

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) (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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Form	ACO1 - Well Completion
Operator	Kahan and Associates, Inc
Well Name	BLAKE 10 A
Doc ID	1870508

Casing

Purpose Of String	Size Hole Drilled	Size Casing Set	Weight	Setting Depth	Type Of Cement	Number of Sacks Used	Type and Percent Additives
Liner	7	5.5	15.5	3835	60/40 poz	310	0
Conductor	17.5	13.375	48	289	?	300	0
Production	9.5	7	20	3882	?	1000	0
Surface	12.25	10.75	40	564	?	225	0

COPELAND

Acid & Cement

BURRTON, KS (620) 463-5161
 GREAT BEND, KS (620) 793-3366
 FAX (620) 463-2104 FAX (620) 793-3536

POST OFFICE BOX 438
 HAYSVILLE, KS 67060
 (316) 524-1225
 (316) 524-1027 FAX

Invoice

RECEIVED

DEC 01 2025

KAHAN & ASSOCIATES

INVOICE NUMBER:
C48707-IN

BILL TO:

KAHAN & ASSOCIATES
 2105 S WORTHINGTON RD
 BURRTON, KS 67020

LEASE: BLAKE 10-A SWD

DATE	ORDER	SALESMAN	ORDER DATE	PURCHASE ORDER	SPECIAL INSTRUCTIONS	
11/13/2025	48707		11/06/2025	BLAKE 10-A SWD	NET 30	
QUANTITY	U/M	ITEM NO./DESCRIPTION		D/C	PRICE	EXTENSION
8.00	MI	MILEAGE CEMENT PUMP TRUCK		0.00	6.00	48.00
1.00	EA	CEMENT PUMP CHARGE		0.00	700.00	700.00
35.00	SK	COMMON CEMENT		0.00	18.00	630.00
3.00	SK	CALCIUM CHLORIDE		0.00	42.00	126.00
1.00	EA	BULK CHARGE-MIN CHG		0.00	150.00	150.00
1.00	MI	BULK TRUCK - TON MILES-MIN CHG		0.00	150.00	150.00

APPROVED

W. M. [Signature]
 11-25-25

Vendor No	C01640		Due Date	12/5
GL	Amount	Lease	Cias:	
	1939.30	3000.74	342	
Total			Disc Date	

REMIT TO:
 P.O. BOX 438
 HAYSVILLE, KS 67060

RECEIVED BY

COB

FUEL SURCHARGE IS NOT TAXABLE AND IS ADDED TO MILEAGE, PUMP AND OR DELIVERY CHARGES ONLY.

NET 30 DAYS

Net Invoice: 1,804.00
 RENCO Sales Tax: 135.30
Invoice Total: 1,939.30

There will be a charge of 1.5% "per month" (18% annual rate) on all accounts over 30 days pas

COPELAND

Acid & Cement

BURRTON, KS (620) 463-5161
 GREAT BEND, KS (620) 793-3366
 FAX (620) 463-2104 FAX (620) 793-3536

POST OFFICE BOX 438
 HAYSVILLE, KS 67060
 (316) 524-1225
 (316) 524-1027 FAX

Invoice

RECEIVED
 OCT 27 2025
 KAHAN & ASSOCIATES

INVOICE NUMBER:
C48686-IN

BILL TO:

KAHAN & ASSOCIATES
 2105 S WORTHINGTON RD
 BURRTON, KS 67020

LEASE: **BLAKE 10 A SWD**

DATE	ORDER	SALESMAN	ORDER DATE	PURCHASE ORDER	SPECIAL INSTRUCTIONS																													
10/15/2025	48686		10/10/2025	BLAKE 10 A SWD	NET 30																													
QUANTITY	U/M	ITEM NO./DESCRIPTION		D/C	PRICE	EXTENSION																												
8.00	MI	MILEAGE CEMENT PUMP TRUCK		0.00	6.00	48.00																												
1.00	EA	PUMP CHARGE FOR SQUEEZE JOB		0.00	1,000.00	1,000.00																												
490.00	SK	COMMON CEMENT		0.00	18.00	8,820.00																												
16.00	SK	CALCIUM CHLORIDE		0.00	42.00	672.00																												
490.00	EA	BULK CHARGE		0.00	1.25	612.50																												
1.00	MI	BULK TRUCK - TON MILES-MN CHG		0.00	150.00	150.00																												
<p>APPROVED <i>Wad/AM</i> 10-21-2025</p>																																		
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>Vendor No</td> <td colspan="2">C01640</td> <td>Due Date</td> <td colspan="3">10/31</td> </tr> <tr> <td>GL</td> <td>Amount</td> <td>Lease</td> <td>Class</td> <td colspan="3"></td> </tr> <tr> <td></td> <td>12,014.40</td> <td>3000.00</td> <td>329</td> <td colspan="3"></td> </tr> <tr> <td>Total \$</td> <td></td> <td></td> <td>Disc Date</td> <td colspan="3"></td> </tr> </table>							Vendor No	C01640		Due Date	10/31			GL	Amount	Lease	Class					12,014.40	3000.00	329				Total \$			Disc Date			
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GL	Amount	Lease	Class																															
	12,014.40	3000.00	329																															
Total \$			Disc Date																															
REMIT TO: P.O. BOX 438 HAYSVILLE, KS 67060		COB FUEL SURCHARGE IS NOT TAXABLE AND IS ADDED TO MILEAGE, PUMP AND OR DELIVERY CHARGES ONLY.		Net Invoice: 11,302.50 Renco Sales Tax: 711.90 Invoice Total: 12,014.40																														
RECEIVED BY _____		NET 30 DAYS																																

