KOLAR Document ID: 1660017

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 #	API No.:
Name:	Spot Description:
Address 1:	
Address 2:	Feet from North / South Line of Section
City: State: Zip: +	Feet from _ East / _ West Line of Section
Contact Person:	Footages Calculated from Nearest Outside Section Corner:
Phone: ()	□NE □NW □SE □SW
CONTRACTOR: License #	GPS Location: Lat:, Long:
Name:	(e.g. xx.xxxxx) (e.gxxx.xxxxx)
Wellsite Geologist:	Datum: NAD27 NAD83 WGS84
Purchaser:	County:
Designate Type of Completion:	Lease Name: Well #:
New Well Re-Entry Workover	Field Name:
	Producing Formation:
☐ Oil ☐ WSW ☐ SWD	Elevation: Ground: Kelly Bushing:
☐ Gas ☐ DH ☐ EOR	Total Vertical Depth: Plug Back Total Depth:
☐ OG ☐ GSW	Amount of Surface Pipe Set and Cemented at: Feet
CM (Coal Bed Methane)	
Cathodic Other (Core, Expl., etc.):	Multiple Stage Cementing Collar Used?
If Workover/Re-entry: Old Well Info as follows:	If yes, show depth set: Feet
Operator:	If Alternate II completion, cement circulated from:
Well Name:	feet depth to:w/sx cmt.
Original Comp. Date: Original Total Depth:	
☐ Deepening ☐ Re-perf. ☐ Conv. to EOR ☐ Conv. to SWD	Drilling Fluid Management Plan
☐ Plug Back ☐ Liner ☐ Conv. to GSW ☐ Conv. to Producer	(Data must be collected from the Reserve Pit)
Described	Chloride content: ppm Fluid volume: bbls
☐ Commingled Permit #:	Dewatering method used:
SWD Permit #:	Location of fluid disposal if hauled offsite:
EOR Permit #:	Location of fluid disposal if flauled offsite.
GSW Permit #:	Operator Name:
	Lease Name: License #:
Spud Date or Date Reached TD Completion Date or	Quarter Sec TwpS. R
Recompletion Date Recompletion Date	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:

KOLAR Document ID: 1660017

Page Two

Operator Name:					Lease Nam	ne:			Well #:	
Sec Tw	pS	S. R	Eas	t West	County:					
	l, flowing an	d shut-in press	sures, wh	ether shut-in pre	ssure reached	static	level, hydrostat	ic pressures, bo		val tested, time tool erature, fluid recovery,
Final Radioactivi files must be sub							gs must be emai	led to kcc-well-l	ogs@kcc.ks.gov	v. Digital electronic log
Drill Stem Tests (Attach Addit	Taken tional Sheets)			Yes No		☐ Lo		n (Top), Depth a		Sample
Samples Sent to	Geological	Survey		Yes No		Name			Тор	Datum
Cores Taken Electric Log Run Geologist Report List All E. Logs F	t / Mud Logs	S		Yes No Yes No Yes No						
			Rep	CASING	RECORD [New		on, etc.		
Purpose of St	tring	Size Hole Drilled		ize Casing et (In O.D.)	Weight Lbs. / Ft.		Setting Depth	Type of Cement	# Sacks Used	Type and Percent Additives
				ADDITIONAL	CEMENTING /	SQUE	EEZE RECORD		<u>'</u>	
Purpose: Perforate		Depth Top Bottom	Тур	e of Cement	# Sacks Use	ed		Type and	Percent Additives	
Protect Ca										
Plug Off Z										
Did you perform Does the volume Was the hydraul	e of the total I	base fluid of the	hydraulic f	racturing treatment		-	Yes S? Yes Yes	No (If No, s	kip questions 2 ar kip question 3) ill out Page Three	
Date of first Produ Injection:	iction/Injection	n or Resumed Pr	roduction/	Producing Meth	od:		Gas Lift O	ther <i>(Explain)</i>		
Estimated Product Per 24 Hours		Oil	Bbls.		Mcf	Water			Gas-Oil Ratio	Gravity
DISPO	OSITION OF	GAS:		N	METHOD OF CO	MPLET	ΓΙΟΝ:			ON INTERVAL:
Vented		Used on Lease		Open Hole		Dually (Submit A		nmingled	Тор	Bottom
,	ed, Submit AC							·		
Shots Per Foot	Perforation Top	on Perfor Bott		Bridge Plug Type	Bridge Plug Set At		Acid,		ementing Squeeze and of Material Used)	
TUBING RECORI	D: S	ize:	Set At	:	Packer At:					

