

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:	
----------------	-------	---------	------------	--

Form	ACO1 - Well Completion
Operator	Shakespeare Oil Co., Inc.
Well Name	SCHOWALTER 1-7 OWWO
Doc ID	1457169

Tops

Name	Top	Datum
Base Anhydrite	2412	+608
Heebner	3952	-932
Lansing	3991	-971
Muncie Creek	4164	-1144
Stark Shale	4262	-1242
Hushpuckney	4306	-1286
Marmaton	4392	-1372
Pawnee	4468	-1448
L. Cherokee Shale	4546	-1526
Johnson	4587	-1567
Mississippian	4680	-1660

Form	ACO1 - Well Completion
Operator	Shakespeare Oil Co., Inc.
Well Name	SCHOWALTER 1-7 OWWO
Doc ID	1457169

Perforations

Shots Per Foot	Perforation Top	Perforation Bottom	BridgePlugType	BridgePlugSet At	Material Record
2	4589	4591			
2	4596	4597			
2	4599	4601			
2	4605	4608			
2	4612	4614			
2	4616	4618			



P. O. Box 466
Ness City, KS 67560
Off: 785-798-2300



Invoice

DATE	INVOICE #
1/25/2019	27453

BILL TO
Shakespeare Oil Company, Inc 202 West Main Street Salem, IL 62881

- Acidizing
- Cement
- Tool Rental

INT

TERMS	Well No.	Lease	County	Contractor	Well Type	Well Category	Job Purpose	Operator
Net 30	#1-7	Showalter O...	Scott	Southwind Drilling	Oil	Development	Long String	David E
PRICE REF.	DESCRIPTION				QTY	UM	UNIT PRICE	AMOUNT
575D	Mileage - 1 Way				70	Miles	5.00	350.00
578D-L	Pump Charge - Long String				1	Job	1,300.00	1,300.00
290	D-Air				2	Gallon(s)	42.00	84.00T
280	Flocheck 21				500	Gallon(s)	3.50	1,750.00T
221	Liquid KCL (Clayfix)				2	Gallon(s)	25.00	50.00T
325	Standard Cement				225	Sacks	13.00	2,925.00T
284	Calseal				11	Sack(s)	35.00	385.00T
283	Salt				1,200	Lb(s)	0.20	240.00T
292	Halad 322				100	Lb(s)	8.00	800.00T
277	Gilsonite (Coal Seal)				1,575	Lb(s)	0.85	1,338.75T
276	Flocele				57	Lb(s)	2.50	142.50T
419-4	4 1/2" Rotating Head Rental				1	Each	200.00	200.00T
581D	Service Charge Cement				225	Sacks	1.75	393.75
583D	Drayage				881	Ton Miles	0.85	748.85
	Subtotal							10,707.85
	Sales Tax Scott County						8.50%	672.80
We Appreciate Your Business!							Total	\$11,380.65

RECEIVED
FEB 01 2019

*502-5
DH*

DW



Services, Inc.

TICKET 27453

CHARGE TO: Shakespeare Oil Co
 ADDRESS _____
 CITY, STATE, ZIP CODE _____

PAGE 1 OF _____

SERVICE LOCATIONS: 1. Hays Ks 2. Ness City Ks

WELL/PROJECT NO.: 1-5 LEASE: Shawnee own COUNTY/PARISH: Scott STATE: Ks DATE: 1-25-19 OWNER: _____

TICKET TYPE: SERVICE SALES CONTRACTOR: Southwind Drilling RIG NAME/NO.: _____ ORDER NO.: _____

WELL TYPE: Oil WELL CATEGORY: development JOB/PURPOSE: Long String DELIVERED TO: Location WELL PERMIT NO.: _____

