L.L.C.

Post Office Box 438 Haysville, Kansas 67060 Phone: (316) 524-1225 Fax (316) 524-1027

> **Burrton, Kansas 67020** Phone: (620) 463-5161 Post Office Box 607

MESA QUALITY FOCUSED SPECIALTY CONSTRUCTION COMPANY P.O. BOX 52608 FULSA, OK 74152

Date

Address PAWNEE CO, KANSAS

Lease ROSE KOCK 32.2

MILE PAST 32

PO#10-18-0581

Description of Work

suck up cuttings and mud from drilling procedure. # 165/#245 41/2 hrs.

DRIVER OR OPERATOR

APPROVED BY

GRESSEL OIL FIELD SERVICE, L.L.C.

Haysville, Kansas 67060 Phone: (316) 524-1225 Post Office Box 438

Burrton, Kansas 67020 Phone: (620) 463-5161 Post Office Box 607

Fax (316) 524-1027

Company P.O. BOX 52608 SPECIALTY CONSTRUCTION JULSA CR 至52

Date

Address PAWNEE CO. KANSAS

Nº 27455

Lease ROSE KOCK 32.2

PO#10-18-0581

Description of Work

HAUL LOAD OF OUTTINGS AND MUD TO UNDERGROUND CAVERN

STABILIZATION, LIC HUTCHINSON, KS.

MILE POST 32

HCS, HC INVOICE #1763 \$607.76

31/2 hrs. 2 H2 100/#

MIRE HOME

DRIVER OR OPERATOR

APPROVED BY



CAVERN STABILIZATION

Underground Cavern Stabilization, LLC

PO Box 225 Great Bend, KS 67530

RECEIVED

NOV 0 5 2018

Invoice

Date	Invoice #
11/2/2018	1763

Bill To	Ship To			
Gressel Oil Field Service, LLC PO Box 438 Haysville, KS 67060	BRM #147-1175 Manifest #147-3430			

P.O. Number	Terms	Rep	Ship	Via	F.O.B.		Project
	Net 15		11/1/2018				
Quantity	Item Code		Descripti	on	Price 8	Each	Amount
79.61 31			out - Maximum sale, exempt fr			5.75 150.00 0.00%	457.76° 150.00° 0.00

2018 Beneficial Reuse Material Log UCS - Hutchinson Facility

	П	M-k	
Vehicle	Type	mi Dump Semi	
	Chlorides	N Du	_
	PEG Denuty (Me		12.1 CLEANOUT
	Volume I		1 40460
	(bbs)		9.6
wht Weight	(lbt) (lbt)	+	6420 3596
Volume			20 23
NORM	[random]		0
Emplacemen	Location		SW-13
Volume	(Yous)		1 2023
Scale	Ticket 8	704407	18430
BRM Agrees	W/Paperwerk		463
Material	Describtion	Cement slurry	
BRM	Approval	147-1175	
Mandey	1.00 00000	147-3430	
orter		Michael	
Transp		Gressei Dil	
Da Generator		147 Gressel Oil	
Date		11/1/2018	

	*,	
51341	Sollar Gressel Oilfield	784367 Date 11-1-18
SALWA, K5	Seller/ Buyer Address PO Box 438	Remarks
& SERVICE -	State S Zip 67060-0438 Store Sell Commodity Cover & Sharm	75420 LB 08:24 am 11/01/18
SAUMA SCALE SALES	Price Driver: On Off Digital Annual Weigher Ud	35960 LB 09:21 am 11/01/18
	Post Of GREAT BEND, 1	vern Stabilization, LLC fice Box 225 KANSAS 67530-0225 20) 662-6367

No. 1691

LOHOUD Date: 11-1-18

Name

trupalle KS 10 NGC-0438

Quantity: DESCRIPTION OF SERVICE AMOUNT TOTAL

Truck cleanout 15000

TRUCKING COMPANY

Ву:

Form 45

BILL TO:

