

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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FRANKS Oilfield Service

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

TICKET NUMBER 1055
 LOCATION towne
 FOREMAN Peston

FIELD TICKET & TREATMENT REPORT CEMENT

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
9-1-28	3160 3160	Littlechild 4-14	14	11	24	Trego

CUSTOMER Phillips Exploration
 MAILING ADDRESS 211 Cedar Lodge Ct
 CITY Andover STATE KS ZIP CODE 67702

TRUCK #	DRIVER	TRUCK #	DRIVER
103	CK		
201	JT		
4/301	PD		

JOB TYPE Part Collar HOLE SIZE _____ HOLE DEPTH _____ CASING SIZE & WEIGHT _____
 CASING DEPTH _____ DRILL PIPE _____ TUBING 2 3/8" OTHER _____
 SLURRY WEIGHT _____ SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT in CASING _____
 DISPLACEMENT _____ DISPLACEMENT PSI _____ MIX PSI _____ RATE _____

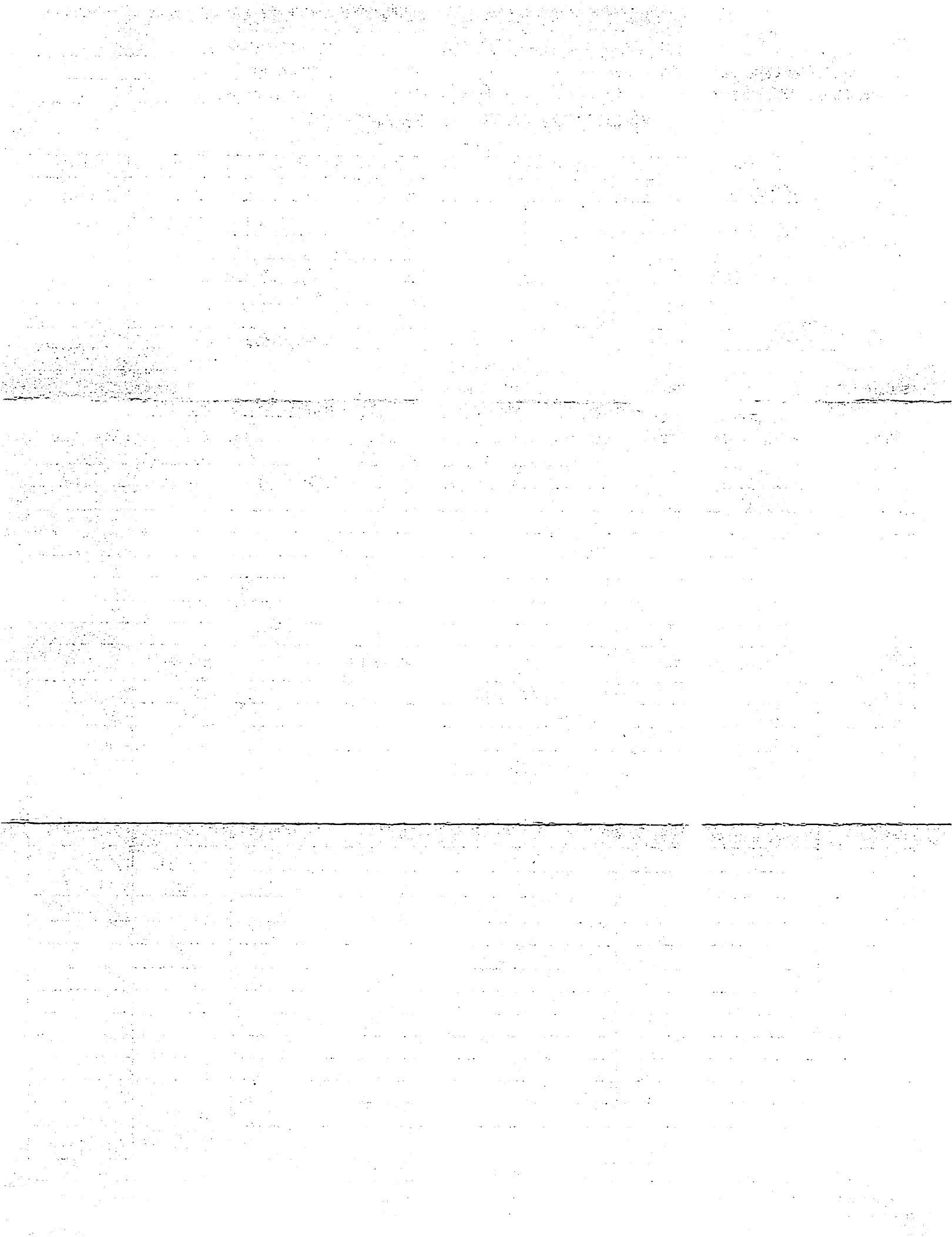
REMARKS: Safety meeting & set up on well. Found part collar & pressured up to 1000 PSI. Spot gel & DR
Put 500 PSI on backside, & opened tool. Milled remaining gel to circulate to pit
Milled 225 sk & displaced down. Shut tool and put 1000 PSI on it. Ran joints
& washed clean.