WELL LOCATION: _____

PRICE REFERENCE	SECONDARY REFERENCE/ PART NUMBER	ACCOUNTING			DESCRIPTION	MILEAGE	QTY.			UNIT PRICE	AMOUNT
		LOC	ACCT	DF			QTY.	UM	QTY.		
575					1	1	1	1	1	350.00	350.00
598-DL					1	1	1	1	1	1300.00	1300.00
290					1	1	1	1	1	84.00	84.00
280					1	1	1	1	1	1750.00	1750.00
281					1	1	1	1	1	50.00	50.00
325					2	2	2	2	2	2925.00	2925.00
284					2	2	2	2	2	385.00	385.00
283					2	2	2	2	2	240.00	240.00
292					2	2	2	2	2	800.00	800.00
277					2	2	2	2	2	1338.75	1338.75
206					2	2	2	2	2	142.50	142.50
414					1	1	1	1	1	200.00	200.00

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

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

SWIFT OPERATOR: David Edgerton APPROVAL: _____

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

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

SURVEY: OUR EQUIPMENT PERFORMED WITHOUT BREAKDOWN? WE UNDERSTOOD AND MET YOUR NEEDS? OUR SERVICE WAS PERFORMED WITHOUT DELAY? WE OPERATED THE EQUIPMENT AND PERFORMED JOB CALCULATIONS SATISFACTORILY? ARE YOU SATISFIED WITH OUR SERVICE? CUSTOMER DID NOT WISH TO RESPOND

PAGE TOTAL: 11 TOTAL: 11350.05

SWIFT TAX# 8510 1090785

Thank You!

JOB LOG

SWIFT Services, Inc.

7-25-19

DATE ~~7-24-19~~

PAGE NO.

CUSTOMER Shakespeare WELL NO. 1-7 LEASE SCHWARTZ OWIND JOB TYPE Long String TICKET NO. 27453

CHART NO.	TIME	RATE (BPM)	VOLUME (BBL) (GAL)	PUMPS		PRESSURE (PSI)		DESCRIPTION OF OPERATION AND MATERIALS
				T	C	TUBING	CASING	
	1530							On location
								RTD - 4750 TOTAL Pipe - 4752' Shoe - 39' @ 4713 Port Collar - 2405
	1740							Break Circ on Bottom
	1840	5	15			480		Pump Kill Spacer
		5	12			400		Pump Flocheck 21-500 Gal
		5	5			400		Pump Kill Spacer
	1850	2.5	8			0		Plug rat hole - 30 sks
		2.5	6			0		Plug mouse hole - 20 sks
	1900	5	42			350		Pump Cmt - 175 sks @ 15.5 ^{ppg}
	1915							Drop plug - Wash P & L
	1920	6.25	0			150		Start Disp
	1930	6.25	75			1100		land Plug - lift psi - 1100* land psi - 1600*
	1935							Release Psi - Dry
								JOB Complete
								Thanks David Zach & Kirby

SWIFT



Services, Inc.

P. O. Box 466
Ness City, KS 67560
Off: 785-798-2300



Invoice

DATE	INVOICE #
2/5/2019	32000

BILL TO
Shakespeare Oil Company, Inc 202 West Main Street Salem, IL 62881

- Acidizing
- Cement
- Tool Rental

INT

TERMS	Well No.	Lease	County	Contractor	Well Type	Well Category	Job Purpose	Operator
Net 30	#1-7	Schowalter	Scott	Cheyenne	Oil	Development	Cement Port Collar	Blaine
PRICE REF.	DESCRIPTION				QTY	UM	UNIT PRICE	AMOUNT
575D	Mileage - 1 Way				80	Miles	5.00	400.00
576W-D	Pump Charge - Deep Surface (> 500 Ft.) & Port Collars				1	Job	1,300.00	1,300.00T
330	Swift Multi-Density Standard (MIDCON II)				825	Sacks	16.25	13,406.25T
276	Flocele				200	Lb(s)	2.50	500.00T
290	D-Air				5	Gallon(s)	42.00	210.00T
275	Cotton Seed Hulls				8	Sack(s)	30.00	240.00T
581D	Service Charge Cement				825	Sacks	1.75	1,443.75
583D	Drayage				3,283.84	Ton Miles	0.85	2,791.26
	Subtotal							20,291.26
	Sales Tax Scott County						8.50%	1,330.78

RECEIVED

FEB 11 2019

SOA-5
DH

We Appreciate Your Business!

