

Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION

Form ACO-1

January 2018

Form must be Typed

Form must be Signed

All blanks must be Filled

WELL COMPLETION FORM
WELL HISTORY - DESCRIPTION OF WELL & LEASE

OPERATOR: License # _____

Name: _____

Address 1: _____

Address 2: _____

City: _____ State: _____ Zip: _____ + _____

Contact Person: _____

Phone: (_____) _____

CONTRACTOR: License # _____

Name: _____

Wellsite Geologist: _____

Purchaser: _____

Designate Type of Completion:

New Well Re-Entry Workover

Oil WSW SWD

Gas DH EOR

OG GSW

CM (Coal Bed Methane)

Cathodic Other (Core, Expl., etc.): _____

If Workover/Re-entry: Old Well Info as follows:

Operator: _____

Well Name: _____

Original Comp. Date: _____ Original Total Depth: _____

Deepening Re-perf. Conv. to EOR Conv. to SWD

Plug Back Liner Conv. to GSW Conv. to Producer

Commingled Permit #: _____

Dual Completion Permit #: _____

SWD Permit #: _____

EOR Permit #: _____

GSW Permit #: _____

Spud Date or Date Reached TD Completion Date or Recompletion Date

API No.: _____

Spot Description: _____

_____ - _____ - _____ Sec. _____ Twp. _____ S. R. _____ East West

_____ Feet from North / South Line of Section

_____ Feet from East / West Line of Section

Footages Calculated from Nearest Outside Section Corner:

NE NW SE SW

GPS Location: Lat: _____, Long: _____
(e.g. xx.xxxxx) (e.g. -xxx.xxxxx)

Datum: NAD27 NAD83 WGS84

County: _____

Lease Name: _____ Well #: _____

Field Name: _____

Producing Formation: _____

Elevation: Ground: _____ Kelly Bushing: _____

Total Vertical Depth: _____ Plug Back Total Depth: _____

Amount of Surface Pipe Set and Cemented at: _____ Feet

Multiple Stage Cementing Collar Used? Yes No

If yes, show depth set: _____ Feet

If Alternate II completion, cement circulated from: _____

feet depth to: _____ w/ _____ sx cmt.

Drilling Fluid Management Plan

(Data must be collected from the Reserve Pit)

Chloride content: _____ ppm Fluid volume: _____ bbls

Dewatering method used: _____

Location of fluid disposal if hauled offsite:

Operator Name: _____

Lease Name: _____ License #: _____

Quarter _____ Sec. _____ Twp. _____ S. R. _____ East West

County: _____ Permit #: _____

AFFIDAVIT

I am the affiant and I hereby certify that all requirements of the statutes, rules and regulations promulgated to regulate the oil and gas industry have been fully complied with and the statements herein are complete and correct to the best of my knowledge.

Submitted Electronically

KCC Office Use ONLY

Confidentiality Requested

Date: _____

Confidential Release Date: _____

Wireline Log Received Drill Stem Tests Received

Geologist Report / Mud Logs Received

UIC Distribution

ALT I II III Approved by: _____ Date: _____

Operator Name: _____ Lease Name: _____ Well #: _____

Sec. _____ Twp. _____ S. R. _____ East West County: _____

INSTRUCTIONS: Show important tops of formations penetrated. Detail all cores. Report all final copies of drill stems tests giving interval tested, time tool open and closed, flowing and shut-in pressures, whether shut-in pressure reached static level, hydrostatic pressures, bottom hole temperature, fluid recovery, and flow rates if gas to surface test, along with final chart(s). Attach extra sheet if more space is needed.

Final Radioactivity Log, Final Logs run to obtain Geophysical Data and Final Electric Logs must be emailed to kcc-well-logs@kcc.ks.gov. Digital electronic log files must be submitted in LAS version 2.0 or newer AND an image file (TIFF or PDF).