Thank you

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
P003	1	PUMP CHARGE <u>Part collar</u>	\$1150.00	\$1150.00
M001	45	MILEAGE	\$6.50	\$292.50
M002	10.46 tons	T.M.C.	\$70.605	\$706.05
CAD1	225 sk	60/40 8/6 1/4 # Permeal.	\$17.95	\$4038.75
CP003	1050 LBS	Gel.	\$1.30	\$315.00
CE003	1	Part collar opener	\$200.00	\$200.00
			sub total	\$6,702.30
			less 5% disc.	\$335.11
			sub total	\$6,367.19
			SALES TAX	324.46
			ESTIMATED TOTAL	6691.65

AUTHORIZATION _____ TITLE _____ DATE _____

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TICKET NUMBER 1037

LOCATION Hwy 44

FOREMAN Tom Williams

FIELD TICKET & TREATMENT REPORT CEMENT

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
5-17-23	31160	Littlechild 4-14	14	11	24	Trego

CUSTOMER Phillips Exploration
 MAILING ADDRESS 211 Cedar Ridge Ct
 CITY Andover STATE KS ZIP CODE 67002

TRUCK #	DRIVER	TRUCK #	DRIVER
103	Tom W		
201	Chris K		

JOB TYPE Surface HOLE SIZE 12 1/4" HOLE DEPTH 228' CASING SIZE & WEIGHT 8 1/4" 28#
 CASING DEPTH 222' DRILL PIPE _____ TUBING _____ OTHER _____
 SLURRY WEIGHT _____ SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT in CASING _____
 DISPLACEMENT _____ DISPLACEMENT PSI _____ MIX PSI _____ RATE _____

REMARKS: Site meeting & got up on Martin #114 circular pad.
Mix 160 80/20 342 Displace 13 Bbl & shut in 4:45 am