There will be a charge of 1.5% "per month" (18% annual rate) on all accounts over 30 days pas

Copeland Acid & Cement is a subsidiary of Gressel Oil Field Service

Gressel Oil Field Service reserves a security interest in the goods sold until the same are paid for in full and reserve all the rights of a secured party under the Uniform Commercial Code.

COPELAND

Acid & Cement

BURRTON, KS (620) 463-5161
 GREAT BEND, KS (620) 793-3366
 FAX (620) 463-2104 FAX (620) 793-3536

POST OFFICE BOX 438
 HAYSVILLE, KS 67060
 (316) 524-1225
 (316) 524-1027 FAX

Invoice

INVOICE NUMBER:
C48602-IN

BILL TO:
KAHAN & ASSOCIATES
2105 S WORTHINGTON RD
BURRTON, KS 67020

RECEIVED
 JUL 09 2025
 KAHAN & ASSOCIATES

LEASE: **BLAKE A-10 SWD**

DATE	ORDER	SALESMAN	ORDER DATE	PURCHASE ORDER	SPECIAL INSTRUCTIONS																																																		
05/21/2025	48602		05/19/2025	BLAKE A-10 SWD	NET 30																																																		
QUANTITY	U/M	ITEM NO./DESCRIPTION		D/C	PRICE	EXTENSION																																																	
8.00	MI	MILEAGE PUMP TRUCK		0.00	6.00	48.00																																																	
1.00	EA	DELIVERY CHARGE - DUMP JOB		0.00	225.00	225.00																																																	
6.00	GAL	CORROSION INHIBITOR		30.00	50.00	210.00																																																	
1,500.00	GAL	20% FE ACID		30.00	3.61	3,790.50																																																	
1.00	LOT	TAXABLE PORTION OF ACID/ADD		0.00	1,714.50	1,714.50																																																	
<table border="1"> <tr> <td>Vendor No</td> <td colspan="2">C01640</td> <td>Due Date</td> <td colspan="3">6/10/</td> </tr> <tr> <td>GL</td> <td>Amount</td> <td>Lease</td> <td>Class</td> <td colspan="3"></td> </tr> <tr> <td></td> <td>6116.59</td> <td>300010</td> <td>321</td> <td colspan="3"></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td colspan="3"></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td colspan="3"></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td colspan="3"></td> </tr> <tr> <td>Total \$</td> <td></td> <td></td> <td>Disc Date</td> <td colspan="3"></td> </tr> </table>							Vendor No	C01640		Due Date	6/10/			GL	Amount	Lease	Class					6116.59	300010	321																									Total \$			Disc Date			
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GL	Amount	Lease	Class																																																				
	6116.59	300010	321																																																				
Total \$			Disc Date																																																				
REMIT TO: P.O. BOX 438 HAYSVILLE, KS 67060		COB FUEL SURCHARGE IS NOT TAXABLE AND IS ADDED TO MILEAGE, PUMP AND OR DELIVERY CHARGES ONLY.		Net Invoice: 5,988.00 Renco Sales Tax: 128.59 Invoice Total: 6,116.59																																																			
RECEIVED BY		NET 30 DAYS																																																					

APPROVED
 [Signature]
 5-27-2025

There will be a charge of 1.5% "per month" (18% annual rate) on all accounts over 30 days pas

