

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 Recompletion Date \_\_\_\_\_ 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](mailto: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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**CONSOLIDATED**  
Oil Well Services, LLC

263349

TICKET NUMBER 44448  
LOCATION OAKLEY KS.  
FOREMAN DAMON MILLER

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

**FIELD TICKET & TREATMENT REPORT**  
**CEMENT**

KANSAS

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
10-21-13	2930	SELFRIDGE 1-11	11	18	28 W	LANE
CUSTOMER <b>FORESTAR</b>			SHEILDE E to RAINBOW 59 SW INTO			
MAILING ADDRESS			TRUCK #	DRIVER	TRUCK #	DRIVER
CITY			399	TIM W		
STATE			460	STEVEN		
ZIP CODE						

JOB TYPE SURFACE HOLE SIZE 12 1/4 HOLE DEPTH 219 CASING SIZE & WEIGHT 8 5/8 24#  
CASING DEPTH 210 DRILL PIPE \_\_\_\_\_ TUBING \_\_\_\_\_ OTHER \_\_\_\_\_  
SLURRY WEIGHT 14.8 SLURRY VOL \_\_\_\_\_ WATER gal/sk \_\_\_\_\_ CEMENT LEFT IN CASING 20'  
DISPLACEMENT 12.5 DISPLACEMENT PSI \_\_\_\_\_ MIX PSI \_\_\_\_\_ RATE \_\_\_\_\_

REMARKS: SAFETY MEETING RIG UP ON WW#8 HOOKED UP TO CIRCULATE MIXED 165 SKS COM 390 CC 290 GAL DISPLACED WITH 12.5 BAR OF H2O SHUT IN WASHED UP PUMP AND LINES RIGGED DOWN.

CEMENT DID CIRCULATE  
APPROX 4 BAR TO THE PIT.

THANK YOU DAMON & CREW

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401S	1	PUMP CHARGE	1150.00	1150.00 ✓
5406	35	MILEAGE	5.25	183.75 ✓
5407A	7.76	TON MILEAGE DELIVERY	1.75	475.30 ✓
1104S	165#	CLASS A CEMENT	18.55	3060.75 ✓
1102	465#	CALCIUM CHLORIDE	.94	437.10 ✓
1118B	310#	BETONITE	.27	83.70 ✓
				5390.60 ✓
			LESS 1690	539.66 ✓
			SUBTOTAL	4857.94 ✓
			7.15% SALES TAX	230.40 ✓
			ESTIMATED TOTAL	5082.00 ✓

**completed**

Ravin 3737

AUTHORIZATION [Signature] 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.



CHARGE TO: Talon Group

ADDRESS

CITY, STATE, ZIP CODE

TICKET 033325

PAGE 1 OF 2

1. SERVICE LOCATIONS <u>Ness City, KS</u>	WELL/PROJECT NO. <u>1-11 OWWO</u>	LEASE <u>Selfridge</u>	COUNTY/PARISH <u>LANE</u>	STATE <u>KS</u>	CITY <u>Dighton</u>	DATE <u>8-13-2020</u>	OWNER
2.	TICKET TYPE <input checked="" type="checkbox"/> SERVICE <input type="checkbox"/> SALES	CONTRACTOR <u>Southwind</u>	RIG NAME/NO.	SHIPPED VIA <u>ACT</u>	DELIVERED TO <u>Location</u>	ORDER NO.	
3.	WELL TYPE <u>Oil</u>	WELL CATEGORY <u>Development</u>	JOB PURPOSE <u>Long String 4 1/2"</u>	WELL PERMIT NO.		WELL LOCATION <u>Dighton, 5-E, 1 1/2-N</u>	
4. REFERRAL LOCATION	INVOICE INSTRUCTIONS					<u>W-info</u>	

PRICE REFERENCE	SECONDARY REFERENCE/ PART NUMBER	ACCOUNTING			DESCRIPTION	QTY.		U/M		UNIT PRICE	AMOUNT
		LOC	ACCT	DF							
<u>575</u>		<u>1</u>			MILEAGE <u>Trk #112</u>			<u>30</u>	<u>MI</u>	<u>5.00</u>	<u>150.00</u>
<u>578</u>		<u>1</u>			<u>Pump Charge - Long string</u>			<u>1</u>	<u>job</u>	<u>1400.00</u>	<u>1400.00</u>
<u>281</u>		<u>1</u>			<u>Mud Flush</u>			<u>500</u>	<u>gal</u>	<u>1.50</u>	<u>750.00</u>
<u>221</u>		<u>1</u>			<u>Liquid KCL</u>			<u>2</u>	<u>gal</u>	<u>25.00</u>	<u>50.00</u>
<u>290</u>		<u>1</u>			<u>D-Air</u>			<u>3</u>	<u>gal</u>	<u>42.00</u>	<u>126.00</u>
<u>419</u>		<u>1</u>			<u>Rotating Head Rental</u>		<u>4 1/2 in</u>	<u>1</u>	<u>ea</u>	<u>250.00</u>	<u>250.00</u>
<u>581</u>		<u>1</u>			<u>CMT Service Charge</u>			<u>225</u>	<u>sls</u>	<u>1.85</u>	<u>416.25</u>
<u>583</u>		<u>1</u>			<u>Drayage</u>			<u>25.175</u>	<u>lbs</u>	<u>0.95</u>	<u>359.10</u>

LEGAL TERMS: Customer hereby acknowledges and agrees to the terms and conditions on the reverse side hereof which include, but are not limited to, PAYMENT, RELEASE, INDEMNITY, and LIMITED WARRANTY provisions.