Address

BENEFICIAL REUSE MATERIALS MANIFEST-PROCESS KNOWLEDGE

ease print or type								
UCS ID N	tor/Operator lumber:	2. Page 1 of	3. Emergency Response Phone	4. Man Numbe	ifest Tracking	5. 1	UCS BRM A	pproval Number
1-14	7			14-	7-3430		47 117	75
6. Generat	6. Generator/Operator Name and Mailing Address:		Generator/Operator Site Address (if different than mailing address)					
Gias	syale Avi	e = 100					one car man	maining address)
7 Garage	a.or 74	136			COCK 32.			
Sec.	or/Operator So Twp. 3	urce Location:	Legal	Generator/C	Operator Source	c Location	: Longitude	& Latitude
fe fe	eet from N	lorth/ Sou	ast West 0	1	Longi	tude		Latituda
fe	et from		est line of section	Generator/C	Operator Source	e Location	: Physical A	ddress:
Pausa		inty, Kansas						
8. Transpor	rter 1 Company	Name			1100 15			
	wessel 8	11			UCS ID	Number:		
9. Transpo	rter 2 Company	v Name'	of calculations		1100 15			-
1		,			UCS ID	Number:		
10 Decim	ated Facility N	10:						
Donga	acce racing N	ame and Site A		erground Cave	m Stabilization	n, LLC		
A.			/31. Sou	B South K 14 H	Wy VC 67505			
Facility's	Phone Number	r: 620.662.63	67	ar riacennison,	N3 01303			
BRM Des	scription (as no	ted on the Fo	THE RESERVE THE PERSON NAMED IN COLUMN TWO IS NOT THE OWNER, THE PERSON NAMED IN COLUMN TWO IS NOT THE OWNER,	ontainers	12 Tota	al Quantity	1 12 11	nit Wt./Vol.
11-			No.	Type		Quinary	13.0	IIIL WIL/ VOI.
I. Con	nerd Si	11.50						
2.	- 4 9	way						
3.								
14. GENERA representations	TOR/OPERATOR (18 U.S.C. 1001;	CERTIFICATIO	N: Under civit and crimi d U.S.C. 2615), I certify	nal penalties of law	for the making or	submission	of false or fraud	ulent statements of
and complete. supervisory res	As to the identified ponsibility for the perator Name	section(s) of this persons who, actin Signatu	document for which I ca g under my direct instru	ener are mitorilletto	a contained in or a	ccompanym	g this document	is true accurate
and complete supervisory res Generator/O	As to the identified ponsibility for the perator Name	section(s) of this persons who, actin	document for which I er g under my direct instru	ener are mitorilletto	rify buth and accurrification that this	racy, I certify information	g this document as a company of is true, accurate.	is true accurate
and complete supervisory res Generator/O	As to the identified ponsibility for the perator Name	Signatu Signer of Red	document for which I es g under my direct instru	ener are mitorilletto	rify truth and accurification that this Month	accompanying racy, I certify information Day	g this document y as a company of is true, accurate. Year	is true, accurate, official having and complete.
and complete supervisory res Generator/O	As to the identified ponsibility for the perator Name	section(s) of this persons who, actin	document for which I es g under my direct instru	ener are mitorilletto	member in or a rify truth and accurrification that this Month	Day	g this document as a company of is true, accurate.	is true accurate
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and complete supervisory resignator/O	As to the identified possibility for the perator Name A Constitution of the perator Name A Constitution of the perator Name Name	Signatu Signer of Red	document for which I es g under my direct instru	ener are mitorilletto	member in or a rify truth and accurrification that this Month	Day	g this document y as a company of is true, accurate. Year	is true, accurate, official having and complete.
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and complete. supervisory res Generator/O 15. Transporter Transporter Transporter 16. TRANSPO and have not bee this consignment terms of the atta	As to the identified ponsibility for the perator Name perator Name consistency of the perator Name consistency of the perator Name consistency of the perator of the perato	Signatur CATION: I hereb any way, nor hav ted by the most di placement Permit-	document for which I can gunder my direct instruction. The property declare that the content of the materials been out each route possible by cup application.	nnot personally vections, made the ve	Month	Day Day Day Day Day Day Day	year Year Year Year Year Year Year Year Year	Time Time Time Time Time Time Time
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and complete. supervisory res Generator/O 15. Transporter Transporter 16. TRANSPO and have not bee this consignment terms of the attai Transporter 1 Transporter 2 17. Discrepai 18. Material	As to the identified ponsibility for the ponsibility for the perator Name Let's Acknowled Name Name RTER'S CERTIFIED tampered with it thas been transported Materials Emplacement Commency Indication Emplacement Cemplacement	Signatur CATION: Therebe any way, nor have ted by the most diplacement Permits Signatur Signatur Signatur Cation(s) of this persons who, acting the Signatur Signatur Signatur Signatur Signatur Signatur Signatur	document for which I contents and the contents are the materials been out the contents are the conte	ts of this consignment of my custody unless that the consignment of the consignment of the consignment of the custody unless that the custody unless t	Month	Day Day Day Day Day Day Day Day	year	Time
and complete. supervisory res Generator/O 15. Transporter Transporter 16. TRANSPO and have not bet this consignment terms of the atta Transporter 1 17. Discrepa: 17a. Discrepa: 18. Material 19. Designate as noted in Ite	As to the identified ponsibility for the ponsibility for the perator Name of the perator Name of the perator Name of the perator Name of the perator of the	Signatur CATION: I hereboard have been any way, nor have ted by the most diplacement Permits Signatur Signatur Signatur Cation: I hereboard have been any way, nor have ted by the most diplacement Permits Signatur Signatur Signatur Cavern Well Leer or Operator.	document for which I can gunder my direct instruction of Materials record declare that the content of the materials been out on the materials been out of the materials been o	ts of this consignment of my custody unless that the consignment of the consignment of the consignment of the custody unless that the custody unless t	Month	Day Day Day Day Day Day Day Day	year	Time
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BENEFICIAL REUSE MATERIAL INSPECTION REPORT