COPELAND

POST OFFICE BOX 438
 HAYSVILLE, KS 67060
 (316) 524-1225
 (316) 524-1027 FAX

Invoice

Page 1

Acid & Cement

BURRTON, KS ♦ GREAT BEND, KS
 (620) 463-5161 (620) 793-3366
 FAX (620) 463-2104 FAX (620) 793-3536

INVOICE NUMBER:
C48713-IN

RECEIVED

DEC 08 2025

LEASE: BLAKE 10-A SWD

BILL TO:
KAHAN & ASSOCIATES
2105 S WORTHINGTON RD
BURRTON, KS 67020

KAHAN & ASSOC

DATE	ORDER	SALESMAN	ORDER DATE	PURCHASE ORDER	SPECIAL INSTRUCTIONS	
11/18/2025	48713		10/14/2025	BLAKE 10-A SWD	NET 30	
QUANTITY	U/M	ITEM NO./DESCRIPTION		D/C	PRICE	EXTENSION
8.00	MI	MILEAGE CEMENT PUMP TRUCK		0.00	6.00	48.00
1.00	EA	CEMENT PUMP CHARGE		0.00	700.00	700.00
45.00	SK	COMMON CEMENT		0.00	18.00	810.00
2.00	SK	CALCIUM CHLORIDE		0.00	42.00	84.00
1.00	EA	BULK CHARGE-MIN CHG		0.00	150.00	150.00
1.00	MI	BULK TRUCK - TON MILES-MIN CHG		0.00	150.00	150.00
<p>APPROVED</p> <p><i>[Signature]</i></p> <p>11-28-25</p>						
REMIT TO: P.O. BOX 438 HAYSVILLE, KS 67060		COB FUEL SURCHARGE IS NOT TAXABLE AND IS ADDED TO MILEAGE, PUMP AND OR DELIVERY CHARGES ONLY.		Net Invoice: 1,942.00 Renco Sales Tax: 67.05 Invoice Total: 2,009.05		
RECEIVED BY _____		NET 30 DAYS				

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COPELAND

Acid & Cement

BURRTON, KS ♦ GREAT BEND, KS
 (620) 463-5161 (620) 793-3366
 FAX (620) 463-2104 FAX (620) 793-3536

POST OFFICE BOX 438
 HAYSVILLE, KS 67060
 (316) 524-1225
 (316) 524-1027 FAX

Invoice

RECEIVED

DEC 15 2025

KAHAN & ASSOC

INVOICE NUMBER:
C48716-IN

BILL TO:
KAHAN & ASSOCIATES
2105 S WORTHINGTON RD
BURRTON, KS 67020

LEASE: BLAKE 10-A SWD

DATE	ORDER	SALESMAN	ORDER DATE	PURCHASE ORDER	SPECIAL INSTRUCTIONS	
11/25/2025	48716		11/21/2025	BLAKE 10-A SWD	NET 30	
QUANTITY	U/M	ITEM NO./DESCRIPTION		D/C	PRICE	EXTENSION
8.00	MI	MILEAGE CEMENT PUMP TRUCK		0.00	6.00	48.00
1.00	EA	PUMP CHARGE FOR LINER JOB		0.00	1,200.00	1,200.00
310.00	SK	60/40 POZ MIX 2% GEL		0.00	14.50	4,495.00
1.00	EA	5 1/2 FLOAT SHOE SLIN HOLE		0.00	315.00	315.00
1.00	EA	5 1/2 WIPER RUBBER		0.00	85.00	85.00
310.00	EA	BULK CHARGE		0.00	1.25	387.50
1.00	MI	BULK TRUCK - TON MILES-MIN CHG		0.00	150.00	150.00
<div style="font-size: 2em; font-weight: bold; margin-bottom: 10px;">APPROVED</div> <div style="font-family: cursive; font-size: 1.5em; margin-bottom: 10px;"> </div> <div style="font-size: 1.5em;">12-1-2025</div>						
REMIT TO: P.O. BOX 438 HAYSVILLE, KS 67060		COB FUEL SURCHARGE IS NOT TAXABLE AND IS ADDED TO MILEAGE, PUMP AND OR DELIVERY CHARGES ONLY.		Net Invoice: 6,680.50 RENCO Sales Tax: 367.13 Invoice Total: 7,047.63		<hr style="border: none; border-top: 1px solid black;"/> <hr style="border: none; border-top: 3px double black;"/>
RECEIVED BY _____		NET 30 DAYS				

There will be a charge of 1.5% "per month" (18% annual rate) on all accounts over 30 days pas

COPELAND

POST OFFICE BOX 438
 HAYSVILLE, KS 67060
 (316) 524-1225
 (316) 524-1027 FAX

Invoice

Acid & Cement

BURRTON, KS ● GREAT BEND, KS
 (620) 463-5161 (620) 793-3366
 FAX (620) 463-2104 FAX (620) 793-3536

INVOICE NUMBER:
 C48717-IN

BILL TO:
 KAHAN & ASSOCIATES
 2105 S WORTHINGTON RD
 BURRTON, KS 67020

RECEIVED

DEC 15 2025

LEASE: BLAKE 10-A SWD

KAHAN & ASSOC.

