

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. 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
--	---

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) (Submit ACO-4)</i>	PRODUCTION INTERVAL: Top Bottom
---	--	------------------------------------

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





Please Remit To:  
 P.O. Box 549  
 Hays, KS 67601  
 Phone: (785) 628-6395  
 Fax: (785) 628-3651

FIELD TICKET No. - 6499

DATE 5/16/22  
 UNIT # 4818

INVOICE NO.		P.O. NO.	AFE NO.
CUSTOMER <u>Grand Mesa Operating</u>		LEASE <u>DBY#</u>	WELL NO. <u>1-16</u>
ADDRESS		FIELD <u>Wildcat</u>	STATE <u>KS</u> COUNTY <u>Scott</u>
CITY		LOCATION	TBG. SIZE
STATE	ZIP	CASING SIZE & WT.	TYPE OF JOB <u>Perf/Plug</u>

PART NO.	DESCRIPTION	REV. CODE	QTY.	UNIT PRICE	AMOUNT
	<u>Perf 4x4 39 gran</u>				
	<u>@ 4338 -4342</u>				
	<u>Set 5 1/2 Plug</u>				
	<u>@ 4345</u>				

CALLED OUT _____ Time _____ Date	ON LOCATION _____ Time _____ Date	COMPLETED _____ Time _____ Date	TOTAL SERVICE & MATERIALS DISCOUNT TAX TOTAL CHARGES
--	---	---------------------------------------	---

\*ACCIDENT REPORT MUST BE ATTACHED WHEN NOT SIGNED

WITH MY INITIALS, I CONFIRM THAT THE TIME SHOWN IN THE "HOURS" COLUMN, ACCURATELY REFLECTS MY COMPENSABLE TIME.

Employee Name (Print)	Hours	Initials
<u>Bryant Fleener</u>	<u>7.5</u>	

CUSTOMER AGREES to pay (the "Company") on a net 45 day basis from date of invoice to avoid loss of discount. Invoices older than 45 days are subject to loss of discount on ticket. If Customer disputes any item invoiced, Customer shall, within 20 days after receipt, notify the Company of the item(s) disputed, specifying the reason(s) therefor; payment of the disputed item(s) may be withheld until settlement of dispute, but payment of undisputed portion of invoice shall be made without delay. All payments shall be made at the address shown on the reverse side of this document. In the absence of a separate written contract, CUSTOMER REPRESENTATIVE REPRESENTS AND WARRANTS THAT HE/SHE IS AUTHORIZED TO ENTER INTO THIS AGREEMENT ON BEHALF OF CUSTOMER AND ACCEPTS ALL TERMS AND CONDITIONS AS PRINTED ON THE REVERSE SIDE OF THIS DOCUMENT (WHICH INCLUDES INDEMNITY LANGUAGE THAT ALLOCATES RISKS RELATED TO THE ABOVE DESCRIBED SERVICES). Pricing and extensions, if shown above, are subject to verification and correction at time of invoicing.

X [Signature]

X [Signature]  
 CUSTOMER REPRESENTATIVE

White - Main    Canary - Customer    Pink - Field



**ELI**  
WIRELINE SERVICES

Please Remit To:  
P.O. Box 549  
Hays, KS 67601  
Phone: (785) 628-6395  
Fax: (785) 628-3651

FIELD TICKET No. - 6500

DATE 5-18-2022

UNIT # 4818

<b>INVOICE NO.</b>	<b>P.O. NO.</b>	<b>AFE NO.</b>
<b>CUSTOMER</b> <u>Grand Mesa</u>	<b>LEASE</b> <u>DBY</u>	<b>WELL NO.</b> <u>1-16</u>
<b>ADDRESS</b>	<b>FIELD</b> <u>Wildcat</u> <b>STATE</b> <u>KS</u>	<b>COUNTY</b> <u>Scott</u>
<b>CITY</b>	<b>LOCATION</b> <u>Pence KS</u>	<b>CASING SIZE &amp; WT.</b> <u>5 1/2</u>
<b>STATE</b>	<b>TYPE OF JOB</b> <u>Perf</u>	<b>TBG. SIZE</b>

ORDERED BY	TITLE	SERVICE SUPV.			
PART NO.	DESCRIPTION	REV. CODE	QTY.	UNIT PRICE	AMOUNT
	<u>Perf 37gms</u>				
	<u>4x4</u>				
	<u>@ 4111-4115'</u>				
<b>CALLER OUT</b>	<b>ON LOCATION</b>	<b>COMPLETED</b>	<b>TOTAL SERVICE &amp; MATERIALS</b>		
_____ Time	_____ Time	_____ Time	<b>DISCOUNT</b>		
_____ Date	_____ Date	_____ Date	<b>TAX</b>		
<b>*ACCIDENT REPORT MUST BE ATTACHED WHEN NOT SIGNED</b>			<b>TOTAL CHARGES</b>		

WITH MY INITIALS, I CONFIRM THAT THE TIME SHOWN IN THE "HOURS" COLUMN, ACCURATELY REFLECTS MY COMPENSABLE TIME.

