



KANSAS CORPORATION COMMISSION 1086900
OIL & GAS CONSERVATION DIVISION

Form ACO-1
June 2009
Form Must Be Typed
Form must be Signed
All blanks must be Filled

WELL COMPLETION FORM
WELL HISTORY - DESCRIPTION OF WELL & LEASE

OPERATOR: License # 4419
Name: Bear Petroleum, LLC
Address 1: PO BOX 438
Address 2: _____
City: HAYSVILLE State: KS Zip: 67060 + 0438
Contact Person: R. A. (Dick) Schremmer
Phone: (316) 524-1225
CONTRACTOR: License # 34233
Name: Maverick Drilling LLC
Wellsite Geologist: Marc Downing
Purchaser: Coffeyville Resources

Designate Type of Completion:
 New Well Re-Entry Workover
 Oil WSW SWD SIOW
 Gas D&A ENHR SIGW
 OG GSW Temp. Abd.
 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 ENHR Conv. to SWD
 Conv. to GSW
 Plug Back: _____ Plug Back Total Depth _____
 Commingled Permit #: _____
 Dual Completion Permit #: _____
 SWD Permit #: _____
 ENHR Permit #: _____
 GSW Permit #: _____

<u>04/26/2012</u>	<u>05/04/2012</u>	<u>05/24/2012</u>
Spud Date or Recompletion Date	Date Reached TD	Completion Date or Recompletion Date

API No. 15 - 15-145-21670-00-00

Spot Description: _____
NE NW SW SW Sec. 32 Twp. 20 S. R. 20 East West
1318 Feet from North / South Line of Section
528 Feet from East / West Line of Section

Footages Calculated from Nearest Outside Section Corner:
 NE NW SE SW

County: Pawnee
Lease Name: Armstrong B Well #: 2

Field Name: Steffen
Producing Formation: Mississippi

Elevation: Ground: 2202 Kelly Bushing: 2212
Total Depth: 4380 Plug Back Total Depth: 4369

Amount of Surface Pipe Set and Cemented at: 411 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: 100 ppm Fluid volume: 160 bbls
Dewatering method used: Hauled to Disposal

Location of fluid disposal if hauled offsite:
Operator Name: Gressel Oil Field Service LLC
Lease Name: Rothe F License #: 3004
Quarter SE Sec. 21 Twp. 16 S. R. 17 East West
County: Rush Permit #: D-21544

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

Letter of Confidentiality Received
Date: _____

Confidential Release Date: _____

Wireline Log Received

Geologist Report Received

UIC Distribution

ALT I II III Approved by: Deanna Gomboc Date: 07/11/2012



1086900

Operator Name: Bear Petroleum, LLC Lease Name: Armstrong B Well #: 2
 Sec. 32 Twp. 20 S. R. 20 East West County: Pawnee

INSTRUCTIONS: Show important tops and base 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. Attach complete copy of all Electric Wire-line Logs surveyed. Attach final geological well site report.

Drill Stem Tests Taken <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <i>(Attach Additional Sheets)</i> Samples Sent to Geological Survey <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Cores Taken <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Electric Log Run <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Electric Log Submitted Electronically <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <i>(If no, Submit Copy)</i> List All E. Logs Run: Attached	<input type="checkbox"/> Log Formation (Top), Depth and Datum <input checked="" type="checkbox"/> Sample Name Top Datum Attached Attached Attached
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CASING RECORD <input checked="" 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
Surface	12.25	8.625	24	411	60/40 poz	170	2% gel, 3% cc
Surface	12.25	8.625	24	411	common	100	3% cc
Production	12.25	5.5	14	4370	60/40 poz	150	2% gel, 3/4% cfr2

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	4370-4380	common	50	5 gal C-20L
<input type="checkbox"/> Plug Back TD				
<input checked="" type="checkbox"/> Plug Off Zone	-			