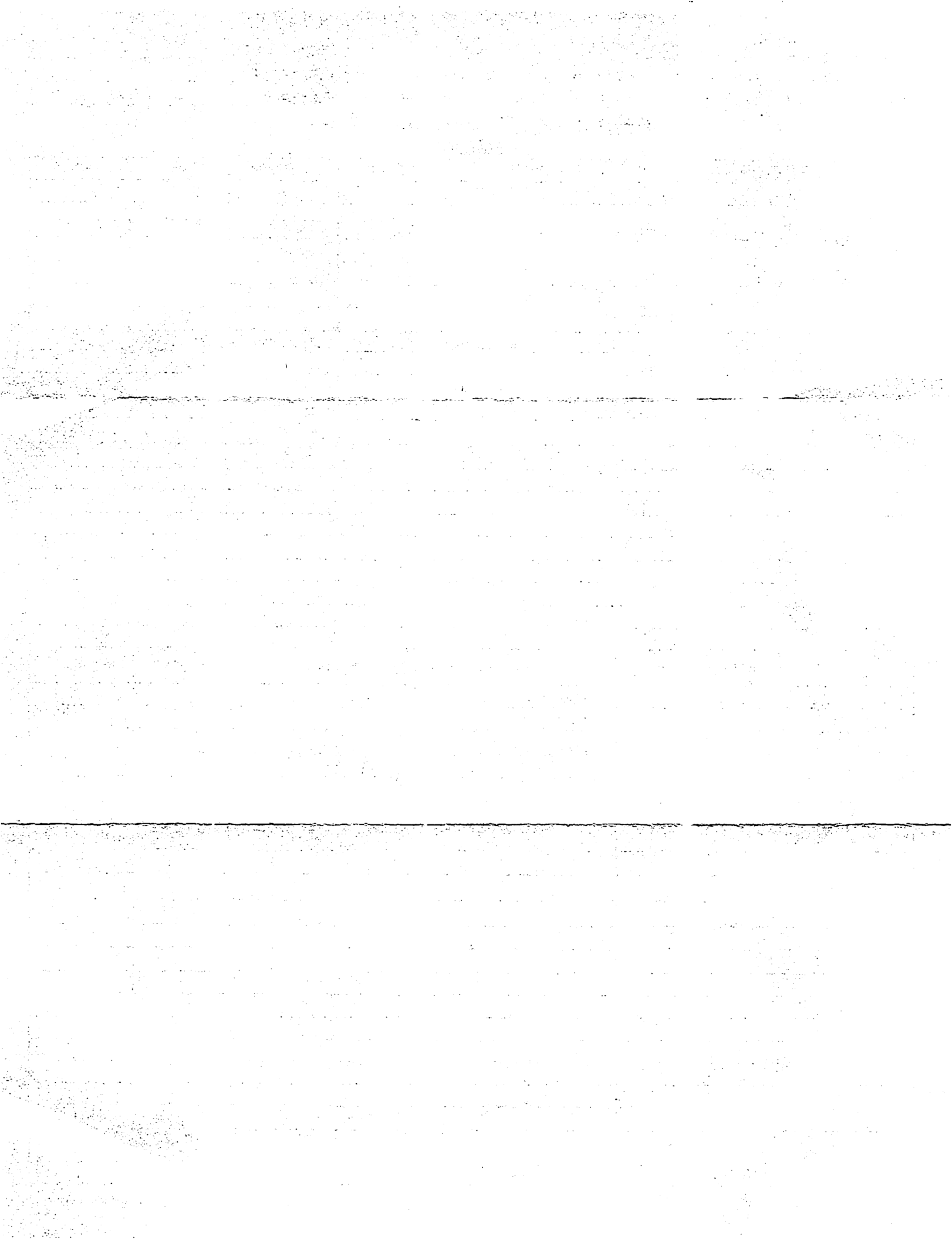
cement did circulate

Thanks Tom & Chris

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
PL002	1	PUMP CHARGE <u>Sur Face</u>	\$1150.00	\$1150.00
MA01	45	MILEAGE	\$6.50	\$292.50
MA02	7.74 ton	Ten M: lease delivery	\$600.00	\$4632.00
EX009	160 SF	80/20 3% CC 2% gel	\$20.95	\$3352.00
			sub total	\$5394.50
			less 5% disc	\$269.73
			sub total	\$5124.77
			SALES TAX	238.33
			ESTIMATED TOTAL	5363.60

AUTHORIZATION [Signature] TITLE _____ DATE _____

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TICKET NUMBER 1044
 LOCATION Hoxie
 FOREMAN Tom Williams