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

**X**

DATE SIGNED 8-13-2020 TIME SIGNED 3:30  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?				PAGE TOTAL	<u>1</u> <u>3521</u> <u>35</u>
WE UNDERSTOOD AND MET YOUR NEEDS?				<u>2</u>	<u>7571</u> <u>25</u>
OUR SERVICE WAS PERFORMED WITHOUT DELAY?				<u>102 Disc</u>	<u>11072</u> <u>60</u>
WE OPERATED THE EQUIPMENT AND PERFORMED JOB CALCULATIONS SATISFACTORILY?				<u>INT</u>	<u>-1107</u> <u>26</u>
ARE YOU SATISFIED WITH OUR SERVICE?	<input type="checkbox"/> YES	<input type="checkbox"/> NO		TAX	<u>9965</u> <u>34</u>
<input type="checkbox"/> CUSTOMER DID NOT WISH TO RESPOND				<u>Line</u>	<u>590</u> <u>44</u>
				TOTAL	<u>10555</u> <u>78</u>

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

SWIFT OPERATOR Yudman Fuchs

APPROVAL Frank J. Rose

Thank You!



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

TICKET CONTINUATION

TICKET No. 033325

CUSTOMER *Talon Group* WELL *Selfridge 1-11 (COW)* DATE *8-13-2020* PAGE *2* OF *2*

PRICE REFERENCE	SECONDARY REFERENCE/ PART NUMBER	ACCOUNTING			TIME	DESCRIPTION	QTY		U/M		UNIT PRICE	AMOUNT
		LOC	ACCT	DF			QTY	U/M	QTY	U/M		
325		1				Standard CMT	225	SKS			13.50	3037.50
284		1				Calseal	11	SKS			40.00	440.00
283		1				Salt	1100	LBS			0.25	275.00
292		1				HALAD-322	200	LBS			8.50	1700.00
277		1				GILSONITE	1575	LBS			1.25	1968.75
276		1				Floceek	50	LBS			3.00	150.00
						SERVICE CHARGE						
						CUBIC FEET						
						MILEAGE CHARGE						
						TOTAL WEIGHT						
						LOADED MILES						
						TON MILES						

CONTINUATION TOTAL **7571.25**

JOB LOG

SWIFT Services, Inc.

DATE 8-13-2020 PAGE NO. 1

CUSTOMER		WELL NO.		LEASE		JOB TYPE		TICKET NO.	
Talon Group		1-11 Ocular		Selfridge		Long String 4 1/2"		033325	
CHART NO.	TIME	RATE (BPM)	VOLUME (BBL) (GAL)	PUMPS		PRESSURE (PSI)		DESCRIPTION OF OPERATION AND MATERIALS	
				T	C	TUBING	CASING		
	1330							ON Location 4 1/2" 11.6.16/19	
								RTD: 4670 TP: 4668' PC: 2057'	
	1400	6 1/2	12		✓	350	Pump	500 gal Mud Flush	
		6 1/2	20		✓	350	Pump	20 bbl KCL Spacer	
	1405	2	12		✓	0	Plug	RH + MH [30,20]	
	1410	4	54		✓	200	Mix	Remaining 175 sks of EA-2 CMT @ 15.36 ppg	
	1420							Wash out P+L - Drop Latch down Plug	
	1425	6 1/2	0		✓	200	Start	Displacement	
		6 1/2	55		✓	350	Lift	Pressure	
		6 1/2	71		✓	600	Max	Lift Pressure	
	1440	0	72		✓	1600	LAND	Latch down Plug - Release Pressure * Hold *	
	1445							Wash up Trk #112	
	1520							Job Complete	
								225 sks of EA-2 CMT used	
								Thanks!	
								Gideon, Preston, Isaac	

