

KANSAS CORPORATION COMMISSION  
OIL & GAS CONSERVATION DIVISION

Form ACO-1  
September 1999  
Form Must Be Typed

WELL COMPLETION FORM  
WELL HISTORY - DESCRIPTION OF WELL & LEASE

Operator: License # 4058  
 Name: American Warrior, Inc.  
 Address: PO Box 399  
 City/State/Zip: Garden City, Kansas 67846-0399  
 Purchaser: None  
 Operator Contact Person: Cecil O'Brate  
 Phone: (620) 275-9231  
 Contractor: Name: Duke Drilling Co., Inc.  
 License: 5929  
 Wellsite Geologist: Allen Downing  
 Designate Type of Completion:  
 New Well     Re-Entry     Workover  
 Oil     SWD     SIOW     Temp. Abd.  
 Gas     ENHR     SIGW  
 Dry     Other (Core, WSW, Expl., Cathodic, 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./SWD  
 Plug Back     Plug Back Total Depth  
 Commingled    Docket No. \_\_\_\_\_  
 Dual Completion    Docket No. \_\_\_\_\_  
 Other (SWD or Enhr.?)    Docket No. \_\_\_\_\_  

<u>04-28-01</u>	<u>05-10-01</u>	<u>5-17-01</u>
Spud Date or Recompletion Date	Date Reached TD	Completion Date or Recompletion Date

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API No. 15 - 033-21217-0000  
 County: Comanche County, Kansas  
C-N/2 NW Sec. 24 Twp. 32 S. R. 19  East  West  
620 feet from S /  (circle one) Line of Section  
1470 feet from E /  (circle one) Line of Section  
 Footages Calculated from Nearest Outside Section Corner:  
 (circle one) NE SE  NW SW  
 Lease Name: Lake Well #: 5  
 Field Name: Viola  
 Producing Formation: VO  
 Elevation: Ground: 2017.7 Kelly Bushing: 2030.7  
 Total Depth: 5860 Plug Back Total Depth: 5832'  
 Amount of Surface Pipe Set and Cemented at 607 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 ACT 1 P3A  
 (Data must be collected from the Reserve Pit) DPW 11-5-02  
 Chloride content 14,000 ppm Fluid volume 460 bbls  
 Dewatering method used Hauled Offsite  
 Location of fluid disposal if hauled offsite:  
 Operator Name: American Warrior inc  
 Lease Name: Lenertz #3 License No.: 4058  
 Quarter SE Sec. 13 Twp. 32S S. R. 19W  East  West  
 County: Comanche Docket No.: NA

**INSTRUCTIONS:** An original and two copies of this form shall be filed with the Kansas Corporation Commission, 130 S. Market - Room 2078, Wichita, Kansas 67202, within 120 days of the spud date, recompletion, workover or conversion of a well. Rule 82-3-130, 82-3-106 and 82-3-107 apply. Information of side two of this form will be held confidential for a period of 12 months if requested in writing and submitted with the form (see rule 82-3-107 for confidentiality in excess of 12 months). One copy of all wireline logs and geologist well report shall be attached with this form. ALL CEMENTING TICKETS MUST BE ATTACHED. Submit CP-4 form with all plugged wells. Submit CP-111 form with all temporarily abandoned wells.

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.

Signature: \_\_\_\_\_  
 Title: Production Supt. Date: 5-10-02  
 Subscribed and sworn to before me this 10th day of May  
2002  
 Notary Public: Debra Purcell  
 Date Commission Expires: 11/4/03

DEBRA J. PURCELL  
Notary Public - State of Kansas  
My Appt. Expires 11/4/03

**KCC Office Use ONLY**  
Deny Letter of Confidentiality Attached  
 If Denied, Yes  No  Date: 5-17-02  
 Wireline Log Received  
 Geologist Report Received  
 UIC Distribution

Operator Name: American Warrior, Inc. Lease Name: Lake Well #: 5  
 Sec. 24 Twp. 32 S. R. 19  East  West County: Comanche County, Kansas

**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 copy of all Electric Wireline Logs surveyed. Attach final geological well site report.