DATE	ORDER	SALESMAN	ORDER DATE	PURCHASE ORDER	SPECIAL INSTRUCTIONS	
11/30/2025	48717		11/25/2025	BLAKE 10-A SWD	NET 30	
QUANTITY	U/M	ITEM NO./DESCRIPTION		D/C	PRICE	EXTENSION
8.00	MI	MILEAGE PUMP TRUCK		0.00	6.00	48.00
1.00	EA	PUMP CHARGE - ACID		0.00	650.00	650.00
1,680.00	GAL	28% FE ACID		30.00	4.58	5,386.08
8.00	GAL	CORROSION INHIBITOR		30.00	50.00	280.00
1.00	LOT	TAXABLE PORTION OF ACID/ADD		0.00	2,428.32	2,428.32
<p>APPROVED <i>W. J. Miller</i> 12-9-2025</p>						
REMIT TO: P.O. BOX 438 HAYSVILLE, KS 67060		COB FUEL SURCHARGE IS NOT TAXABLE AND IS ADDED TO MILEAGE, PUMP AND OR DELIVERY CHARGES ONLY.		Net Invoice: 8,792.40 RENCO Sales Tax: 182.12 Invoice Total: 8,974.52		
RECEIVED BY _____		NET 30 DAYS				

There will be a charge of 1.5% "per month" (18% annual rate) on all accounts over 30 days pas



TREATMENT REPORT

Acid Stage No.

Date 11/25/2025 District F. O. No.
 Company Kahan + Associates
 Well Name & No. Blake 10-A sub
 Location Field
 County Perry County State MS
 Casing: Size 5 1/2" Type & Wt. Set at ft.
 Formation: Perf. to
 Formation: Perf. to
 Formation: Perf. to
 Liner: Size Type & Wt. Top at ft. Bottom at ft.
 Cemented: Yes/No. Perforated from ft. to ft.
 Tubing: Size & Wt. 2 7/8" Spung at ft.
 Perforated from ft. to ft.
 Open Hole Size T. D. ft. P. H. to ft.

Type Treatment: Amt. Type Fluid Sand Size Pounds of Sand
 Breakdown 1680 Bbl. 28% Fe acid
 Bbl./Gal.
 Bbl./Gal.
 Flush 100 Bbl./Gal. Kill water
 Treated from ft. to ft. No. ft.
 from ft. to ft. No. ft.
 from ft. to ft. No. ft.
 Actual Volume of Oil/Water to Load Hole: 5 (Bbl./Gal.)
 Pump Trucks, No. Used: Std. #323 Sp. Twin
 Auxiliary Equipment
 Packer: Set at ft.
 Auxiliary Tools
 Plugging or Sealing Materials: Type
 Gain lb.

Company Representative Treater Demick

TIME a.m / p.m.	PRESSURES		Total Fluid Pumped	REMARKS
	Tubing	Casing		
8:50				Asst. SIA, Rig up + tie onto tubing @ 4204'
9:09	50#		20 Bbl	Start @ 40 gal. 28% Fe acid First 5 Bbl 3 1/2 Bpm @ 50# Last 15 Bbl 2 Bpm @ 50# ISIP-Vac.
9:22	200#		50 Bbl	Start flush First 8 Bbl 3 Bpm @ 100# Next 2 1/2 Bbl 3 Bpm @ 50# Next 3 Bbl 3 Bpm @ 100# Next 10 1/4 Bbl 3 Bpm @ 150# Last 20 1/4 Bbl 3 Bpm @ 200# ISIP-100#, 10 sec. to vac, pull 10 joints of tubing + tie onto it
9:44	10		20 Bbl	Start @ 40 gal. 28% Fe acid, 2 Bpm @ 100#, ISIP-Vac.
9:55	200#		50 Bbl	Start flush First 8 Bbl 3 Bpm @ 100# Next 5 1/2 Bbl 3 Bpm @ 50# Next 1 Bbl 3 Bpm @ 100# Next 8 1/2 Bbl 3 Bpm @ 150# Last 27 Bbl 3 Bpm @ 200# ISIP-100#, 10 sec. to vac.
10:25				Tear down L.L.

Demick