Drill Stem Tests Taken <input type="checkbox"/> Yes <input type="checkbox"/> No <i>(Attach Additional Sheets)</i> Samples Sent to Geological Survey <input type="checkbox"/> Yes <input type="checkbox"/> No Cores Taken <input type="checkbox"/> Yes <input type="checkbox"/> No Electric Log Run <input type="checkbox"/> Yes <input type="checkbox"/> No Geologist Report / Mud Logs <input type="checkbox"/> Yes <input type="checkbox"/> No List All E. Logs Run: _____	<input type="checkbox"/> Log Formation (Top), Depth and Datum <input type="checkbox"/> Sample Name Top Datum
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CASING RECORD <input type="checkbox"/> New <input type="checkbox"/> Used							
Report all strings set-conductor, surface, intermediate, production, etc.							
Purpose of String	Size Hole Drilled	Size Casing Set (In O.D.)	Weight Lbs. / Ft.	Setting Depth	Type of Cement	# Sacks Used	Type and Percent Additives

ADDITIONAL CEMENTING / SQUEEZE RECORD				
Purpose:	Depth Top Bottom	Type of Cement	# Sacks Used	Type and Percent Additives
<input type="checkbox"/> Perforate <input type="checkbox"/> Protect Casing <input type="checkbox"/> Plug Back TD <input type="checkbox"/> Plug Off Zone				

1. Did you perform a hydraulic fracturing treatment on this well? Yes No *(If No, skip questions 2 and 3)*
2. Does the volume of the total base fluid of the hydraulic fracturing treatment exceed 350,000 gallons? Yes No *(If No, skip question 3)*
3. Was the hydraulic fracturing treatment information submitted to the chemical disclosure registry? Yes No *(If No, fill out Page Three of the ACO-1)*

Date of first Production/Injection or Resumed Production/Injection:	Producing Method: <input type="checkbox"/> Flowing <input type="checkbox"/> Pumping <input type="checkbox"/> Gas Lift <input type="checkbox"/> Other <i>(Explain)</i> _____				
Estimated Production Per 24 Hours	Oil Bbls.	Gas Mcf	Water Bbls.	Gas-Oil Ratio	Gravity

DISPOSITION OF GAS: <input type="checkbox"/> Vented <input type="checkbox"/> Sold <input type="checkbox"/> Used on Lease <i>(If vented, Submit ACO-18.)</i>	METHOD OF COMPLETION: <input type="checkbox"/> Open Hole <input type="checkbox"/> Perf. <input type="checkbox"/> Dually Comp. <input type="checkbox"/> Commingled <i>(Submit ACO-5)</i> <i>(Submit ACO-4)</i>	PRODUCTION INTERVAL: Top _____ Bottom _____
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Shots Per Foot	Perforation Top	Perforation Bottom	Bridge Plug Type	Bridge Plug Set At	Acid, Fracture, Shot, Cementing Squeeze Record <i>(Amount and Kind of Material Used)</i>

TUBING RECORD:	Size:	Set At:	Packer At:	
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Surface casing

HURRICANE SERVICES INC

Remit To: Hurricane Services, Inc.
250 N. Water, Suite 200
Wichita, KS 67202
316-303-9515

CC

WF

Customer:
BEREXCO LLC
2020 N BRAMBLEWOOD
WICHITA, KS 67206-1094

Invoice Date: 5/5/2021
Invoice #: 0352858
Lease Name: Smith
Well #: 3-34 (New)
County: Comanche, Ks
Job Number: WP1359
District: Pratt

Date/Description	HRS/QTY	Rate	Total
Surface	0.000	0.000	0.00
H-Lite	150.000	11.700	1,755.00
Cement Class A	250.000	15.300	3,825.00
Calcium Chloride	863.000	0.675	582.53
Cello Flake	102.000	1.575	160.65
8 5/8" Flapper insert valve	1.000	337.500	337.50
8 5/8" Top rubber plug	1.000	157.500	157.50
8 5/8" Centralizer x 12 1/4"	3.000	81.000	243.00
Light Eq Mileage	45.000	1.800	81.00
Heavy Eq Mileage	45.000	3.600	162.00
Ton Mileage	824.000	1.350	1,112.40
Cement Pump Service	1.000	990.000	990.00
Cement Plug Container	1.000	225.000	225.00

M BCP

Total 9,631.58

TERMS: Net 30 days. Interest may be charged on past due invoice at rate of 1 1/2% per month or maximum allowed by applicable state or federal laws. HSI has right to revoke any discounts applied in arriving at net invoice price if invoice is past due. If revoked, full invoice price without discount plus additional sales tax, as applicable, is due immediately and subject to interest charges. Customer agrees to pay all collection costs directly or indirectly incurred by HSI in the event HSI engages a third party to pursue collection of past due invoice.