Drill Stem Tests Taken <input type="checkbox"/> Yes <input checked="" 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 <i>(Submit Copy)</i>  List All E. Logs Run:  CDNL/GR S0nic. Micro. Dual IND	<input checked="" type="checkbox"/> Log    Formation (Top), Depth and Datum <input type="checkbox"/> Sample  <table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:60%;">Name</td> <td style="width:20%;">Top</td> <td style="width:20%;">Datum</td> </tr> <tr> <td>Heebner</td> <td>4270'</td> <td>-2236</td> </tr> <tr> <td>Lansing</td> <td>4439'</td> <td>-2405</td> </tr> <tr> <td>Drum</td> <td>4657'</td> <td>-2623</td> </tr> <tr> <td>Swope</td> <td>4765'</td> <td>-2731</td> </tr> <tr> <td>BKC</td> <td>4911'</td> <td>-2877</td> </tr> <tr> <td>Marmaton</td> <td>4923'</td> <td>-2889</td> </tr> <tr> <td>Pawnee</td> <td>5005'</td> <td>-2971</td> </tr> <tr> <td>Fort Scott</td> <td>5043'</td> <td>-3009</td> </tr> <tr> <td>Miss</td> <td>5117'</td> <td>-3083</td> </tr> <tr> <td>Viola</td> <td>5691'</td> <td>-3657</td> </tr> </table>	Name	Top	Datum	Heebner	4270'	-2236	Lansing	4439'	-2405	Drum	4657'	-2623	Swope	4765'	-2731	BKC	4911'	-2877	Marmaton	4923'	-2889	Pawnee	5005'	-2971	Fort Scott	5043'	-3009	Miss	5117'	-3083	Viola	5691'	-3657
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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	# Sacs Used	Type and Percent Additives
<b>Conductor</b>	17-1/2"	20" 13-3/8"	48#	95' 271'	ALW/Class A	150/100	3%cc.
<b>Surface</b>	12-1/4"	8-5/8"	28#	607'	" "	225/100	"
<b>Production</b>	7-7/8"	5-1/2"	17#	5859'	SMDC	150	2%cc

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				

Shots Per Foot	PERFORATION RECORD - Bridge Plugs Set/Type Specify Footage of Each Interval Perforated	Acid, Fracture, Shot, Cement Squeeze Record <i>(Amount and Kind of Material Used)</i>	Depth
4	5733' - 5737'	None	

TUBING RECORD	Size 2-3/8"	Set At 5730'	Packer At	Liner Run <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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Date of First, Resumed Production, SWD or Enhr. <b>Non Commercial Plugged/</b>	Producing Method <input checked="" type="checkbox"/> Flowing <input type="checkbox"/> Pumping <input type="checkbox"/> Gas Lift <input type="checkbox"/> Other (Explain)
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Estimated Production Per 24 Hours	Oil Bbls.	Gas Mcl	Water Bbls.	Gas-Oil Ratio	Gravity
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Disposition of Gas    METHOD OF COMPLETION	Production Interval
<input type="checkbox"/> Vented <input type="checkbox"/> Sold <input type="checkbox"/> Used on Lease <i>(If vented, Sumit ACO-18.)</i>	<input type="checkbox"/> Open Hole <input type="checkbox"/> Perf. <input type="checkbox"/> Dually Comp. <input type="checkbox"/> Commingled <input type="checkbox"/> Other (Specify) _____