Total

\$21,622.04

DW



CHARGE TO: Shakespeare
 ADDRESS _____
 CITY, STATE, ZIP CODE _____

PAGE 1 OF 1

TICKET 032000

SERVICE LOCATIONS: 1000 City, KS

WELL/PROJECT NO: 1-1 LEASE: Schwabbe owned COUNTY/PARISH: Scott STATE: KS DATE: 5 Feb 19 OWNER: _____

TICKET TYPE: SERVICE SALES CONTRACTOR: _____ RIG NAME/NO: _____ SHIPPED: YES DELIVERED TO: Beaton ORDER NO.: _____

WELL TYPE: 01 WELL CATEGORY: Drilling JOB PURPOSE: Drill part collar WELL PERMIT NO.: _____ WELL LOCATION: _____

INVOICE INSTRUCTIONS: _____

PRICE REFERENCE	SECONDARY REFERENCE/ PART NUMBER	ACCOUNTING			DESCRIPTION	QTY.	U/M	QTY.	U/M	UNIT PRICE	AMOUNT
		LOC	ACCT	DF							
575					MILEAGE	80	mi			5.00	400.00
576D					Pump Charge	1	ea			1300.00	1300.00
330					SMD cement	875	sl			16.35	13406.25
976					Archie	200	lb			2.50	500.00
290					D-AR	5	gal			42.00	210.00
581					Source charge	350	sk			1.75	612.50
583					Drainage	8205	lb			0.85	6971.25
875					collar seal holes	8	sl			30.00	240.00

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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 _____ 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?				20291.25
WE UNDERSTOOD AND MET YOUR NEEDS?				
OUR SERVICE WAS PERFORMED WITHOUT DELAY?				
WE OPERATED THE EQUIPMENT AND PERFORMED JOB CALCULATIONS SATISFACTORILY?				
ARE YOU SATISFIED WITH OUR SERVICE?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Staff TAX 85.10
CUSTOMER DID NOT WISH TO RESPOND				1330.78
TOTAL				21622.04

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

SWIFT OPERATOR

APPROVAL

Ball

Thank You!

JOB LOG

SWIFT Services, Inc.

DATE 5 Feb 19 PAGE NO. 1

CUSTOMER *Shakespear* WELL NO. *1-7* LEASE *Schwalbe OW60* JOB TYPE *Cement post collar* TICKET NO. *32000*