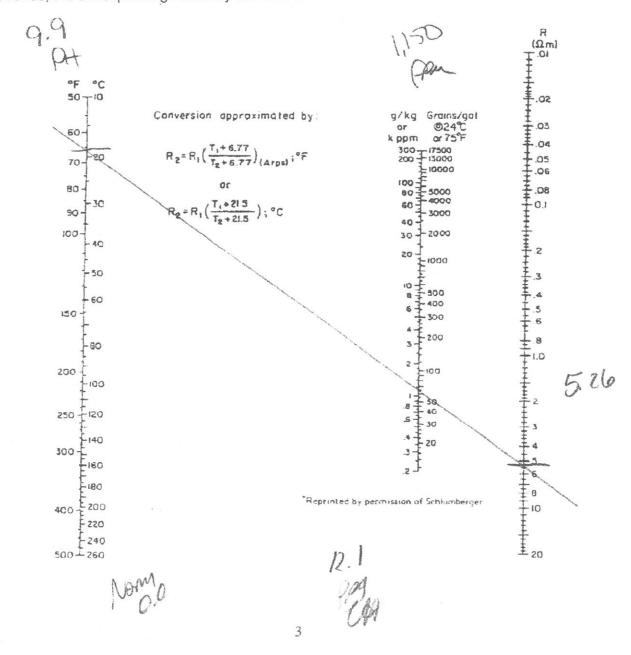
1. Date: 1/-1-18				
2. Time: 8.24Am				
3. Beneficial Reuse Material Name/I	Description:	Cement Slurry		
4. Transporter:		Gressel Oilfield Ser	vices	
5. Name of driver:		Michael		
6. Source of beneficial reuse materia	l as stated by driv	ver: Rose Rose	ck 32.2	
7. Hauling Permit No.:		N/A		
8. Vehicle License No.:	Ва	DOT# 129702		
9. Vehicle Type:		tank		
10. Unauthorized material found in the	e beneficial reuse	material shipment?	Yes	No
11. If "Yes", was Rejected Beneficial	Reuse Material F	orm completed?	Yes	No
12. Photograph identification verfied?		(circle)	Yes	No
13. Identification type	Com	npany ID	Drivers License	(state)
14. Inspector's observations:	Liquid (sludge)	ned in truck. Used pro load - Had to be empl nost Lyons Salt loads.	laced immediately	. Not stored in
 The physical characteristics (i.e. co material stream conform to the Mat previous material shipments. 	lor, odor, etc.) of terial Emplaceme	the beneficial reuse ent Application and	Yes	No
16. If "No," was a Rejected Beneficial	Reuse Material F	orm completed?	Yes	No
17. BASED ON MY EXAMINAT BENEFICIAL REUSE MATERIA GENERATOR IN THE GENERAT	L MANIFEST N	UMBER 147-34/2	IS AS DESC	CCEPTED BY RIBED BY THE EET.
Signature of Site Inspecto	r	11-1-	18 Date	
Printed Name of Inspecto	r	2.8	4AM Time	

Truch

RESISTIVITY NOMOGRAPH FOR NaCI SOLUTIONS*

This nomograph is used to determine the quantity of sodium chloride (in combination with distilled water or some other salt free aqueous medium) that is necessary to produce a solution with the same resistivity as the test sample. The concentration levels for carbonate salts, calcium salts, hydroxyl salts, etc., can be found in conductance tables for aqueous solutions.