Shots Per Foot	PERFORATION RECORD - Bridge Plugs Set/Type Specify Footage of Each Interval Perforated	Acid, Fracture, Shot, Cement Squeeze Record (Amount and Kind of Material Used)	Depth
4	4354-58, 4362-69	500 gal 15% DSFE w/Clay Stay	4354-4369
0	4370-4380	Open Hole - All water - cement squeezed w/50 sax	

TUBING RECORD:		Size: <u>2.375</u>	Set At: <u>4362</u>	Packer At: <u>NA</u>	Liner Run: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Date of First, Resumed Production, SWD or ENHR. <u>06/12/2012</u>		Producing Method: <input type="checkbox"/> Flowing <input checked="" type="checkbox"/> Pumping <input type="checkbox"/> Gas Lift <input type="checkbox"/> Other (Explain) _____			
Estimated Production Per 24 Hours	Oil Bbbls. <u>3</u>	Gas Mcf <u>0</u>	Water Bbbls. <u>110</u>	Gas-Oil Ratio	Gravity <u>40</u>

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 checked="" type="checkbox"/> Perf. <input type="checkbox"/> Dually Comp. <input type="checkbox"/> Commingled <i>(Submit ACO-5)</i> <i>(Submit ACO-4)</i> <input type="checkbox"/> Other (Specify) _____	PRODUCTION INTERVAL: <u>4354-4369</u>
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Form	ACO1 - Well Completion
Operator	Bear Petroleum, LLC
Well Name	Armstrong B 2
Doc ID	1086900

All Electric Logs Run

Computer Processed Interpretation
Borehole Compensated Sonic Log
Microresistivity Log
Dual Induction Log
Sonic Cement Bond Log
Dual Compensated Proximity Log

Form	ACO1 - Well Completion
Operator	Bear Petroleum, LLC
Well Name	Armstrong B 2
Doc ID	1086900

Tops

Top Anhydrite	1379	+833
Base Anhydrite	1406	+806
Heebner	3728	-1516
Lansing	3777	-1565
BKC	4099	-1887
Fort Scott	4286	-2074
Cherokee Sh	4301	-2089
Mississippi	4354	-2142



TRILOBITE TESTING INC.

P.O. Box 1733 • Hays, Kansas 67601

Test Ticket

NO. 47281

Well Name & No. Armstrong B #2 Test No. 1 Date 5-2-12
 Company Bear Petroleum, LLC Elevation 2212 KB 2202 GL
 Address PO Box 438, Haysville, KS. 67060
 Co. Rep / Geo. Marc Downing Rig Maaverick #106
 Location: Sec. 32 Twp. 20s Rge. 20w Co. Pawnee State KS

Interval Tested 4331 - 4367 Zone Tested Mississippi
 Anchor Length 36' Drill Pipe Run 4333 Mud Wt. 9.2
 Top Packer Depth 4324 Drill Collars Run 0 Vis 62
 Bottom Packer Depth 4331 Wt. Pipe Run 0 WL 8.0
 Total Depth 4367 Chlorides 3,000 ppm System LCM 3#
 Blow Description IFA - Intermittant Surface Blow
ISI - Dead
EFP - Dead
FSI - Dead

Rec	Feet of	%gas	%oil	%water	%mud
<u>8</u>	<u>Feet of Mud w/oil specks</u>				
Rec	Feet of	%gas	%oil	%water	%mud
Rec	Feet of	%gas	%oil	%water	%mud
Rec	Feet of	%gas	%oil	%water	%mud
Rec	Feet of	%gas	%oil	%water	%mud

Rec Total 8 BHT _____ Gravity _____ API RW _____ @ _____ °F Chlorides _____ ppm

(A) Initial Hydrostatic 2161 Test 1200 T-On Location 20:58
 (B) First Initial Flow 17 Jars 250 T-Started 22:25
 (C) First Final Flow 18 Safety Joint 75 T-Open 1:26
 (D) Initial Shut-In 435 Circ Sub _____ T-Pulled 3:26
 (E) Second Initial Flow ✓ Hourly Standby _____ T-Out 6:00
 (F) Second Final Flow 20 Mileage 126 at 195.30 Comments _____
 (G) Final Shut-In 234 Sampler _____
 (H) Final Hydrostatic 2131 Straddle _____
 Shale Packer
 Extra Packer
 Extra Recorder
 Day Standby
 Accessibility

Initial Open _____
 Initial Shut-In _____
 Final Flow _____
 Final Shut-In _____

Sub Total 1770.30 MP/DST Disc't _____

Approved By _____ Our Representative Jason McJannet Thank you!