Form	ACO1 - Well Completion
Operator	Grand Mesa Operating Company
Well Name	G. Andersen 1-26
Doc ID	1660017

Casing

Purpose Of String	Size Hole Drilled	Size Casing Set	Weight	Setting Depth		Number of Sacks Used	Type and Percent Additives
Surface	12.25	8.625	23	221	Common	165	3%CC; 2%Gel
Production	7.875	5.50	15.5	4720	EA-2	175	N/A



Gottschalk

Please Remit To: P.O. Box 549

FIELD TICKET No.

- 6834

WIRELINE SE	Hays, KS RVICES Phone: (7 Fax: (785	67601	95			E <u>7//</u> [#_ <u>33</u>			
INVOICE NO.			P.O. NO.					AFE NO.	
CUSTOMER Grand /	Mesa Operati	ng	LEASE	GH	2 nde	* 50m		WELL NO. /- Z	
ADDRESS			FIELD		-	STA	ATE /CS.	COUNTY Log	an
			LOCATIO	ON 26	-/2:	-32w		<u> </u>	
CITY			CASING	SIZE & V	<u>п. 5</u>	1/2"		TBG. SIZE	
STATE	ZIP		TYPE OF	JOB	Perf			and a second	
ORDERED BY			TITLE					SERVICE SUPV.	
PART NO.	DES	CRIPTION			REV. CODE	QTY.	UNIT PRICE	AMOUNT	
70-210-1000	Service Che	erge							
75-805-0065		lick G	015						
CALLED OUTTimeDate *ACCIDENT REPORT MUST BE ATTACH	ON LOCATION 11:30 Tim 7/8/22 Dat	,	COMPLE 1:15 7/18	TEDTimeDate	TOTAL		& MATERIALS DISCOUNT TAX TAL CHARGES		
WITH MY INITIALS, I CONFIRM T "HOURS" COLUMN, ACCURATELY Employee Name (Print)	HAT THE TIME SHOWN IN TI	BLE TIME.	Initials					ASSES.	

CUSTOMER AGREES to pay (the "Company") on a net 45 day basis from date of invoice to avoid loss of discount. Invoices older then 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 Dan Stattechelh	CUSTOMER REPRESENTATIVE
	COSTONEN REPRESENTATIVE



Please Remit To: P.O. Box 549

Hays, KS 67601 Phone: (785) 628-6395 Fax: (785) 628-3651

FIELD TICKET No.

6836

DATE	7/22/22	
UNIT#_	3362	

INVOICE NO.		P.O. NO.				AFE NO.	
CUSTOMER Grand	Mesa Opte	LEASE G	Ander	2560	en e		26
ADDRESS	7-5-	FIELD		STA	ATE X5,	WELL NO. /-:	Rn
		LOCATION	76-12		•	J	
CITY		CASING SIZE	& WT. 5	1/2"		TBG. SIZE	
STATE	ZIP	TYPE OF JOE	5/2	CIRP			
ORDERED BY		TITLE				SERVICE SUPV.	
PART NO.	DESCRI		REV. CODE	QTY.	UNIT PRICE	AMOUNT	Ī
70-210-1000	Service Charge						America
	Service Charge Set 5/2"CIB						
5-820-0055	Set 5/2"CIB	Pe4368'					
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		P. 6. 1991					-
							-
CALLED OUT	ON LOCATION						<u> </u>
	ON LOCATION 900 Time	COMPLETED		SERVICE	& MATERIALS	_	
Time	7/22/22 Date	//:00 Tim			DISCOUNT		·
		7/22_Dat	e		TAX		
*ACCIDENT REPORT MUST BE ATTACK	ED WHEN NOT SIGNED			TOT	AL CHARGES		
WITH MY INITIALS, I CONFIRM T "HOURS" COLUMN, ACCURATEL	HAT THE TIME SHOWN IN THE Y REFLECTS MY COMPENSABLE T	IME.					
Employee Name (Print)	Hou	rs Initials					
Gottschalk	11	15					
Warren							