SALES TAX: Services performed on oil, gas and water wells in Kansas are subject to sales tax, with certain exceptions. HSI relies on the well information provided by the customer in identifying whether the services performed on wells qualify for exemption.

WE APPRECIATE YOUR BUSINESS!

Hurricane Services, Inc.
 250 N. Water St., Suite #200
 Wichita, KS 67202



Customer	Borexco LLC	Lease & Well #	Smith 3-34	Date	5/5/2021
Service District	Pratt Kansas	County & State	Comanche	Legals S/T/R	34 30s 18w
Job Type	Surface	<input checked="" type="checkbox"/> PROD <input type="checkbox"/> INJ	<input type="checkbox"/> SWD	New Well?	<input checked="" type="checkbox"/> YES <input type="checkbox"/> No
Equipment #	Driver	Job Safety Analysis - A Discussion of Hazards & Safety Procedures			
916	M Brungardt	<input checked="" type="checkbox"/> Hard hat	<input checked="" type="checkbox"/> Gloves	<input type="checkbox"/> Lockout/Tagout	<input type="checkbox"/> Warning Signs & Flagging
179/622	R Osborn	<input checked="" type="checkbox"/> H2S Monitor	<input checked="" type="checkbox"/> Eye Protection	<input type="checkbox"/> Required Permits	<input type="checkbox"/> Fall Protection
181/532	R Gilley	<input checked="" type="checkbox"/> Safety Footwear	<input type="checkbox"/> Respiratory Protection	<input checked="" type="checkbox"/> Slip/Trip/Fall Hazards	<input type="checkbox"/> Specific Job Sequence/Expectations
		<input checked="" type="checkbox"/> FRC/Protective Clothing	<input checked="" type="checkbox"/> Additional Chemical/Acid PPE	<input checked="" type="checkbox"/> Overhead Hazards	<input type="checkbox"/> Muster Point/Medical Locations
		<input type="checkbox"/> Hearing Protection	<input checked="" type="checkbox"/> Fire Extinguisher	<input type="checkbox"/> Additional concerns or issues noted below	
Comments					

Product/Service Code	Description	Unit of Measure	Quantity	Net Amount
cp050	H-Lite	sack	150.00	\$1,755.00
cp010	Class A Cement	sack	250.00	\$3,625.00
cp100	Calcium Chloride	lb	653.00	\$582.53
cp120	Cello-flake	lb	102.00	\$160.65
fc275	8 5/8" AFU Flapper Insert Valve	ea	1.00	\$337.50
fc285	8 5/8" Rubber Plug	ea	1.00	\$157.50
fc250	8 5/8" Centralizer	ea	3.00	\$243.00
m015	Light Equipment Mileage	mi	45.00	\$81.00
m010	Heavy Equipment Mileage	mi	45.00	\$162.00
m020	Ton Mileage	lm	524.00	\$1,112.40
cp011	Cement Pump Service	ea	1.00	\$990.00
cp050	Cement Plug Container	job	1.00	\$225.00

Customer Section: On the following scale how would you rate Hurricane Services Inc.?

Based on this job, how likely is it you would recommend HSI to a colleague?

1 2 3 4 5 6 7 8 9 10 Extremely Likely

Total Taxable	\$ -	Tax Rate:		Net:	\$9,631.58
State tax laws deem certain products and services used on new wells to be sales tax exempt. Hurricane Services relies on the customer provided well information above to make a determination if services and/or products are tax exempt.				Sale Tax:	\$ -
				Total:	\$ 9,631.58

HSI Representative: *Mark Brungardt*

TERMS: Cash in advance unless Hurricane Services Inc. (HSI) has approved credit prior to sale. Credit terms of sale for approved accounts are total invoice due on or before the 30th day from the date of invoice. Past due accounts shall pay interest on the balance past due at the rate of 1 1/2% per month or the maximum allowable by applicable state or federal laws. In the event it is necessary to employ an agency and/or attorney to effect the collection, Customer hereby agrees to pay all fees directly or indirectly incurred for such collection. In the event that Customer's account with HSI becomes delinquent, HSI has the right to revoke any discounts previously applied in arriving at net invoice price. Upon revocation, the full invoice price without discount is immediately due and subject to collection. Prices quoted are estimates only and are good for 30 days from the date of issue. Pricing does not include federal, state, or local taxes, or royalties and stated price adjustments. Actual charges may vary depending upon time, equipment, and material ultimately required to perform these services. Any discount is based on 30 days net payment terms or cash. **DISCLAIMER NOTICE:** Technical data is presented in good faith, but no warranty is stated or implied. HSI assumes no liability for advice or recommendations made concerning the results from the use of any product or service. The information presented is a best estimate of the actual results that may be achieved and should be used for comparison purposes and HSI makes no guarantee of future production performance. Customer represents and warrants that well and all associated equipment in acceptable condition to receive services by HSI. Likewise, the customer guarantees proper operational care of all customer owned equipment and property while HSI is on location performing services. The authorization below acknowledges the receipt and acceptance of all terms/conditions stated above, and Hurricane has been provided accurate well information in determining taxable services.