FIELD TICKET & TREATMENT REPORT CEMENT

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
9-23-23	3160	Littlechild 4-14	14	11	2H	Boyd
CUSTOMER <u>Phillips Exploration</u>			TRUCK #			
MAILING ADDRESS			DRIVER			
CITY			TRUCK #			
STATE			DRIVER			
ZIP CODE			TRUCK #			
			DRIVER			

JOB TYPE Port Collar HOLE SIZE _____ HOLE DEPTH 3930' CASING SIZE & WEIGHT 5 1/2" 14#
 CASING DEPTH _____ DRILL PIPE _____ TUBING _____ OTHER _____
 SLURRY WEIGHT _____ SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT in CASING _____
 DISPLACEMENT _____ DISPLACEMENT PSI _____ MIX PSI _____ RATE _____

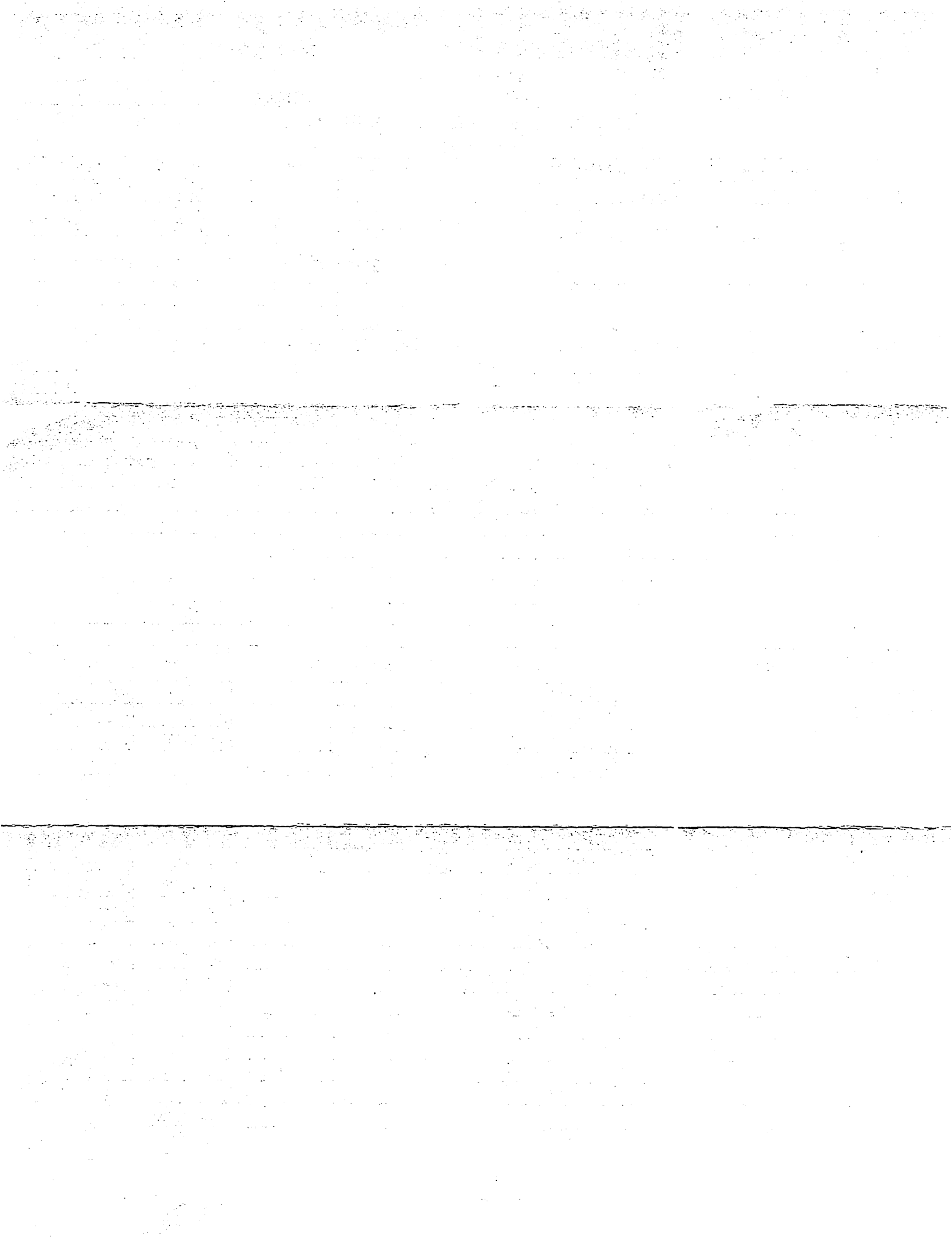
REMARKS: Safety meeting - Ran float equipment & set up on Masten #11
Hooked up sledge - circulate & reciprocate 1 hr. Mix 500 gal mad flush
Followed by 20 Bbl KCL water. Plug RH 3058 MH 2058. Mix 1755 gal.
Wash up. Displace plug. Plug down 9:30 am