Use a straight edge to connect the values of the corresponding resistivity and temperature readings. The point where the straight edge touches the salinity scale indicates the concentration of sodium chloride. By aligning a given temperature and concentration of sodium chloride, the corresponding resistivity can also be found.



65.3

GRESSEL OIL FIELD SERVICE, L.L.C.

Post Office Box 438 Haysville, Kansas 67060 Phone: (316) 524-1225

Fax (316) 524-1027

Post Office Box 607 Phone: (620) 463-5161 Burrton, Kansas 67020

MESA QUALITY FOOLISED SPECIALTY CONSTRUCTION

(ansas 67020

1-2 20 18

Company PA BOX 52608 TULSA, OK 74152

Address PAWNEE (O. KANSAS

Nº 27456

Lease ROSE ROCK 32.2

MILE POST 32 PD#10-18-0581

Description of Work

DRIVE TO LOCATION, PICK UP LOAD OF CUTTINGS & MULLY, HAUT TO HUTCHINGON AT UCS, ITC.

#165/#245 UCS, LLC INVOICE # 1766 \$ \$578.90 91/2 hrs.

MIKE ROMO

DRIVER OR OPERATOR

APPROVED BY

	784378 Date // 2 /8
Seller/ Gressel Ostfield	Remarks
Address R.O. Bux 438	
City Hays Ville	75360 LS 04:21 pm 11/02/18
State 165 zip 67060 - 0438	The second secon
Store Sell	36600 LB 04:40 pm 11/02/18
Commodity Born Cemit Shull	
Price	
Driver: On A off	
Shipper The Styles	
Weigher Weigher	



Underground Cavern Stabilization, LLC

PO Box 225 Great Bend, KS 67530

RECEIVED

NOV 0 6 2018

Invoice

Date	Invoice #
11/5/2018	1766

Bill To	
Gressel Oil Field Service, LLC	
PO Box 438	
Haysville, KS 67060	

Ship To	
BRM #147-1175	
Manifest #147-3441	

Manifest #147-3441	P.O. Numbe	er Terms	Rep	Ship	Via	F.O.B.		Project
93.22 311 Cement Slurry Manifest #147-3441 8.00% Reno County Sales Tax 5.75 536.02 8.00% 42.88		Net 15	;	11/2/2018				
Manifest #147-3441 8.00% Reno County Sales Tax 8.00% 42.88	Quantity	Item Code		Descrip	tion	Price	Each	Amount
			Manifest #	urry 147-3441	Tax		5.75	536.027

2018 Beneficial Reuse Material Log UCS - Mutchinson Facility

1			-		-														
	Separation	Telegraphy		San San	Barrier .	**				Z	NORM	Weight	Weight					Vehirle	9
Date	e Gi	Commission		Walliam	220	Material	BRM Agrees		Volume Emplacement	lacement Re	Reading Volum	UI BAU	170	Volume	Volump Huld Densit	IV.	Chlorides	Tur	
		A. Della Control	Take I	i acking a	Approvate	Description	w/Pagerwork	Tickot M	(Jone) to	ocation fra	ndom) (You	(10)	(101)	(bhis)	Be PPG		Mdd	pH Semi Dump Semi Ta	Semi Tank
			-		-		1			-	-								
11/2/2018	10 Gressel Oil	Gressel Oil	Wichael	147-3441	147-1175	Cement slurry	YES	784378	19 38	W 13	101	0.18 75.160	36600	93 22	021.01		╁		
							-	-		-		2000	anne	-			1,500	16	×

Seller/ Grassel Oilfield
Address P.O. Bux 438
City 40-10 V.117
State 1W Zip 67060 - 0438
StoreSell
Commodity Borns Count Svery
Price
Driver: On Agh
Shipper /// Xg14