TriLOBITE Testing Inc. shall not be liable for damaged of any kind of the property or personnel of the one for whom a test is made, or for any loss suffered or sustained, directly or indirectly, through the use of its equipment, or its statements or opinion concerning the results of any test, tools lost or damaged in the hole shall be paid for at cost by the party for whom the test is made.

RECEIVED
JUL 09 2012
KCC WICHITA



TRILOBITE TESTING INC.

P.O. Box 1733 • Hays, Kansas 67601

Test Ticket

NO. 47282

Well Name & No. Armstrong B #2 Test No. 2 Date 5-3-12
 Company Bear Petroleum, LLC Elevation 2212 KB 2202 GL
 Address PO Box 438, Haysville, KS, 67060
 Co. Rep / Geo. Mace Downing Rig Maverick #106
 Location: Sec. 32 Twp. 20s Rge. 20w Co. Pawnee State KS

Interval Tested 4366-4376 Zone Tested Mississippi
 Anchor Length 10' Drill Pipe Run 4365 Mud Wt. 9.2
 Top Packer Depth 4361 Drill Collars Run 0 Vis 54
 Bottom Packer Depth 4366 Wt. Pipe Run 0 WL 12.0
 Total Depth 4376 Chlorides 8,000 ppm System LCM 2nd
 Blow Description IFP - Weak Blow, Built to 2 1/4"
ISI - Dead
FFP - Weak Blow, Built to 1 1/4" (plugging action)
FSI - Dead

Rec	Feet of	%gas	%oil	%water	%mud
<u>45</u>	<u>HOCM</u>	<u>30</u>		<u>70</u>	
Rec	Feet of	%gas	%oil	%water	%mud
Rec	Feet of	%gas	%oil	%water	%mud
Rec	Feet of	%gas	%oil	%water	%mud
Rec	Feet of	%gas	%oil	%water	%mud
Rec	Feet of	%gas	%oil	%water	%mud

Rec Total 45 BHT Gravity API RW @ F Chlorides ppm
 (A) Initial Hydrostatic 2153 ■ Test 1250 T-On Location 13:11
 (B) First Initial Flow 16 ■ Jars 250 T-Started 13:22
 (C) First Final Flow 23 ■ Safety Joint 75' T-Open 16:00
 (D) Initial Shut-In 1115 □ Circ Sub T-Pulled 19:00
 (E) Second Initial Flow X □ Hourly Standby T-Out 21:26
 (F) Second Final Flow X ■ Mileage 126 rt 195.30 Comments _____
 (G) Final Shut-In 1092 □ Sampler _____
 (H) Final Hydrostatic 2113 □ Straddle _____
 □ Shale Packer _____
 □ Extra Packer _____
 □ Extra Recorder _____
 □ Day Standby _____
 □ Accessibility _____
 Sub Total 1770.30

Initial Open 45
 Initial Shut-In 45
 Final Flow 45
 Final Shut-In 45

RECEIVED
 JUL 09 2012
 Sub Total 0
 Total 1770.30 KCGG WICHITA
 MP/DST Disc't _____

Approved By _____ Our Representative Jason M. Larson Thank you

Triobite Testing Inc. shall not be liable for damaged or any kind of the property or personnel of the one for whom a test is made, or for any loss suffered or sustained, directly or indirectly, through the use of its equipment, or its statements or opinion concerning the results of any test, tools lost or damaged in the hole shall be paid for at cost by the party for whom the test is made



TRILOBITE TESTING INC.