Thanks Tom & Lynn

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
PC023	1	PUMP CHARGE <u>Port Collar</u>	\$1850.00	\$1850.00
MO01	45	MILEAGE	\$6.50	\$292.50
MO02	12.29 tons	Ton Mileage Delivery	\$829.57	\$829.57
LB030	1755 gal	Class A Grout for 10% grade Road 5# KCL gal \$29.55	\$29.55	\$5,171.25
CP010	50 gal	60/40 49 gal 1/4" Floss	\$17.35	\$867.50
FE083	1	5 1/2" AFU guide shoe	\$600.00	\$600.00
FE051	1	5 1/2" latch down plug assy.	\$165.00	\$165.00
FE080	1	5 1/2" port collar	\$3000.00	\$3000.00
FE014	6	5 1/2" tubular	\$108.00	\$648.00
FE023	2	5 1/2" baskets	\$385.00	\$770.00
FE102	2	5 1/2" stop ring	\$35.00	\$70.00
CP013	500 gal	Mad Flush	\$1.00	\$500.00
CP014	2 gal	KCL	\$30.00	\$60.00
FE016	12	stretchers	\$75.00	\$900.00
			sub total	\$16,253.82
			less 5% disc.	\$812.49
			sub total	\$15,441.33
			SALES TAX	946.32
			ESTIMATED TOTAL	16387.45

AUTHORIZATION _____ TITLE _____ DATE _____

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TICKET NUMBER 1044
 LOCATION Hoxie
 FOREMAN Tom Williams

FIELD TICKET & TREATMENT REPORT CEMENT

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
6-23-23	3060	Littlechild 4-14	14	11	24	DeWitt
CUSTOMER <u>Phillips Exploration</u>			TRUCK #			
MAILING ADDRESS			DRIVER			
CITY			TRUCK #			
STATE			DRIVER			
ZIP CODE			TRUCK #			
<u>Long string</u>			<u>103 Tom W</u>			
			<u>203 Tacket</u>			
			<u>Proctor D</u>			

JOB TYPE Plugging HOLE SIZE _____ HOLE DEPTH 3700' CASING SIZE & WEIGHT 5 1/2" 14#
 CASING DEPTH _____ DRILL PIPE _____ TUBING 4022 OTHER _____
 SLURRY WEIGHT _____ SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT in CASING _____
 DISPLACEMENT _____ DISPLACEMENT PSI _____ MIX PSI _____ RATE _____

REMARKS: Safety meeting - Ran float equipment & set up an Muffin & 1/2
Hooked up sledge & circulate a reciprocating lbr. Mix 500 gal mud flush
Followed by 20 Bbl KCL water Plug RH 3058 MH 2058. Mix 1755 SF OWC
Wash up. Replace plug. Plug down 9:30 am