x *Jim Osborn* CUSTOMER AUTHORIZATION SIGNATURE

MAY 27 2021 **Invoice**

FRANKS Oilfield Service, LLC

815 Main Street
Victoria, KS 67671

Office (785) 639-3949
24 Hour Service Line (785) 639-7269

Email: franksoilfield@yahoo.com

Date	Invoice #
5/10/2021	0318

Please Pay from this Invoice.
Remit Payment to:
815 Main Street
Victoria, KS 67671
Billing Questions-Call Tianna at
(785) 639-3949

Bill To
Berexco, LLC 800 Commerce Pkwy #A Hays, KS 67601

WF

Plugging

County/State	Lease/Well#	Terms	Job Type
Kiowa Co., KS	Smith 3-34	Net 30	PTA

Description	Quantity	Rate	Amount
Pump Charge	1	1,500.00	1,500.00
Mileage	50	6.50	325.00
9.35 tons at 50 miles	467.5	1.50	701.25
60/40 4% gel 1/4# floseal	210	16.25	3,412.50T
30% Discount		-1,781.63	-1,781.63

Thank you!

MM PTA

Accounts Due Net 10th. 1-1/2% Per Month on all Past Due Accounts. 18% Annual Rate.	Subtotal	\$4,157.12
<i>We appreciate your business and look forward to serving you again!</i>	Sales Tax (8.5%)	\$203.04
	Balance Due	\$4,360.16

FRANKS Oilfield Service

◆ 815 Main Street Victoria, KS 67671 ◆ 24 Hour Phone (785) 639-7269
 ◆ Office Phone (785) 639-3949 ◆ Email: franksoilfield@yahoo.com

KET NUMBER 0318
 LOCATION Victoria
 FOREMAN Miles Shaw

FIELD TICKET & TREATMENT REPORT CEMENT

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
5/16/21		Smith 3-34	34	30S	18W	Woods

CUSTOMER Belexco
 MAILING ADDRESS _____
 CITY _____ STATE _____ ZIP CODE _____

TRUCK #	DRIVER	TRUCK #	DRIVER
101	Miles		
	Kain		

JOB TYPE PTA HOLE SIZE 7 7/8 HOLE DEPTH 3424' CASING SIZE & WEIGHT _____
 CASING DEPTH _____ DRILL PIPE 4.5" TUBING _____ OTHER _____
 SLURRY WEIGHT 13.7 SLURRY VOL 1.4 WATER gal/sk _____ CEMENT LEFT in CASING _____
 DISPLACEMENT _____ DISPLACEMENT PSI _____ MIX PSI _____ RATE _____

REMARKS: Safety meeting & Rig up on Duke about 10:00 AM
1st plug 80 sk @ 1040'
2nd plug 50 sk @ 400'
3rd plug Circulate cement @ 100' 30 SK
RH 30 sk MH 20 sk

Thanks Miles & crew

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
PC005	1	PUMP CHARGE	1500.00	1500.00
Mile	52	MILEAGE	6.25	325.00
Mile	9.35 hrs	For Mileage of driver	1.50	701.25
CB007	210 sk	60/40 40 gal 7/8" pipe	16.25	3412.50
			Subtotal	5938.75
		LOSS 30% disc		1781.42
			Subtotal	4157.13
			SALES TAX	203.04
			ESTIMATED TOTAL	4,360.16

AUTHORIZATION Tim Drell TITLE _____ DATE _____

I acknowledge that the payment terms, unless specifically amended in writing on the front of the form or in the customer's account records, at our office, and conditions of service on the back of this form are in effect for services identified on this form.