CUSTOMER AGREES to pay (the "Company") on a net 45 day basis from date of invoice to avoid loss of discount. Invoices older then 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 Da Stottschille	<u> </u>
	CUSTOMER REPRESENTATIVE

Prostate			Pro	o-Stin	n Ch	emio	cals	LLC		
Compiler Major M	Acidizing F	Report							Date 7/1	8/22
State K Stat	Customer (and Mes	sa	Pro-Stim Chemi	DIO		\	Pro-Stim Number	A-26	
State	Well Name & Nur	pber Anders	00	1-20	Formation	on				
Treatment Synopsis Treatme	County			St	ate KS	<u> </u>	Interval	_4162	-66	·
Cesting Size: 3 2 GRD WT Depth Tubing Size: 3 7 8 Spot 4 7 7 7 7 7 7 7 7 7	Well Type:	Completion □	Recompletion	Workover	r D Oil D	Gas□			<i></i>	0
Cesting Size: 3 2 GRD WT Depth Tubing Size: 3 7 8 Spot 4 7 7 7 7 7 7 7 7 7	Job Pumped Via:	Tubing X	Casing □	Annulus □	CTU □ C	ombination	Plug Dep	th 4203	Packer Depth	4138_
Treatment Synopsis	Casing Size:	51/2	GRD V	VT Depth		Tubing Size:	27/	Spot	4170)
Treatment Record 35 1/31/5 3/26	Casing Vol.	<u> </u>	Tbg Vol	Ann V	ol .	OH Vol		Total Displac	\sim	· · · · · · · · · · · · · · · · · · ·
Treatment Record 35 1/31/5 3/26		en ann ann agus an ann ann ann an an agus ann an agus ann an ann an ann an ann an ann ann an		•				50	0 153	10 MCR
Time Type Fluid Rate BMP Increment Vol Bobs Vol Bobs Tubling Casing Tubling Casing Safety Meeting 1	Customer Repre	sentative Signature						_	5 1165	-10
				Increment		Pres		ين		-S & 10
1	Time	Type Fluid	Rate BMP	Vol Bbls	Vol Bbls		Casing	Sofoty Mooting	Observations	
17 Acid 2,5 9,0 0 0 Acid Go AC 15 Acid 2,5 120 0 0 Acid Go AC 16 Flush 2,5 140 0 0 18 Flush 2,5 25 0 0 0 0 1 Load 0 22 Flush 3 26 100 0 24 Flush 13 26 100 0 27 Flush 1,0 34 50 0 32 Flush 1,0 34 50 0 33 Flush 1,0 34 50 0 34 Flush 1,0 36 50 0 Treatment synopsis Avg Inj Rate Treating Pres Max 100 Final 50 Avg. 75 ISIP 0 551 10581 1551		15/0	1700	4	19686					nei