Thanks Tom & Lora

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
PC003	1	PUMP CHARGE <u>Plugging Long string</u>	\$1850.00	\$1850.00
MO01	45	MILEAGE	\$6.50	\$292.50
MO02	12.29 tons	Ton Mileage Delivery	\$829.57	\$829.57
LB930	175 SF	Class A Gypsum 100 grade 2000 5# Kds	\$29.55	\$5,171.25
CP010	50 SF	60/40 49 gal 1/4" Floss	\$17.35	\$867.50
FE083	1	5 1/2" AFU guide shoe	\$100.00	\$100.00
FE051	1	5 1/2" latch down plug Assy.	\$165.00	\$165.00
FE080	1	5 1/2" port collar	\$3000.00	\$3000.00
FE014	6	5 1/2" tubosizer	\$108.00	\$648.00
FE023	2	5 1/2" baskets	\$385.00	\$770.00
FE102	2	5 1/2" stop ring	\$35.00	\$70.00
CP013	500 gal	Mud Flush	\$1.00	\$500.00
CP014	2 gal	KCL	\$30.00	\$60.00
FE016	12	stretchers	\$75.00	\$900.00
			sub total	\$16,253.82
			less 5% disc.	\$812.49
			sub total	\$15,441.33
			SALES TAX	946.32
			ESTIMATED TOTAL	16387.45

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TICKET NUMBER 1055
 LOCATION home
 FOREMAN Piston

FIELD TICKET & TREATMENT REPORT CEMENT

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
9-1-23	3160 3160	Littlechild 4-14	14	11	24	Trego

CUSTOMER Phillips Exploration
 MAILING ADDRESS 211 Cedar Lodge Ct
Andover
 CITY Andover STATE KS ZIP CODE 67702

TRUCK #	DRIVER	TRUCK #	DRIVER
103	CK		
201	JT		
4/301	PD		

JOB TYPE Part Collar HOLE SIZE _____ HOLE DEPTH 1996 CASING SIZE & WEIGHT _____
 CASING DEPTH _____ DRILL PIPE _____ TUBING 2 3/8" OTHER _____
 SLURRY WEIGHT _____ SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT in CASING _____
 DISPLACEMENT _____ DISPLACEMENT PSI _____ MIX PSI _____ RATE _____

REMARKS: Safety meeting & set up on well. Found part collar & pressured up to 1000 PSI. Spot gel & DR
Put 500 PSI on backside, & opened tool. Placed remaining gel to circulate to pit
Mixed 225 sk & displaced down. Shut tool and put 1000 PSI on it. Ran joints
& washed clean.

Thank you.

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
P003	1	PUMP CHARGE <u>Part collar</u>	\$1150.00	\$1150.00
M001	45	MILEAGE	\$6.50	\$292.50
M002	10.46 tons	TMD	\$70.05	\$706.05
CAD1	225 sk	60/40 8/16 1/4 # 17.95	\$17.95	\$4038.75
CP003	1050 LBS	Gel.	\$1.30	\$315.00
CE002	1	Part collar opener	\$200.00	\$200.00
			sub total	\$6,702.30
			less 5% disc.	\$335.11
			sub total	\$6,367.19
			SALES TAX	324.46
			ESTIMATED TOTAL	6691.65

AUTHORIZATION _____ TITLE _____ DATE _____

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TICKET NUMBER 1044
 LOCATION Hoxie
 FOREMAN Tom Williams

FIELD TICKET & TREATMENT REPORT CEMENT

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
5-23-23	3060	little child 4-14	14	11	24	Boyer
CUSTOMER <u>Phillips Exploration</u>			TRUCK #			
MAILING ADDRESS			DRIVER		TRUCK #	
CITY			DRIVER		TRUCK #	
STATE			DRIVER		TRUCK #	
ZIP CODE			DRIVER		TRUCK #	