784378 Date 11-2-18

Remarks_

75360 LB 04:21 PM 11/02/18

36600 LB 04140 PM 11/02/18

BENEFICIAL REUSE MATERIALS MANIFEST-PROCESS KNOWLEDGE

case print or type						10 11 02	DGE	
1. Generator/Operator UCS ID Number:	2. Page 1	3. Emerg	ency	4. Man	ifest Tracking	5	LICS BRM A	approval Number:
OCS ID Number:	of	Response	e Phone #:	Numbe	er:	1	OCS DIGITAL	tpprovar Number:
191				147	-3441		147-11	75
6. Generator/Operator N	lame and Mailir	ig Address:		Generator/(Operator Site A	ddress (i	different than	mailing address)
Kose Rock Mid	Stream LY				32	8	anno put tituli	maning address)
Tuisa or 70	41.36			Rose D	air 30			
// Generator/Operator S	ource Location:	Legal						
Seco Hit Two	22. R. 10 E	ast We	esizo	(icliciatol)(Operator Source Longit	Locatio	n: Longitude	
feet from	North/Soi	uth line of s	ection	Generator/(Operator Source	e Locatio	n. Physical A	Latitude
Favoree Co	_East/W ounty, Kansas	est line of s	section		1.0		in Injural r	adoress.
8. Transporter 1 Compan					UCS ID 1	Number:		
Gressel	011							
9. Transporter 2 Compai	ny Name'				UCS ID N	Number:		
9. Transporter 2 Companies 10. Designated Facility 1 Facility's Phone Numb BRM Description (as n	Name and Site /	ddress:	Under	ground Cave	rn Stabilization	LLC		
3			7513 5	South K14 H	wy	,		
Facility's Phone Numb	ner 620 662 63	67	South	Hutchinson,	KS 67505			
BRM Description (as n	noted on the Fo	rm 150)	11. Con	tainare	10.7	16		
			No.	Type	12. Tota	Quantity	y 13. U	nit Wt/Vol.
1 Corners 5				12700				
2.	lung		-	-				
	3							
3.								
14 GENERATOR/ODERATO	D OF DATE OF THE LAW OF							
 GENERATOR/OPERATOR representations (18 U.S.C. 1001; and complete. As to the identified 	42 U.S.C. 6928 and	N: Under civil	and criminal	penalties of law	for the making or	submission	of false or fraud	ulent statements or
and complete. As to the identific	of carriental af al.		,,	a ore milorminario	COMMUNICU III OF A	ccompanyir	19 this document	10 fmise accurrent
supervisory responsibility for the Generator/Operator Name	Signatur		rect instructio	ons, made the ve	incation that this	nformation	is true, accurate,	and complete.
11/2/ /MX/	100	The I	11/11/1	2	Month	Day	Year	
15 Transporter's Asking	10 1/	aid I	61 80	nuc				
15. Transporter's Acknowl Transporter 1 Name	Signatul	eipt of Mat	terials	7				
nist on	Signatur	111	170		Month	Day	Year	Time
TITOLULE TI XGIL	0 ///	0710	1 26	Vic	1/2	2	18	13:00A
Transporter 2 Name	Signatur	e	1	,	Month	Day	Year	Time
*.							1	-
16. TRANSPORTER'S CERTIF and have not been tampered with	ICATION: I hereb	y declare that	the contents of	of this consignm	ent have been delie	prod se ===		
this consignment has been transpo	irted by the most dis		been out of	my custody unle	ss otherwise noted	by addition	pared by the tren al transporter sig	enator/Operator
terms of the attached Materials En	nplacement Pennit	application.	iole by curren	nontributes press to	s. I certify that the	contents o	f this consignment	nt conform to the
Transporter 1 Name	Signature	1/2 //	1/10		Month	Day	Year(/	Time A
Transporter 2 Name	Signature	GM V	12	one	11	2	18	4214
	Signature	:			Month	Day	Year	Time
					1 1		1	
17. Discrepancy								
	Space Qua	untity o Ty	/pe 🗆 Res	idue o Foll	Rejection			
17. Discrepancy 17a. Discrepancy Indication			pe 🗆 Res	idue 🗆 Full	Rejection			
Discrepancy Discrepancy Indication Material Emplacement	Cavern Well I o	cations						
Discrepancy Discrepancy Indication Material Emplacement	Cavern Well I o	cations				als cover	ed by the mar	nifest except
17. Discrepancy 17a. Discrepancy Indication	Cavern Well I o	cations			ial reuse materi			
17. Discrepancy 17a. Discrepancy Indication 18. Material Emplacement (19. Designated Facility Owr as noted in Item 17a.	Cavern Well Loner or Operator.	cations			ial reuse materi	als cover	ed by the mar	Time