Employee Name (Print)	Hours	Initials
<u>Brungart</u>	<u>7.75</u>	
<u>F. Peck</u>		

CUSTOMER AGREES to pay (the "Company") on a net 45 day basis from date of invoice to avoid loss of discount. Invoices older than 45 days are subject to loss of discount on ticket. If Customer disputes any item invoiced, Customer shall, within 20 days after receipt, notify the Company of the item(s) disputed, specifying the reason(s) therefor; payment of the disputed item(s) may be withheld until settlement of dispute, but payment of undisputed portion of invoice shall be made without delay. All payments shall be made at the address shown on the reverse side of this document. In the absence of a separate written contract, CUSTOMER REPRESENTATIVE REPRESENTS AND WARRANTS THAT HE/SHE IS AUTHORIZED TO ENTER INTO THIS AGREEMENT ON BEHALF OF CUSTOMER AND ACCEPTS ALL TERMS AND CONDITIONS AS PRINTED ON THE REVERSE SIDE OF THIS DOCUMENT (WHICH INCLUDES INDEMNITY LANGUAGE THAT ALLOCATES RISKS RELATED TO THE ABOVE DESCRIBED SERVICES). Pricing and extensions, if shown above, are subject to verification and correction at time of invoicing.

*[Signature]*

*[Signature]*  
CUSTOMER REPRESENTATIVE

White - Main    Canary - Customer    Pink - Field

# PEAK WIRELINE SERVICES, INC.

P.O. Box 864  
 Cheyenne Wells, CO 80810  
 Phone 719-767-8707  
 Fax 719-767-5522

6917

MAY 26 2022

DATE 5-19-2022

REMIT TO:

Invoice

CHARGE TO:

GRAND MESA OPERATING

ADDRESS

LEASE AND WELL NO.

BB4 1-16

FIELD

NEAREST TOWN

COUNTY

SCOTT

STATE KS

CUSTOMER'S ORDER NO.

Jim

SEC.

18

TWP.

16S

RANGE 33W

ZERO

11' AGL

CASING SIZE

5 1/2

WEIGHT

CUSTOMER'S T.D.

PEAK WL SERVICES T.D.

FLUID LEVEL

2400

ENGINEER

HENDERSON

OPERATOR

PERFORATING

CODE REFERENCE	DESCRIPTION	NO HOLES	DEPTH		AMOUNT
			FROM	TO	
<u>108000</u>	<u>4" EXP</u>	<u>16</u>	<u>4338</u>	<u>4342</u>	
	<u>396ram</u>	<u>16</u>	<u>4111</u>	<u>4115</u>	

PLUGS, PACKERS, AND OTHER

CODE REFERENCE	MFG. TYPE	CASING		DEPTH	AMOUNT
		SIZE	WEIGHT		

MATERIAL INVENTORY

TRUCK RENTAL

CODE REFERENCE	RUN NO.	PREVIOUS INVOICE NO.		AMOUNT	
<u>102995</u>	<u>Dre</u>				

  

DEPTH OF OPERATIONS CHARGES					
CODE REFERENCE	FROM	TO	NO. FEET	PRICE PER FT.	AMOUNT

SUB TOTAL

TAX

PLEASE PAY FROM THIS INVOICE  
 TOTAL

RECEIVED THE ABOVE SERVICE ACCORDING TO THE TERMS AND CONDITIONS SPECIFIED BELOW WHICH WE HAVE READ AND TO WHICH WE HEREBY AGREE.

Customer

[Signature]

General Terms and Conditions

- All accounts are to be paid within the terms fixed by Peak Wireline Services invoices; and should these terms not be observed, interest at the rate of 1.5% per month will be charged from the date of such invoice.
- Because of the uncertain conditions existing in a well which are beyond the control of Peak Wireline Services, it is understood by the customer that Peak Wireline Services cannot guarantee the results of their service and will not be held responsible for personal or property damage in the performance of their services.
- Should any of Peak Wireline Services instruments be lost or damaged in the performance of the operation requested, the customer agrees to make every reasonable effort to recover same, and to reimburse Peak Wireline Services for the value of the items which cannot be recovered, or the cost of repairing damage to items recovered.
- It is further understood and agreed that all depth measurements shall be supervised by the customer or its employees and customer hereby certifies that the zones, as shot were approved.
- The customer certifies that it has the full right and authority to order such work on such well and that the well in which the work is to be done by Peak Wireline Services is in proper and suitable conditions for the performance of said work.
- No employee is authorized to alter the terms or conditions of this agreement.