P.O. Box 1733 • Hays, Kansas 67601

Test Ticket

NO. 47283

Well Name & No. Armstrong B #2 Test No. 3 Date 5-4-12
 Company Bear Petroleum, LLC Elevation 2212 KB 2202 GL
 Address PO Box 438, Haysville, KS. 67060
 Co. Rep/Geo. Marc Downing Rig Maverick #106
 Location: Sec. 32 Twp. 20s Rge. 20w Co. Pawnee State KS

Interval Tested 4368 - 4380 Zone Tested Mississippi
 Anchor Length 1.2' Drill Pipe Run 4365 Mud Wt. 9.2
 Top Packer Depth 4363 Drill Collars Run 0 Vis 54
 Bottom Packer Depth 4368 Wt. Pipe Run 0 WL 12.0
 Total Depth 4380 Chlorides 8,000 ppm System LCM 2nd
 Blow Description IFP - Good Blow, BOB in 40 min.
ISI - Dead
FFP - Good Blow, Built to 9"
FBI - Blowback Built to 1/2" for 15 min.

Rec	Feet of	%gas	%oil	%water	%mud
30	Erc Oil				
60	OCMW	20	40	40	40
60	Muddy Water	1	89	10	10
	120' GIP				

Rec Total 150' BHT _____ Gravity API RW 240 @ 87 F Chlorides 26,000 ppm
 (A) Initial Hydrostatic 2154 Test 1250 T-On Location 3:09
 (B) First Initial Flow 17 Jars 250 T-Started 3:30
 (C) First Final Flow 52 Safety Joint 75 T-Open 6:26
 (D) Initial Shut-In 1125 Circ Sub _____ T-Pulled 9:26
 (E) Second Initial Flow 58 Hourly Standby _____ T-Out 11:44
 (F) Second Final Flow 84 Mileage 120RT 195.30 Comments _____
 (G) Final Shut-In 1118 Sampler _____
 (H) Final Hydrostatic 2127 Straddle _____
 Initial Open 45 Shale Packer _____
 Initial Shut-In 45 Shale Packer _____
 Final Flow 45 Extra Packer _____
 Final Shut-In 45 Extra Recorder _____
 Sub Total 177030 Day Standby _____
 Accessibility _____
 Sub Total 177030 MP/DST Disc't RECEIVED

Approved By _____ Our Representative _____
 TriLOBITE TESTING INC. shall not be liable for damaged of any kind of the property or personned of the one for whom a test is made, or for any loss suffered or sustained, directly or indirectly, through the use of its equipment, or its statements or opinion concerning the results of any test, tools lost or damaged in the hole shall be paid for at cost by the party for whom the test is made.
JUL 09 2012
KCC WICHITA



Cement Surface
Pipe

FIELD ORDER N° C 39536

BOX 438 • HAYSVILLE, KANSAS 67060
316-524-1225

DATE 4/27/12 2012

IS AUTHORIZED BY: Beer Petroleum
(NAME OF CUSTOMER)

Address _____ City _____ State _____

To Treat Well As Follows: Lease Armstrong Well No. B-2 Customer Order No. _____

Sec. Twp. _____ Range _____ County Pawnee State KS

CONDITIONS: As a part of the consideration hereof it is agreed that Copeland Acid Service is to service or treat at owners risk, the hereinbefore mentioned well and is not to be held liable for any damage that may accrue in connection with said service or treatment. Copeland Acid Service has made no representation, expressed or implied, and no representations have been relied on, as to what may be the results or effect of the servicing or treating said well. The consideration of said service or treatment is payable. There will be no discount allowed subsequent to such date. 6% interest will be charged after 60 days. Total charges are subject to correction by our invoicing department in accordance with latest published price schedules.

The undersigned represents himself to be duly authorized to sign this order for well owner or operator.