15 Acud 2,5 120 0 d Acid Coo Al 16 Flush 2,5 11,0 0 0 0 18 Flush 2,5 21 0 0 20 19 Flush 2,5 25 0 0 20 11 Loadod 2 24 Flush 13 26 100 0 27 Flush 1,75 28 100 0 29 Flush 1,0 34 50 0 32 Flush 1,0 34 50 0 33 Flush 1,0 3615 50 0 3615	46	Acid	2,5		60	12	$\frac{\mathcal{L}}{\mathcal{L}}$	FIS TEST TO		
16 Flush 2,5	13	Acid	2.5		910		\mathcal{L}	1	and to	GAP
18	15	Acid	315		120	0	0	150	100	G NC
Treatment Synopsis Treatment Synopsis Treatment Synopsis Total Injected H2O 25 Acid /2 Oil Treating Prs Max O D Final 5 O Avg. 75 ISP O 5'SI 10'SI 15'SI 10'SI 10'	16	Flush	215	-	14,0	0	$\frac{0}{0}$			
74 Flish 63 26 100 0 24 Flish 13 26 100 0 27 Flish 1, 25 30 100 0 29 Flish 1, 0 34 50 0 33 Flish 1, 0 36,5 50 0 Treatment Synopsis Treatment Synopsis Treating Prs Max 100 Final 50 Avg. 75 ISP 0 551 1051 1551	18	Flush	215		2	0	\mathcal{L}	<i>C</i> •	011 /	cz eloch
24 Flish 13 26.5 100 0 27 Flish 16 28 100 0 29 Flish 1, 0 34 50 0 33 Flish 1, 0 36.5 50 0 Treatment Synopsis Treating Prs Max 100 Final 50 Avg. 75 ISIP 0 5'SI 10'SI 15'SI	19	Flush	215				$\frac{\circ}{\circ}$	تى ا		<u>300 (())</u>
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Avg Inj Rate Treating Prs Max 100 Final 50 Avg. 75 ISIP 5 5SI 10'SI 15'SI 20 25 30	29	Flush	175		30	100			w control of the second of the	
Avg Inj Rate Treating Prs Max 100 Final 50 Avg. 75 ISIP 5 5SI 10'SI 15'SI 20 25 30	30_	Flush	40		24	130	$\frac{0}{2}$			
Avg Inj Rate Fluid BPM, 75 Total Injected H2O 25 Acid 12 Oil Treating Prs Max 100 Final 50 Avg. 75 ISIP 0 5'SI 10'SI 15'SI	33	Flush	1,0		365	150				
Avg Inj Rate Fluid BPM, 75 Total Injected H2O 25 Acid 12 Oil Treating Prs Max 100 Final 50 Avg. 75 ISIP 0 5'SI 10'SI 15'SI										
Avg Inj Rate Fluid BPM, 75 Total Injected H2O 25 Acid 12 Oil Treating Prs Max 100 Final 50 Avg. 75 ISIP 0 5'SI 10'SI 15'SI						-				
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Treating Prs Max 100 Final 50 Avg. 75 ISIP 5'SI 10'SI 15'SI	A 1 4 PM -	ricannu 7 -				<u></u>	3-	Acid /	Oil	
Treating Prs Max / O O Final 9 O Avg. / 5 15 20 25 30		170		=//	- Jordinijo		<u>メ</u> 5 か	10-		15'SI
	Treating Prs AR-CU	Max 100	rinai b	O Avg.	/ >	IOIF		20	25	