# Pro-Stim Chemicals LLC

## Acidizing Report

Date: 5/17/22

Customer: Grand Mesa  
 Pro-Stim Chemical Yard: Ulysses KS  
 Pro-Stim Number: [blank]  
 Well Name & Number: DBY I-16  
 Formation: Lansing  
 County: Scott  
 State: KS  
 Interval: 4338-4342

Well Type: Completion  Recompletion  Workover  Oil  Gas  Water  Disposal  Perf  OH

Job Pumped Via: Tubing  Casing  Annulus  CTU  Combination  Plug Depth: [blank] Packer Depth: [blank]

Casing Size: GRD [blank] WT [blank] Depth [blank] Tubing Size: [blank] Spot [blank]

Casing Vol: Tbg Vol [blank] Ann Vol [blank] OH Vol [blank] Total Displacement [blank]

Customer Representative Signature: Jim  
 250 gals 15% MCA acid, 3 gals RAS-10,  
 30 bbls 2% KCl Biocide

### Treatment Record

Observations/Descriptions	Time	Type Fluid	Rate BMP	Increment Vol Bbls	Cum Vol Bbls	Pressure	
						Tubing	Casing
Load and go to loc R54A							
Retreat Well Loaded		ACID	3.5	24.6	24.6	40	
		ACID	.3	2.0	26.0	1400	
		ACID	2.0	4.0	30.0	1000	
		FLUSH	3.0	10.0	40.0	1300	
			3.4	15.0	55.0	1300	

Directions	Product	Qty	Product	Qty	Product	Qty
	20% HCl	1250 gal	Pump Job	1		
	acetic	125 gal				
Operator Name: John Casey	RAS 97	25 gal				
Unit #: C-125	RAS 10	5 gal				
Hours: 5 1/2	2% KCl	3000 lbs				

### Treatment Synopsis

Avg Inj Rate	Fluid BPM	3.0	Total Injected	H2O	25	Acid	30	Oil						
Treating Pts	Max	1500	Final	1320	Avg	1330	ISIP	1000	5'SI	660	10'SI	140	15'SI	0
UAR-1									20		25		30	

# Pro-Stim Chemicals LLC

## Acidizing Report

Date: 5-18-22

Customer: Grand Mesa Pro-Stim Chemical Prod: U145515 Pro-Stim Number: \_\_\_\_\_

Well Name & Number: DBY 1-16 Formation: \_\_\_\_\_

County: Scott State: KS Well ID: 4111-4115'

Well Type: Compress  Recompress

Job Planned Via: Tubing

Casing Size: GRD WT Depth Tubing Size Spot

Casing Vol: Top Vol Ann Vol OH Vol Total Displacement

Customer Representative Signature: Jim 450 gals 15% mca Acid, 5 gals RAS-10, 30 bbls 2% KCL Biocide  
**Treatment Record**

Observations/Descriptions	Time	Type Fluid	Rate BPM	Increment vol Bbls	Cum vol Bbls	Pressure	
						Tubing	Casing
<u>Rig UP</u>							
<u>Pump Acid</u>		<u>HCL</u>	<u>2.0</u>	<u>4.7</u>	<u>4.7</u>	<u>10</u>	
<u>Pump Flush</u>		<u>KCL</u>	<u>2.0</u>	<u>3.7</u>	<u>8.4</u>	<u>10</u>	
<u>Move tools</u>							
<u>Pump Acid</u>		<u>HCL</u>	<u>2.0</u>	<u>6</u>	<u>6</u>	<u>10</u>	
<u>Pump Flush</u>		<u>KCL</u>	<u>2.0</u>	<u>6</u>	<u>12</u>	<u>10</u>	
<u>Pump Flush</u>		<u>HCL</u>	<u>2.0</u>	<u>15.5</u>	<u>27.5</u>	<u>20</u>	
<u>Breakdown</u>		<u>KCL</u>	<u>0.25</u>	<u>.5</u>	<u>28</u>	<u>1500</u>	
<u>Well did not Drenne</u>							
<u>Rig down</u>							

Directions	Product	Qty	Product	Qty	Product	Qty
	<u>15% mca</u>	<u>450</u>	<u>2% KCL</u>	<u>30</u>		
Operator Name: <u>Carlos J Davis</u>	<u>Mca-80</u>	<u>5</u>				
Well # <u>A-14</u>	<u>Ras-10</u>	<u>5</u>				
Hours <u>9</u>						

### Treatment Synopsis

Avg Inj Rate	Fluid BPM		Total Injected				
	Max	Final	Avg	H <sub>2</sub> O	Acid	Oil	
Treating Pres				ISIP	5 Si	10 Si	15 Si
UAR-3				20	25	30	