THIS ORDER MUST BE SIGNED BEFORE WORK IS COMMENCED _____ By _____
Well Owner or Operator Agent

CODE	QUANTITY	DESCRIPTION	UNIT COST	AMOUNT
	50	mileage pump truck	4.00	200.00
	50	mileage pickup	2.00	100.00
	1	Pump Charge		1,100.00
	175	60% 40 pax - 2% sel.	9.25	1,618.75
	100	Common	11.25	1,125.00
	12	Calcium Chloride	40.00	480.00
	1	8 5/8" plug		65.00
	1	8 3/8" baffle		105.00
	287	Bulk Charge	1.25	358.75
		Bulk Truck Miles $12.88 \text{ T} \times 50 = 644 \text{ T} \times 1.10$	1.10	708.40
		Process License Fee on _____ Gallons		
TOTAL BILLING				5,260.00

I certify that the above material has been accepted and used; that the above service was performed in a good and workmanlike manner under the direction, supervision and control of the owner, operator or his agent, whose signature appears below.

Copeland Representative Nathan W.

Station G.B.

Dick S. RECEIVED
Well Owner, Operator or Agent JUL 09 2012

Remarks _____

NET 30 DAYS

KCC WICHITA



Cement long string

FIELD ORDER N° C 5112

BOX 438 • HAYSVILLE, KANSAS 67060
316-524-1225

DATE 5/5/12 20

IS AUTHORIZED BY: Brian Robinson (NAME OF CUSTOMER)

Address _____ City _____ State _____

To Treat Well As Follows: Lease Academy Well No. B-2 Customer Order No. _____

Sec. Twp. Range _____ County DeWitt State KS

CONDITIONS: As a part of the consideration hereof it is agreed that Copeland Acid Service is to service or treat at owners risk, the hereinbefore mentioned well and is not to be held liable for any damage that may accrue in connection with said service or treatment. Copeland Acid Service has made no representation, expressed or implied, and no representations have been relied on, as to what may be the results or effect of the servicing or treating said well. The consideration of said service or treatment is payable. There will be no discount allowed subsequent to such date. 6% interest will be charged after 60 days. Total charges are subject to correction by our invoicing department in accordance with latest published price schedules.

The undersigned represents himself to be duly authorized to sign this order for well owner or operator.

THIS ORDER MUST BE SIGNED BEFORE WORK IS COMMENCED

Well Owner or Operator

By

Agent

CODE	QUANTITY	DESCRIPTION	UNIT COST	AMOUNT
	40	material mixed down	4.50	180.00
	50	material pickup	2.00	100.00
	1	dump charge		1,000.00
	1500	1/2" gal	0.90	1,350.00
	1000	1/2"	0.25	250.00
	1000	1/2"	0.20	200.00
	1500	Salt	0.48	720.00
	1	5/8" Forker Shoe		2,000.00
	1	5/8" catch down plus 1/2" drill		175.00
	1	5/8" Bracket		155.00
	5	5/8" Connections	105.00	525.00
	5000	mid flush - flow back - 100	1.15	575.00
	50	1/2" gal	4.50	225.00
	1	2% acid		20.00
	230	Bulk Charge	0.50	115.00
		Bulk Truck Miles 9.37 x 50 = 468.50 x 1.11	1.11	520.00
		Process License Fee on Gallons		
		TOTAL BILLING		8,730.00

I certify that the above material has been accepted and used; that the above service was performed in a good and workmanlike manner under the direction, supervision and control of the owner, operator or his agent, whose signature appears below.

Copeland Representative [Signature]

Station B-2

Well Owner, Operator or Agent

Remarks _____

NET 30 DAYS

RECEIVED

JUL 09 2012

KCC WICHITA



Cement Squeeze
lower zone

FIELD ORDER No C 39665

BOX 438 • HAYSVILLE, KANSAS 67060
316-524-1225

DATE 5/19/12 20

IS AUTHORIZED BY: Bear Petroleum (NAME OF CUSTOMER)
 Address _____ City _____ State _____
 To Treat Well _____
 As Follows: Lease Armstrong Well No. B-2 Customer Order No. _____
 Sec. Twp. _____
 Range _____ County Pawnee State KS

CONDITIONS: As a part of the consideration hereof it is agreed that CopeLand Acid Service is to service or treat at owners risk, the hereinbefore mentioned well and is not to be held liable for any damage that may accrue in connection with said service or treatment. CopeLand Acid Service has made no representation, expressed or implied, and no representations have been relied on, as to what may be the results or effect of the servicing or treating said well. The consideration of said service or treatment is payable. There will be no discount allowed subsequent to such date. 6% interest will be charged after 60 days. Total charges are subject to correction by our invoicing department in accordance with latest published price schedules.