CHART NO.	TIME	RATE (BPM)	VOLUME (BBL) (GAL)	PUMPS		PRESSURE (PSI)		DESCRIPTION OF OPERATION AND MATERIALS
				T	C	TUBING	CASING	
								<i>350sk SMD cement w/ 1/4" Floccle</i> <i>2 3/8 x 4 1/2 Post Collar - 2361'</i>
	<i>1150</i>							<i>on loc TRR 114</i>
	<i>1250</i>					<i>1000</i>	<i>1000</i>	<i>test to 1000 psi - hold</i>
	<i>1300</i>	<i>1 1/2</i>				<i>500</i>		<i>Mix SMD cement w/ 1/4" floccle</i>
		<i>2</i>	<i>13</i>			<i>400</i>		<i>premium casing down</i> <i>no blow</i> <i>11.2 ppg</i> <i>w/ holls</i>
		<i>3 1/2</i>	<i>20</i>			<i>400</i>		<i>blowing - 775 sk mixed</i>
<i>(15 min)</i>	<i>1330</i>	<i>3 1/2</i>	<i>33</i>			<i>400</i>		<i>lost blow shut down - 725 sk mixed</i>
	<i>1415</i>							<i>Mix SMD cement</i>
		<i>3</i>				<i>350</i>		<i>fluid to surface -</i>
<i>(15 min)</i>	<i>1430</i>							<i>low returns -</i>
								<i>shut down wait -</i>
	<i>1515</i>	<i>3</i>				<i>350</i>		<i>Mix SMD cement 11.2 ppg w/ holls</i>
								<i>fluid circ approx 1 bbl</i> <i>shut down</i> <i>775 sk mixed</i>
<i>(1 hour)</i>	<i>1555</i>							<i>wait</i>
	<i>1655</i>	<i>1 3/4</i>				<i>300</i>		<i>Mix SMD cement 11.2 ppg w/ holls</i>
								<i>no blow - (75 sk)</i>
<i>(20 min)</i>	<i>1720</i>							<i>1st bulk truck - empty - (38 sk so far)</i>
								<i>wait</i>
	<i>1805</i>		<i>69</i>			<i>300</i>		<i>Mix SMD cement @ 11.2 ppg w/ holls</i>
								<i>no blow (125 sk)</i>
								<i>VARY RATE (max 800 psi)</i>
<i>(12 min)</i>	<i>1830</i>							<i>wait</i>
	<i>2000</i>	<i>1 1/4</i>	<i>55</i>			<i>400</i>		<i>Mix SMD @ 11.2 ppg 100 sk w/ holls</i>
								<i>ting blow (occasional)</i>
	<i>2040</i>							<i>wait 2nd bulk truck empty (405 sk so far)</i>
	<i>2135</i>	<i>2</i>				<i>400</i>		<i>Mix SMD @ 11.2 w/ holls (250 sk w/ holls)</i>
			<i>120</i>			<i>1200</i>		<i>1200 mix - back to 900 psi</i>
						<i>500</i>		<i>holding at 500 psi</i>
	<i>2200</i>							<i>Displace 9 bbl H₂O</i>

CMC-A

JOB LOG

SWIFT Services, Inc.

DATE 5 Feb 19 PAGE NO. 2

CUSTOMER *Shakes Peace* WELL NO. *1-7* LEASE *Schweffelox owned* JOB TYPE *cement port collar* TICKET NO. *32000*

CHART NO.	TIME	RATE (BPM)	VOLUME (BBL) (GAL)	PUMPS		PRESSURE (PSI)		DESCRIPTION OF OPERATION AND MATERIALS
				T	C	TUBING	CASING	
								(8255k mixed)
	<i>6 Feb 0000</i>							<i>attempt to close port collar blowing fluid out tubing</i>
	<i>0250</i>							<i>test to 1000 holding pup to 800 - seem to be holding Run 3 joints</i>
						<i>900</i>	<i>900</i>	<i>Re-test to 1000 900 - holding everyone now confident port collar is closed</i>
	<i>0210</i>							<i>Reverse hole clean - no cement seen -</i>
	<i>0224</i>		<i>30</i>					<i>Rack up Pull 8 joints</i>
	<i>0250</i>							<i>Job complete</i>
								<i>→ NO cement to surface ← → 8255k ←</i>



P. O. Box 466
Ness City, KS 67560
Off: 785-798-2300



Invoice

DATE	INVOICE #
3/1/2019	32089

BILL TO
Shakespeare Oil Company, Inc 202 West Main Street Salem, IL 62881

- Acidizing
- Cement
- Tool Rental

INT

TERMS	Well No.	Lease	County	Contractor	Well Type	Well Category	Job Purpose	Operator
Net 30	#17	Schowalter	Scott	Wild West	Oil	Development	Cement Perfs to ...	Blaine
PRICE REF.	DESCRIPTION				QTY	UM	UNIT PRICE	AMOUNT
575D	Mileage - 1 Way				80	Miles	5.00	400.00
577D	Pump Charge - Shallow Squeeze (< 1500 Ft.)				1	Job	875.00	875.00
330	Swift Multi-Density Standard (MIDCON II)				140	Sacks	16.25	2,275.00T
276	Flocele				40	Lb(s)	2.50	100.00T
290	D-Air				1	Gallon(s)	42.00	42.00T
583D	Drayage				1,194.12	Ton Miles	0.85	1,015.00
581D	Service Charge Cement				300	Sacks	1.75	525.00
288	Sand (20/40 Brady)				1	Sack(s)	22.00	22.00T
	Subtotal							5,254.00
	Sales Tax Scott County						8.50%	207.32

RECEIVED
MAR 08 2019

*502-5
DIX*

We Appreciate Your Business!