# Pro-Stim Chemicals LLC

## Acidizing Report

Date 5/19/22

Customer Grand Mesa Pro-Stim Chemical Yard Dighton Pro-Stim Number A26

Well Name & Number DBY # 1-16 Formation \_\_\_\_\_

County GOVE State KS Interval 4111-15

Well Type: Completion  Recompletion  Workover  Oil  Gas  Water  Disposal  Perf  OH

Job Pumped Via: Tubing  Casing  Annulus  CTU  Combination  Plug Depth \_\_\_\_\_ Packer Depth 4083

Casing Size: 5 1/2 GRD \_\_\_\_\_ WT \_\_\_\_\_ Depth \_\_\_\_\_ Tubing Size: 2 7/8 Spot \_\_\_\_\_

Casing Vol. \_\_\_\_\_ Tbg Vol \_\_\_\_\_ Ann Vol \_\_\_\_\_ OH Vol \_\_\_\_\_ Total Displacement 23.8

250 gals 15% MCA Acid, 3gals RAS-10  
25bbbls 2% KCL Biocide

Customer Representative Signature \_\_\_\_\_

### Treatment Record

Time	Type Fluid	Rate BMP	Increment Vol Bbls	Cum Vol Bbls	Pressure		Observations
					Tubing	Casing	
1	Acid	3.0		2.0	0	0	Safety Meeting
3	Acid	3.0		5.0	0	0	Prs Test to _____ psi
4	Acid	3.0		6.0	0	0	Acid <del>is</del> gone
6	Flush	3.0		9.5	0	0	
9	Flush	3.0		16	0	0	
12	Flush	3.0		21	0	0	
13	Flush	3.0		23.5	0	0	Well Loaded
14	Flush	0		23.7	400	0	
15	Flush	.30		24.5	400	0	
17	Flush	.30		26	300	0	
18	Flush	.40		27	400	0	
19	Flush	.40		27.5	360	0	
20	Flush	.45		28.3	400	0	
21	Flush	.45		28.8	370	0	
23	Flush	.50		29.3	400	0	
24	Flush	.50		30	400	0	

### Treatment Synopsis

Avg Inj Rate	Fluid BPM <u>.40</u>		Total Injected	H2O <u>24</u>	Acid <u>6</u>	Oil	
	Max <u>400</u>	Final <u>400</u>		Avg. <u>400</u>	ISIP <u>45 sec</u>	5'SI	10'SI
AR-CU				<u>VAC</u>	20	25	30

# Pro-Stim Chemicals LLC

## Acidizing Report

Date 5-23-22

Customer: Grand Mesa Pro-Stim Chemical Word: Ulysses K Pro-Stim Number: \_\_\_\_\_  
 Well Name & Number: D BY 1-11a Formula: \_\_\_\_\_  
 County: Scott State: KS Well No: 4111-4115  
 Well Type: Completion  Recombination  Workover  Oil  Gas  Water  Disposal  Part U  OH   
 Int. Pumps/Ad. No. Tubing  Casing  Annulus  CH  Completion  Plug Depth: \_\_\_\_\_ Packer Depth: \_\_\_\_\_  
 Casing Size: GRD  WY  Depth: \_\_\_\_\_ Tubing Size: \_\_\_\_\_ Spool: \_\_\_\_\_  
 Casing Vol: Tbg Vol: \_\_\_\_\_ Ann Vol: \_\_\_\_\_ CH Vol: \_\_\_\_\_ Total Displacement: \_\_\_\_\_

Customer Representative Signature: Jim 1250 gals 20% NEFE acid, 13 gals RAS-10, 125 gals acetic acid-Raw, 5 gals RAS-92 + 30 bbls 2% KCL Biocide  
 Treatment Record

Observations/Descriptions	Time	Type Fluid	Rate BMP	Increment vol Bbls	Cum Vol Bbls	Pressure	
						Tubing	Casing
Load and go to Loc. R54p							
Retreat well well loaded		Acid	3.7	20.1	20.1	0	0
Break			2.9	7.3	27.4	1000	
			1.5	3.0	30.4	500	
		2% KCL	2.0	5.0	35.4	500	
			2.5	5.0	40.4	800	
			3.0	17.0	57.4	1430	

Directions	Product	Qty	Product	Qty	Product	Qty
		20% HCl	1250 gal	Dump Job		
	acetic	125 gal				
Operator Name: <u>John Casey</u>	Ras 97	25 gal				
Unit # <u>C-125</u>	Ras 10	5 gal				
Hours: <u>6 1/2</u>	2% KCL	30 Bbls				

### Treatment Synopsis

Avg Inj Rate	Fluid BMP	2.5	Total Injected	HCl	7	Acid	30	Oil	
Treating Pre	Min	1500	Final	1490	Avg	1550	SS	170	10 SI
UAR-1							20	25	30