BENEFICIAL REUSE MATERIAL INSPECTION REPORT

1. Date: 11-2-18				
2. Time: 4:21 PM				
3. Beneficial Reuse Material Name/Description:	Cement	Slurry		
4. Transporter:	Gressel	Oilfield Ser	vices	
5. Name of driver:	M	rke		
6. Source of beneficial reuse material as stated by	y driver:	Rose Ro	ck 322 37.8	
7. Hauling Permit No.:	N/A			
8. Vehicle License No.:	Ba DOT#	129702		
9. Vehicle Type:	Sen	y Ta	inter	
10. Unauthorized material found in the beneficial r	euse material s		Yes	No
11. If "Yes", was Rejected Beneficial Reuse Mater			Yes	No
12. Photograph identification verfied?	•	(circle)	Yes	No
13. Identification type	Company ID		Drivers License	
Liquid (sluc	ntained in truc Ige) load - Had ike most Lyons	to be empl	ocess knowledge.	
 The physical characteristics (i.e. color, odor, etc material stream conform to the Material Emplace previous material shipments. 	.) of the benefi	icial reuse	Yes	No
16. If "No," was a Rejected Beneficial Reuse Materi	ial Form comp	leted?	Yes	No
17. BASED ON MY EXAMINATION, THE BENEFICIAL REUSE MATERIAL MANIFES GENERATOR IN THE GENERATOR BENEFI	BENEFICIAL T NUMBER	REUSE	MATERIAL A	CCEPTED BY
Signature of Site Inspector			-2-18 Date	
Store Pany Gur Printed Name of Inspector		4:	21 PM	

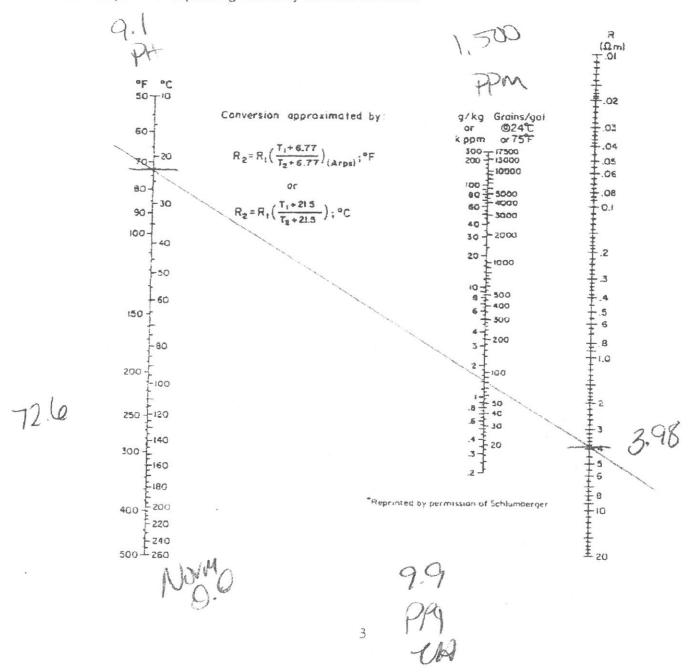
14-18

Trech

RESISTIVITY NOMOGRAPH FOR NaCI SOLUTIONS*

This nomograph is used to determine the quantity of sodium chloride (in combination with distilled water or some other salt free aqueous medium) that is necessary to produce a solution with the same resistivity as the test sample. The concentration levels for carbonate salts, calcium salts, hydroxyl salts, etc., can be found in conductance tables for aqueous solutions.

Use a straight edge to connect the values of the corresponding resistivity and temperature readings. The point where the straight edge touches the salinity scale indicates the concentration of sodium chloride. By aligning a given temperature and concentration of sodium chloride, the corresponding resistivity can also be found.



GRESSEL OIL FIELD SERVICE, L.L.C.

Post Office Box 438 Haysville, Kansas 67060 Phone: (316) 524-1225

Post Office Box 607 Phone: (620) 463-5161 Burrton, Kansas 67020

MESA QUALITY FOCUSED SPECIALLY CONSTRUCTION 0 BOX 52608 Fax (316) 524-1027

Company JULSA, OK 74152

Address PAWNEE OD. KANSAS

Lease KOSE ROCK 32.2

MILE POST 32

PO"10-18-0581

Description of Work

DRIVE TO LOCATION PICKUP LOAD OF CUTTINGS AND MUD.