Pro-Stim Chemicals LLC Date 7 **Acidizing Report** Pro-Stim Number Pro-Stim Chemical Yard Dighton Customer Mesa Formation Well Name & Number KS State Interval County OH□ Disposal □ Oil Gas□ Water □ Recompletion Workover □ Completion □ Well Type: Packer Depth 4203 Plug Depth 4244 Combination □ CTU 🗆 Annulus □ Tubing (Casing □ Job Pumped Via: Spot Tubing Size: GRD WT Depth Casing Size: Total Displacement OH Vol Tbg Vol Ann Vol Casing Vol. 15% MCA 250 3 Gal Ras-10 Customer Representative Signature . **Treatment Record** Pressure Cum Increment Observations Rate BMP Type Fluid Time Vol Bbls Tubing Casing Vol Bbls SPOTTEC Safety Meeting Prs Test to WOI **Treatment Synopsis** Total Injected Oil Avg Inj Rate Fluid BPM H20 Acid 15'SI ISIP 5'SI 10'SI 100 Avg. 150 Final Max Treating Prs 20 25 AR-CU

601	RAND ME	S A	Pro-Stim	Chemical Yard	*****************************	***************************************	Pro-Stim Number	Date 7 20 - 22
Name & N	lumber ANDERSON	1-7/		SHTON Form	ation		1 19-25	
	OGAN	en e	The service of the se	State //		Interva		
Туре:	Completion □	Recompleti	an f r 181.	State 1/5			4162-66	
			***************************************	rkover 🗆 Oil C	Gas 🗆	Water O	***************************************	Perf D OH D
Pumped V		-	Annulus	СТИП	Combination		pth	Packer Depth 4138
ing Vol.	51/2	GRD	1	Depth	Tubing Size:	27/8	Spot	
ing voi.	,66	Tbg Vol	3.95 A	nn Vol	OH Vol		Total Displacen	nent 25
tomer Repn	esentative Signature .			Treatment	Record	25 OBC	2% KIL	125 125 ENE-PT 5-A10-25 12.5-R6510 125-ACETIL 7-RAS-92 15
Time	Type Fluid	Rale BMP	Increment Vol Bbls	Cum Vol Bbls	Pres: Tubing	sure Casing		Observations
0	ACID	3,95		.14	0		Safety Meeting 57	
4	11	4.6		13.10	50	***************************************	Prs Test to	
6	11	2.8		23.43	70	4	LOADED	
8	t /	4.75		30	30		ACID	10
8	FLUID	4.75		30.1	30			Lust
10	11	4.11		36.38	390			
11,	1/	4.98		40.15	430	*****************************	with a	
13	()	5.06		45.10	500			
15	***************************************	5.09		55	440		JOB CE	MPCETE
15	6	mandage from		55.32	VAC		15 c P	
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	Marie de la Proposición de la compania de la compa			Treatment Syr	opsis			
nj Rate	Fluid BPM 4.5			Total Inject	p-1	S A0	id 30 OII	
ing Prs	Max 500	Final 4	40 Avg.	450	ISIP UM	5'8		SI 15°SI

Customer	RAND ME	CA	***********************	Pro-S	Stim Ch	emical Yard	-	-		Ozo Cilia II.		7-2	0-22
Vell Name &	Number G.AUDERSC			$-\perp \mathcal{D}$	VaH		mation	***************************************		Pro-Stim Num H - 2	<u>s</u>		
County	GAN GAN	<u> </u>	<u>-26</u>	derformation in the second of the second state		1	manori		****	*****		and the second	
***************************************						State KS		Int	erval	1226-2	2 <i>\$</i>		
Vell Type:	Completion □	Ri	ecomplet	ONO.	Worko	ver□ Oil	□ Gas □	Wate	ro	Disposal 🗆	Р	enf D ()H D
ob Pumped \	/ia: Tubing/	to Ca	sing 🗆	Annulus	-	CTU	Combination	Plu	g Depth			Packer Dept	<u> </u>
asing Size:	AMB 51/2	: [GRD	WT	Dep	th	Tubing Size	9: 77		Spot		4203	7
asing Vol.	· 6	7	bg Vol	24.33	Ann	Vol	OH Voi	278	····		nlanam		
AND AND ASSESSMENT STREET, ASSESSMENT ASSESS	er vernegenisele in her en			angangan anganggan dan dan dan dan dan dan dan dan dan d		***************************************		250	20%	Nob	23/2	25	Z.: F. S. F.
stomer Repr	esentative Signature	-	-					SBBL	22	SFE FCL		12.5	- CNE-99 - 410-25 RAS-10
Mik liphokana oo kaksuli johuwakin aha niikawalaani						Treatment		***************************************	*	, , , ,		127 5 -	9 6 8 221
Time	Type Fluid	Rate BMP		Increment Vol Bbis		Cum	Pre	ssure		START AG		7-RAS-9Z 15- CIN	
0	ACID	2.73	2.73		-	Vol Bbis	Tubing	Casing		Safety Meeting		pservations	
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රි ර්	11	4.39	4.39				420			ACID IN			
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, <u></u> •				- was able to consider		Treatment Sy	iopsis				7	***************************************	
-	Fluid BPM 4					Total Inject	H2O 3	H20 25 AC		id 30 Oil			
ng Prs	Max 500	Fina	1501) Avg	. 44	50	ISIP 🙀		5'SI		10'\$1		15'SI