Total

\$5,461.32

DW



CHARGE TO: Shakespeare
 ADDRESS _____
 CITY, STATE, ZIP CODE _____

PAGE 1 OF 1

TICKET 032089

SERVICE LOCATIONS: Lev City, KS

WELL/PROJECT NO. 1-1 LEASE Schneider COUNTY/PARISH Scott STATE KS CITY Scott City DATE 1 MAR 19 OWNER _____

TICKET TYPE SERVICE SALES CONTRACTOR _____ RIG NAME/NO. _____ SHIPPED VBT DELIVERED TO location ORDER NO. _____

WELL TYPE Oil WELL CATEGORY well west JOB PURPOSE concrete to surface WELL PERMIT NO. _____ WELL LOCATION _____

REFERRAL LOCATION _____ INVOICE INSTRUCTIONS _____

PRICE REFERENCE	SECONDARY REFERENCE/ PART NUMBER	ACCOUNTING		DESCRIPTION	MILEAGE	QTY.	U/M	QTY.	U/M	UNIT PRICE	AMOUNT	
		LOC	ACCT									DF
575				TRK 14		80	lbs			5.00	400.00	
577				Pipe Charge		1	0			875.00	875.00	
330				SWD cement		140	lb			16.35	2275.00	
216				Flare		40	lb			2.50	100.00	
240				D-AR		1	gal			42.00	42.00	
583				Dryer		20833	lb		1194.12	TM	0.45	1015.00
581				Surface charge		300	sk			1.75	525.00	
288				SAND		15K				22.00	22.00	

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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 _____ 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
OUR EQUIPMENT PERFORMED WITHOUT BREAKDOWN?			
WE UNDERSTOOD AND MET YOUR NEEDS?			
OUR SERVICE WAS PERFORMED WITHOUT DELAY?			
WE OPERATED THE EQUIPMENT AND PERFORMED JOB CALCULATIONS SATISFACTORILY?			
ARE YOU SATISFIED WITH OUR SERVICE?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
<input type="checkbox"/> CUSTOMER DID NOT WISH TO RESPOND			

PAGE TOTAL 5854.00

TOTAL 5741.32

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

SWIFT OPERATOR _____

APPROVAL _____

Thank You!

JOB LOG

SWIFT Services, Inc.

DATE 1 MAR 19 PAGE NO. 1

CUSTOMER Shakespeare WELL NO. 1-1 LEASE Schwabert JOB TYPE cement puffs to surface TICKET NO. 32089

CHART NO.	TIME	RATE (BPM)	VOLUME (BBL) (GAL)	PUMPS		PRESSURE (PSI)		DESCRIPTION OF OPERATION AND MATERIALS
				T	C	TUBING	CASING	
								300 SKS SAND cement w/ 1/4" Floccs 2 3/4" perforation - 980' RBP - 3718 packer test spot 3681' packer to cement - 852'
	1100							on loc TRK 114 perforate 980'
	1120							Run tubing to 3718
	1230		67			1000		lead casing - 67 bbl - [test to 200 psi]
			10					spot 1 sk sand [held]
	1150							pull tools set packer @ 852'
	1420		1 1/2			300		lead BS 300' psi - shut in
	1427	3	2			200		inj rate 2 bpm @ 200 psi - blowing
	1435	2				200		Mix SMD cement @ 11/2 ppg
		2	3			200		- circ fluid to pit
	1	2	75			350		← cement to surface → { 140 sk w/ 10 to pit }
	1505	3/4				200		shut valves to 8 3/8
		3/4	3 1/2			300		Displace packer clear
		3/4	4 3/4			350		shut down - holding 350 psi
								shut in 2 3/8 w/ 350 psi
	1520							Release pressure on BS wash truck
	1600							Back up job complete Flack Blaine, Flint & Spindler