#165/#245

BRING BACK TO GT. BEHD

5hrs,

DRIVER OR OPERATOR

APPROVED BY

GRESSEL OIL FIELD SERVICE, L.L.C.

Post Office Box 438 Haysville, Kansas 67060 Phone: (316) 524-1225

Post Office Box 607 Phone: (620) 463-5161 Burrton, Kansas 67020

QUALITY FOCUSED Fax (316) 524-1027

SPECIALTY CONSTRUCTION PO BOX 52608 TULSA, OK 74152

Address PAWNEE CO. KANSAS Company_

PO#10-18-0581

Nº 27458

MILE HIST 32

Lease

ROSE KOCK 32.2

Description of Work

LAKE LOAD OF OUTLINGS AND MUD TO LOS, LLC AF #JOHNSON. UCS, LLC INVOICE #1768

#305.67

Mille Romo #165/#115

DRIVER OR OPERATOR

APPROVED BY

	784381 Date 11-6-18
Seller Grebal Oitheld	Remarks
Address Po Box 438	
city Hupwille	
State \$\forall \text{Zip 67060-0438}	63820 LB 09:56 am 11/06/18
Store Sell	
Price	36360 LB 10:32 am 11/06/18
Driver: On Off Off Rorue	
Weigher	



Underground Cavern Stabilization, LLC

PO Box 225 Great Bend, KS 67530

Invoice

Date	Invoice #
11/7/2018	1768

Bill To	
Gressel Oil Field Service, LLC PO Box 438	
Haysville, KS 67060	

Ship To	
BRM #147-1175	
Manifest #147-3444	

Quantity Item Code Description 53.16 311 Cement Slurry Manifest #147-3444 Tax Exempt Sales Tax	Price Ea		Amount 305.671
53.16 311 Cement Slurry Manifest #147-3444		5.75	305.677
Manifest #147-3444	(305.677

2018 Beneficial Reuse Material Log UCS - Hutchinson Facility

Vehicle	Marie Marie		×
			6
hipridet Pote	-		1,500
6			
Tud Density		1,11	66-3
Volume P		27450	-1
Volume		30360 53.16	
Neight Out			
Weight 1		13.73 63820	
Volume (Tent)	-	13.73	
Reading (ranger	-	٥	
mplacemen		SW-13	
Volume F	I	13 73	
Scale Tiguer e		784381	
BRM Agrees w/Paperwerk		YES	
Material		Cement slurny	
BRM Aportovil 8		47-1175	
Manifest Tracking #		197-3444	
Driver	-	Michael	
Trange		Grassel Oil	
Generator 10 # Name	Contract On	A DIESSEI OIL	
Date	11/6/2010	97/0/5070	

Seller/Gressel Oitheld
Address Po Box 438
city Augustle
State 145 zip 167060-0438
Store Sell
Commodity Church Shing
Price
Driver: On Off Shipper Mill Coluce

784381

Date 11-6-18

Remarks _____

83820 LB 09:56 am 11/06/18

78360 LB 10:32 am 11/06/18

BENEFICIAL REUSE MATERIALS MANIFEST-PROCESS KNOWLEDGE

rease print										
I. C	Generator/Operator S ID Number:	2. Page 1 of	3. Emerge		4. Manife	st Tracking	5.	UCS BRM	Approval Nur	
1 1	147	·	Response	Phone #:	Number:		- 1			
1	6. Generator/Operator Name and Mailing Address:				147-3444 147,-1175					
I is	Note Rock Midstream LP isto State Ave #700 Tulso Or 74136 7. Generator/Operator Source Location: Legal					Generator/Operator Site Address (if different than mailing address)				
7.6						Rose Pacie 3				
Si	ec a Twe 3	R. 10 E	Legal	est	Generator/Op	erator Sourc	e Locatio	n: Longitu	ude & Latitude	
11 _		orth/ Sor	ath line of s			Longi	tude		Latituda	
13	feet from East/ West line of section County, Kansas					erator Source	e Locatio	n: Physica	al Address:	
8. Tr	ransporter 1 Company	Name				UCS ID	Number:			
SOT	Gressel 8	311 -								
9. T	ransporter 2 Company	Name				UCS ID	Number:			
10. 1	Designated Facility Na	arne and Site /	\ddress:	Under	ground Cavern	Ctabilization	- 110			
5				7513	South K14 Hwy	Jaomzattoi	n, LLC			
Fa	cility's Phone Number	r: 670 662 62		South	Hutchinson, K	S 67505				
BR	M Description (as no	ted on the En	D/	11.0						
		red on the Lo	rm 130)	No.	The state of the s	12. Tota	al Quantil	ty 13	3. Unit Wt./Vol.	
1.	Cornerd Si			140.	Туре					
11	Converse de	unj								
1/2							-			
2.		J								
2.		7								
3.		7					9			
3.	ENERATOR/OPERATOR	CERTIFICATIO	N: Under civil	and crimina	penalties of law fo	or the making o	r submissio	n of false or f	Traublent etatoriae	
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BENEFICIAL REUSE MATERIAL INSPECTION REPORT