HURRICANE SERVICES INC

Remit To: Hurricane Services, Inc.
250 N. Water, Suite 200
Wichita, KS 67202
316-303-9515

Customer:

BEREXCO LLC
2020 N BRAMBLEWOOD
WICHITA, KS 67206-1094

WF

Invoice Date: 5/12/2021
Invoice #: 0353021
Lease Name: Smith
Well #: 3-34 (New)
County:
Job Number: WP1386
District: Pratt

CC

Date/Description	HRS/QTY	Rate	Total
13 3/8" Conductor	0.000	0.000	0.00
Class C Cement	375.000	17.850	6,693.75
Calcium Chloride	1,059.000	0.637	675.11
Cello Flake	96.000	1.488	142.80
13 3/8" Centralizer	2.000	106.250	212.50
Light Eq Mileage	45.000	1.700	76.50
Heavy Eq Mileage	45.000	3.400	153.00
Ton Mileage	794.000	1.275	1,012.35
Cement Pump Service	1.000	637.500	637.50

M
BCA

Total 9,603.51

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WE APPRECIATE YOUR BUSINESS!



Customer	BEREXCO	Lease & Well #	SMITH 3-34	Date	5/12/2021	
Service District	PRATT, KS	County & State	KIOWA, KS	Legals S/T/R	34-30S-18W	
Job Type	13 3/8" CONDUCTOR PROD	<input type="checkbox"/> INJ	<input type="checkbox"/> SWD	New Well?	<input checked="" type="checkbox"/> YES <input type="checkbox"/> No	
Equipment #	Driver	Job Safety Analysis - A Discussion of Hazards & Safety Procedures				
75	LESLEY	<input checked="" type="checkbox"/> Hard hat	<input checked="" type="checkbox"/> Gloves	<input type="checkbox"/> Lockout/Tagout	<input type="checkbox"/> Warning Signs & Flagging	
176-521	McLAMORE	<input checked="" type="checkbox"/> H2S Monitor	<input checked="" type="checkbox"/> Eye Protection	<input type="checkbox"/> Required Permits	<input type="checkbox"/> Fall Protection	
181-532	(RH) TRAVINO	<input checked="" type="checkbox"/> Safety Footwear	<input type="checkbox"/> Respiratory Protection	<input checked="" type="checkbox"/> Slip/Trip/Fall Hazards	<input checked="" type="checkbox"/> Specific Job Sequence/Expectations	
		<input checked="" type="checkbox"/> FRC/Protective Clothing	<input type="checkbox"/> Additional Chemical/Acid PPE	<input type="checkbox"/> Overhead Hazards	<input type="checkbox"/> Muster Point/Medical Locations	
		<input checked="" type="checkbox"/> Hearing Protection	<input checked="" type="checkbox"/> Fire Extinguisher	<input type="checkbox"/> Additional concerns or issues noted below		
Comments						
13 3/8" CONDUCTOR PIPE						
Product/Service						
Code	Description	Unit of Measure	Quantity	Net Amount		
CP986	Class C Cement	sack	375.00	\$6,693.75		
CP100	Calcium Chloride	lb	1,559.00	\$675.11		
CP120	Cello-flake	lb	55.00	\$142.80		
FE540	13 3/8" Centralizer	ea	2.00	\$212.50		
M015	Light Equipment Mileage	mi	45.00	\$76.50		
M010	Heavy Equipment Mileage	mi	45.00	\$153.00		
M020	Ton Mileage	lm	754.00	\$1,012.35		
CG10	Cement Pump Service	ea	1.00	\$637.50		
Customer Section: On the following scale how would you rate Hurricane Services Inc.?				Net:	\$9,603.51	
Based on this job, how likely is it you would recommend HSI to a colleague?				Total Taxable \$	-	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Tax Rate:	-	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	State tax laws deem certain products and services used on new wells to be sales tax exempt. Hurricane Services relies on the customer provided well information above to make a determination if services and/or products are tax exempt.	Sale Tax:	\$ -
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		Total:	\$ 9,603.51
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	HSI Representative: <i>Kevin Lesley</i>		