JOB TYPE long string HOLE SIZE 7 7/8" HOLE DEPTH 4020' CASING SIZE & WEIGHT 5 7/8" 14#
 CASING DEPTH 4017' DRILL PIPE _____ TUBING _____ OTHER Porterite at 1996'
 SLURRY WEIGHT _____ SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT in CASING _____
 DISPLACEMENT _____ DISPLACEMENT PSI _____ MIX PSI _____ RATE _____

REMARKS: Safety meeting - Ran float equipment & set up on Muffin & 1/2
Hooked up swedge - circulate & reciprocate 1 hr. Mix 500 gal mud flush
Followed by 20 bbl KCL work. Plug RH 30 ft MH 20 ft. Mix 175 ft AWL
Wash up. Displace plug. Plug down 9:30 am

Thanks Tom & crew

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
PC003	1	PUMP CHARGE <u>Port Collar</u>	\$1850.00	\$1850.00
MO01	45	MILEAGE	\$4.50	\$202.50
MO02	12.29 tons	Ton Mileage Delivery	\$829.57	\$829.57
CB430	1755 ft	Class A Cement 110 gal 20 gal 5# KCL 50 gal	\$29.55	\$51,712.50
CP010	50 ft	EO/40 49 gal 1/4" F1000	\$17.35	\$867.50
FE083	1	5 1/2" AFU guide shoe	\$400.00	\$400.00
FE051	1	3 1/2" latch down plug assy.	\$195.00	\$195.00
FE080	1	3 1/2" port collar	\$3000.00	\$3000.00
FE014	6	5 1/2" tubolizer	\$108.00	\$648.00
FE023	2	5 1/2" baskets	\$385.00	\$770.00
FE102	2	5 1/2" stop ring	\$35.00	\$70.00
CP013	500 gal	Mud Flush	\$1.00	\$500.00
CP014	2 gal	KCL	\$30.00	\$60.00
FE016	12	scratches	\$75.00	\$900.00
		subtotal		\$16,253.82
		less 5% disc.		\$812.49
		subtotal		\$15,441.33
		SALES TAX		946.32
		ESTIMATED TOTAL		16387.45

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TICKET NUMBER 1055
 LOCATION Home
 FOREMAN Preston

FIELD TICKET & TREATMENT REPORT CEMENT

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
9-1-23	3160 3160	Littlechild 4-14	14	11	24	Trego
CUSTOMER Phillips Exploration			TRUCK #			
MAILING ADDRESS 211 Cedar Edge Ct 1234 Main St			DRIVER		TRUCK #	
CITY Andover			DRIVER		TRUCK #	
STATE KS			DRIVER		TRUCK #	
ZIP CODE 67702			DRIVER		TRUCK #	

JOB TYPE Part Collar HOLE SIZE _____ HOLE DEPTH _____ CASING SIZE & WEIGHT _____
 CASING DEPTH _____ DRILL PIPE _____ TUBING 2 3/8" OTHER Part collar at 1996'
 SLURRY WEIGHT _____ SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT in CASING _____
 DISPLACEMENT _____ DISPLACEMENT PSI _____ MIX PSI _____ RATE _____

REMARKS: Safety meeting & set up on well. Found part collar & pressurized up to 1000 PSI. Spot gel & oil. Put 800 PSI on backside & opened tool. Mixed remaining gel to circulate to pick. Mixed 225 sk & displaced down. Shut tool and put 1000 PSI on it. Run joints & washed clean.

Thank you.

Cement did circulate.

witnessed by Shane Jones w/ the KCC

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
P002	1	PUMP CHARGE <u>Part collar</u>	\$1150.00	\$1150.00
M01	45	MILEAGE	\$6.50	\$292.50
M002	10.46 tons	TMD	\$70.05	\$706.05
C021	225 sk	60/40 8% 1/4# Flour Seal.	\$17.95	\$4038.75
CP003	1050 LBS	Gel.	\$1.30	\$315.00
CE002	1	Part collar opener	\$200.00	\$200.00
			sub total	\$6,702.30
			less 5% disc.	\$335.11
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