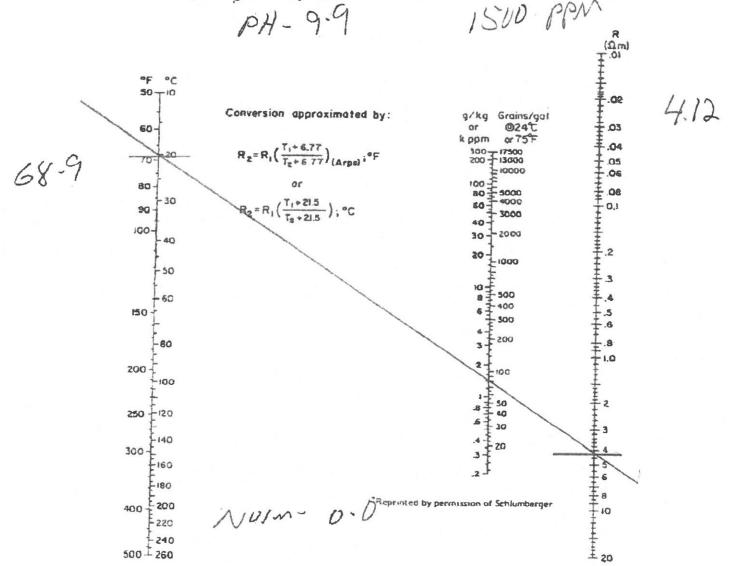
1. Date: 11-6-18				
2. Time: 9:56An				
3. Beneficial Reuse Material Name/	Description:	Cement Slurry		
4. Transporter:		Gressel Oilfield Se	ervices	
5. Name of driver:		Michael		
6. Source of beneficial reuse materia	as stated by driv	ver: Rose R	ock 32.2	
7. Hauling Permit No.:		N/A		
8. Vehicle License No.:	Ba	DOT# 129702		
9. Vehicle Type:		tank		
10. Unauthorized material found in th	e beneficial reuse	material shipment?	Yes	No
11. If "Yes", was Rejected Beneficial	Reuse Material Fo	orm completed?	Yes	No
12. Photograph identification verfied?		(circle)	Yes	No
13. Identification type	Com	pany ID	Drivers License	
14. Inspector's observations:	Liquid (sludge)	led in truck. Used p load - Had to be em lost Lyons Salt load	rocess knowledge.	
 The physical characteristics (i.e. comaterial stream conform to the Ma previous material shipments. 	lor, odor, etc.) of terial Emplacemen	the beneficial reuse nt Application and	Yes	No
16. If "No," was a Rejected Beneficial	Reuse Material F	orm completed?	Yes	No
17. BASED ON MY EXAMINAT BENEFICIAL REUSE MATERIA GENERATOR IN THE GENERAT	ION, THE BEI L MANIFEST N	NEFICIAL REUSI	MATERIAL A	ACCEPTED BY
Signature of Site Inspector			1-(0-18 Date	
Victor Hoster				

11-6-18 GIOLLI Truck

RESISTIVITY NOMOGRAPH FOR NaCI SOLUTIONS*

This nomograph is used to determine the quantity of sodium chloride (in combination with distilled water or some other salt free aqueous medium) that is necessary to produce a solution with the same resistivity as the test sample. The concentration levels for carbonate salts, calcium salts, hydroxyl salts, etc., can be found in conductance tables for aqueous solutions.

Use a straight edge to connect the values of the corresponding resistivity and temperature readings. The point where the straight edge touches the salinity scale indicates the concentration of sodium chloride. By aligning a given temperature and concentration of sodium chloride, the corresponding resistivity can also be found.



12.3 PP 6