The undersigned represents himself to be duly authorized to sign this order for well owner or operator.

THIS ORDER MUST BE SIGNED BEFORE WORK IS COMMENCED _____ By _____
 Well Owner or Operator Agent

CODE	QUANTITY	DESCRIPTION	UNIT COST	AMOUNT
	50	mileage pump truck	4. ⁰⁰ / ₁₀₀	200. ⁰⁰ / ₁₀₀
	50	mileage pickup	2. ⁰⁰ / ₁₀₀	100. ⁰⁰ / ₁₀₀
	1	Pump Charge		950. ⁰⁰ / ₁₀₀
	50	Common	11. ²⁵ / ₁₀₀	562. ⁵⁰ / ₁₀₀
	5	C-20 L	35. ⁰⁰ / ₁₀₀	175. ⁰⁰ / ₁₀₀
	1	5 1/2" Packer Rental		800. ⁰⁰ / ₁₀₀
	50	Bulk Charge	min	150. ⁰⁰ / ₁₀₀
		Bulk Truck Miles 2.35 TX 50m = 117.5 TX 1. ⁰⁰ / ₁₀₀	min	150. ⁰⁰ / ₁₀₀
		Process License Fee on _____ Gallons		
TOTAL BILLING				3,087. ⁵⁰ / ₁₀₀

I certify that the above material has been accepted and used; that the above service was performed in a good and workmanlike manner under the direction, supervision and control of the owner, operator or his agent, whose signature appears below.

Copeland Representative Nathan W.

Station G.B.

RECEIVED
Dick S.
 Well Owner, Operator or Agent
 JUL 19 2012

Remarks _____

NET 30 DAYS

KCC WICHITA



TREATMENT REPORT

Acid Stage No.

Date: 5/11/62 District: G.B. F. O. No. C39665
 Company: Beck Petroleum
 Well Name & No.: Armstrong B-2
 Location: _____ Field: _____
 County: Pawnee State: KS

Casing: Size 5 1/2" Type & Wt. _____ Set at _____ ft.
 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 3/8" _____ Swung 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 _____
 Backdown: _____ Bbl./Gal. _____
 _____ Bbl./Gal. _____
 _____ Bbl./Gal. _____
 _____ Bbl./Gal. _____
 Flush _____ Bbl./Gal. _____
 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: _____ Bbl./Gal.

Pump Trucks No. Used: 318 _____ Sp. _____ Twin _____

Auxiliary Equipment: 327 _____

Packer: _____ Set at _____ ft.

Auxiliary Tools _____

Plugging or Sealing Materials: Type _____

Company Representative: Dick S. Treater: Nathan W.

TIME a.m. (h)	PRESSURES		Total Fluid Pumped	REMARKS
	Tubing	Casing		
7:00	2 3/8"	5 1/2"		On Location
:				Packer @ 4340', Spot 20 bbls.
:				Packer @ 4310', Treat w/ 150 gal. 15% Reg. Acid @ 1/2 bpm @ 1,100#
:				Load Annulus to 500#
:				Take inj. rate @ 1/2 bpm @ 1,100#
:				Mix 25 sks. Common w/ C-20L
:				Mix 25 sks. Common.
:				Displace w/ 25.0 bbls. (Wait 30 min.) @ 1/2 bpm @ 1,900#
:				Released. Flowed back (Wait 30 min.) Released.
:				Reverse out w/ 40 bbls.
6:30				All 10 jets Press. up to 500# shut in.
:				
:				Thank You!
:				Nathan W.

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