TERMS: Cash in advance unless Hurricane Services Inc. (HSI) has approved credit prior to sale. Credit terms of sale for approved accounts are total invoice due on or before the 30th day from the date of invoice. Past due accounts shall pay interest on the balance past due at the rate of 1 1/2% per month or the maximum allowable by applicable state or federal laws. In the event it is necessary to employ an agency and/or attorney to affect the collection, Customer hereby agrees to pay all fees directly or indirectly incurred for such collection. In the event that Customer's account with HSI becomes delinquent, HSI has the right to revoke any discounts previously applied in arriving at net invoice price. Upon revocation, the full invoice price without discount is immediately due and subject to collection. Prices quoted are estimates only and are good for 30 days from the date of issue. Pricing does not include federal, state, or local taxes, or royalties and stated price adjustments. Actual charges may vary depending upon line, equipment, and material ultimately required to perform these services. Any discount is based on 30 days net payment terms or cash. **DISCLAIMER NOTICE:** Technical data is presented in good faith, but no warranty is stated or implied. HSI assumes no liability for advice or recommendations made concerning the results from the use of any product or service. The information presented is a best estimate of the actual results that may be achieved and should be used for comparison purposes and HSI makes no guarantee of future production performance. Customer represents and warrants that well and all associated equipment in acceptable condition to receive services by HSI. Likewise, the customer guarantees proper operational care of all customer owned equipment and property while HSI is on location performing services. The authorization below acknowledges the receipt and acceptance of all terms/conditions stated above, and Hurricane has been provided accurate well information in determining taxable services.

[Signature]
CUSTOMER AUTHORIZATION SIGNATURE



CEMENT TREATMENT REPORT

Customer: BEREXCO	Well: SMITH 3-34	Ticket: WP 1386
City, State:	County: KIOWA, KS	Date: 5/12/2021
Field Rep:	S-T-R: 34-30S-18W	Service: 13 3/8" CONDUCTOR

Downhole Information

Hole Size:	17 1/2 in
Hole Depth:	390 ft
Casing Size:	13 3/8 in 48#
Casing Depth:	385.33 ft
Tubing / Liner:	in
Plug Depth:	365.33 ft
Tool / Packer:	
Tool Depth:	ft
Displacement:	57.5 bbls

Calculated Slurry - Lead

Blend:	
Weight:	PPG
Water / Sk:	gal / sk
Yield:	ft ³ / sk
Annular Bbls / Ft:	bbs / ft.
Depth:	ft
Annular Volume:	0.0 bbls
Excess:	
Total Slurry:	0.0 bbls
Total Sacks:	0 sk

Calculated Slurry - Tail

Blend:	CLASS C CEMENT
Weight:	14.8 ppg
Water / Sk:	6.4 gal / sk
Yield:	1.35 ft ³ / sk
Annular Bbls / Ft:	bbs / ft.
Depth:	ft
Annular Volume:	0 bbls
Excess:	93%
Total Slurry:	90.0 bbls
Total Sacks:	375 sk

TIME	RATE	PSI	STAGE BBLs	TOTAL BBLs	REMARKS
8:00PM			-	-	ON LOCATION - SPOT EQUIPMENT AND RIG UP FOR JOB
9:00AM			-	-	RUN 9 JTS 13 3/8" X 48# CASING
			-	-	CENTRALIZERS- 2 AND 5
			-	-	LANDED WITH 8 5/8" LANDING JT
12:30AM			-	-	CASING ON BOTTOM
12:35AM			-	-	HOOK UP TO CASNG - BREAK CIRCULATION WITH RIG PUMP AND MUD
12:55AM	5.0	200.0	10.0	10.0	H2o AHEAD
12:58AM	5.0	100.0	90.0	100.0	MIX 375 SKS CLASS C CEMENT @ 14.8 PPG
1:17AM	5.0	-	-	100.0	START DISPLACEMENT
1:27AM	4.0	200.0	50.0	150.0	SLOW RATE
1:30AM	3.0	200.0	57.5	207.5	CEMENT @ DESIRED DEPTH
					CIRCULATION THRU JOB
					CIRCULATED 10 BBL TO PIT
1:45AM					WASH UP PUMP TRUCK
					JOB COMPLETE,
					THANKS- KEVEN AND CREW

CREW			UNIT	SUMMARY		
Cementer:	LESLEY		75	Average Rate	Average Pressure	Total Fluid
Pump Operator:	McLAMORE		176-521	4.4 bpm	140 psi	208 bbls
Bulk #1:	(RH) TRAVINO		181-532			
Bulk #2:						