# QUALITY OILWELL CEMENTING, INC.

Federal Tax I.D.# 20-2886107

Phone 785-483-1071  
Cell 785-324-1041

Home Office P.O. Box 32 Russell, KS 67665

No. 2119

Date	10-16-20	Sec.	Twp.	Range	County	State	On Location	Finish
					Lane	KS		6:30 PM
					Location Dighton SE Pawnee Rd 1/2 Winto			
Lease	Selfrigel		Well No.	1-11 0WVO		Owner		
Contractor	Chryenne					To Quality Oilwell Cementing, Inc.		
Type Job	Port Collar					You are hereby requested to rent cementing equipment and furnish cementer and helper to assist owner or contractor to do work as listed.		
Hole Size	7 7/8	T.D.				Charge To	Taken Group	
Csg.	4 1/2	Depth				Street		
Tbg. Size	2 3/8	Depth				City	State	
Tool	Port Collar	Depth	2052		The above was done to satisfaction and supervision of owner agent or contractor.			
Cement Left in Csg.		Shoe Joint				Cement Amount Ordered 450 80/20 QMDC 1/4 # F10		
Meas Line		Displace	6 BL		10 gal + 500# Hulls 2 sand			
<b>EQUIPMENT</b>					Common 450 80/40 QMDC			
Pumptrk	20	No.	Cement	Craig		Poz. Mix		
			Helper					
Bulktrk		No.	Driver	Tim		Gel. 10		
			Driver			Calcium		
Bulktrk	19	No.	Driver	Doug		Hulls 500 # (10)		
			Driver			Salt		
<b>JOB SERVICES &amp; REMARKS</b>					Flowseal 125 lb			
Remarks:					Kol-Seal			
Rat Hole					Mud CLR 48.			
Mouse Hole					CFL-117 or CD110 CAF 38			
Centralizers					Sand 2			
Baskets					Handling 473			
D/V or Port Collar					Mileage			
Phug @ 3823 Test to 1200'					<b>FLOAT EQUIPMENT</b>			
Spot Sand @ 2084.					Guide Shoe			
Port Collar @ 2052. Spot 4 gal + open					Centralizer			
Port Collar & mix @ SIC & test.					Baskets			
Circulation mix @ 450 SIC & Displace.					AFU Inserts			
Cement did not circulate.					Float Shoe			
# Close Tool. Test to 800'					Latch Down			
Run 5 spots & wash clean.								
(Used) 450 80/40 10 gal 500# Hulls 2 sand								
					Pumptrk Charge port collar job			
					Mileage 25			
Thanks					Tax			
					Discount			
					Total Charge			
X Signature								



# PRESSURE AND TEMPERATURE VS TIME

Company: Larson Operating  
Location: Selfridge 1-11 OWWO  
Test Description: temp survey for cement  
Date: 10/18/2020  
Serial# 60529





CHARGE TO: TALON GROUP  
 ADDRESS:  
 CITY, STATE, ZIP CODE:

TICKET 033353

PAGE 1 OF 1

SERVICE LOCATIONS: N. Pace City, KS  
 WELL/PROJECT NO.: 1-11 LEASE: Self-lease COUNTY/PARISH: LANE STATE: KS CITY: Dighton DATE: 11-20-2021 OWNER:  
 TICKET TYPE:  SERVICE  SALES CONTRACTOR: Chevrolet RIG NAME/NO.: SHIPPED: YES DELIVERED TO: Location ORDER NO.:  
 WELL TYPE: Oil WELL CATEGORY: Drilldown JOB PURPOSE: 1" Top off WELL PERMIT NO.: WELL LOCATION: Dighton, E. of 1/2-A-1  
 REFERRAL LOCATION: INVOICE INSTRUCTIONS: 1.5 into

PRICE REFERENCE	SECONDARY REFERENCE/ PART NUMBER	ACCOUNTING			DESCRIPTION	QTY.		UNIT PRICE	AMOUNT		
		LOC	ACCT	DF		QTY.	UM				
576		1			MILEAGE Top # 112		40	mi	5.00	15.00	
577		1			Dump Charge		1	yd	9.75	9.75	
331		1			SMD Cement		110	cb	1.70	18.70	
290		1			D-Air		1	gal	42.00	42.00	
541		1			CMT Service Charge		1	hr	185.00	185.00	
582		1			MINIMUM Drilling Charge		1	hr	200.00	200.00	
					SURVEY		AGREE	UNDECIDED	DISAGREE	PAGE TOTAL	3252.00
					OUR EQUIPMENT PERFORMED WITHOUT BREAKDOWN?					TAX	
					WE UNDERSTOOD AND MET YOUR NEEDS?					TOTAL	
					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						

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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: 11-20-2021 TIME SIGNED: 11:00  A.M.  P.M.

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

PAGE TOTAL: 3252.00  
 TAX:   
 TOTAL:   
 CUSTOMER DID NOT WISH TO RESPOND

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

SWIFT OPERATOR: [Signature]

APPROVAL: [Signature]

Thank You!

JOB LOG

SWIFT Services, Inc.

DATE: 10-20-22  
 PAGE NO.: 1  
 TICKET NO: 033353

CUSTOMER: Talon Group  
 WELL NO.: 1-11  
 LEASE: Self-urder  
 JOB TYPE: 1" Tubing

CHART NO.	TIME	RATE (BPM)	VOLUME (BBL) (GAL)	PUMPS		PRESSURE (PSI)		DESCRIPTION OF OPERATION AND MATERIALS
				F	C	TUBING	CASING	
	0900							ON Location 1" x 4 1/2" x 2 3/4" TP: 379'
	0930	1	2	✓		500		Pump 2 bbl H <sub>2</sub> O * Mud coming up RST
	0930	1	34	✓		500		Mix 100 lbs of SMD CMT @ 13.0 ppm * Circulate 20 lbs of CMT to the P.H. *
	1015							WASH UP TR # 112
	1115							Wash 1" Th
	1130							Job Complete 1120 lbs of SMD mixed @ 13 ppm used  Thanks  Hudson-Kerby, S. A. / S. A.