CHARGE TO:  
**AMERICAN WARRIOR INC**  
 ADDRESS  
 CITY, STATE, ZIP CODE

TICKET  
 No 3292

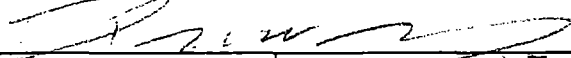
PAGE 1 OF 2

SERVICE LOCATIONS 1. <b>NESS CITY, KS</b>	WELL/PROJECT NO. <b>S</b>	LEASE <b>LEASE</b>	COUNTY/PARISH <b>COMANCHE</b>	STATE <b>KS</b>	CITY	DATE <b>5-11-01</b>	OWNER <b>SAME</b>
2.	TICKET TYPE <input checked="" type="checkbox"/> SERVICE <input type="checkbox"/> SALES	CONTRACTOR <b>DOXE BEARING "7"</b>	RIG NAME/NO.	SHIPPED VIA <b>VET</b>	DELIVERED TO <b>LOCAL</b>	ORDER NO.	
3.	WELL TYPE <b>OIL</b>	WELL CATEGORY <b>DEVELOPMENT</b>	JOB PURPOSE <b>5 1/2" LONGSTRING</b>	WELL PERMIT NO.	WELL LOCATION <b>COLDWATER - 1/2, 1/2 W, 1/2 S, S.W</b>		
4. REFERRAL LOCATION	INVOICE INSTRUCTIONS						

PRICE REFERENCE	SECONDARY REFERENCE/ PART NUMBER	ACCOUNTING			DESCRIPTION	QTY.		UNIT PRICE		AMOUNT
		LOC	ACCT	DF		QTY.	U/M	QTY.	U/M	
575		1			MILEAGE * 104	70	MC	2	50	175.00
578		1			PUMP SERVICE	1	JOB	5860	FT	1200.00
280		1			FLOCHER 21	850	GAL	1	50	1275.00
407		1			2250T FLOAT SHOE	1	EA	5 1/2	"	200.00
402		1			CENTRALIZERS	10	EA	40		400.00
403		1			CEMENT BASKET	1	EA	110		110.00
406		1			LATCH DOWN PLUG - BAFFLE	1	EA	200		200.00
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LEGAL TERMS: Customer hereby acknowledges and agrees to the terms and conditions on the reverse side hereof which include, but are not limited to, **PAYMENT, RELEASE, INDEMNITY, and LIMITED WARRANTY** provisions.

MUST BE SIGNED BY CUSTOMER OR CUSTOMER'S AGENT PRIOR TO START OF WORK OR DELIVERY OF GOODS

X   
 DATE SIGNED: **5-11-01** TIME SIGNED: **0700**  
 A.M.  P.M.

REMIT PAYMENT TO:  
**SWIFT SERVICES, INC.**  
**P.O. BOX 466**  
**NESS CITY, KS 67560**  
**785-798-2300**

SURVEY	AGREE	UN-DECIDED	DIS-AGREE	PAGE TOTAL	AMOUNT
OUR EQUIPMENT PERFORMED WITHOUT BREAKDOWN?				1	3560.00
WE UNDERSTOOD AND MET YOUR NEEDS?				2	3769.48
OUR SERVICE WAS PERFORMED WITHOUT DELAY?					
WE OPERATED THE EQUIPMENT AND PERFORMED JOB CALCULATIONS SATISFACTORILY?				TAX	
ARE YOU SATISFIED WITH OUR SERVICE? <input type="checkbox"/> YES <input type="checkbox"/> NO				TOTAL	
<input type="checkbox"/> CUSTOMER DID NOT WISH TO RESPOND					

**CUSTOMER ACCEPTANCE OF MATERIALS AND SERVICES** The customer hereby acknowledges receipt of the materials and services listed on this ticket.

SWIFT OPERATOR  
**WADE WILSON**

APPROVAL

Thank You!



**JOB LOG**

**SWIFT Services, Inc.**

DATE 5-11-01 PAGE NO. 1

CUSTOMER AMERICAN WARRIOR ZSC WELL NO. S LEASE LAKE JOB TYPE 5 1/2" LONGSTRING TICKET NO. 3292

CHART NO.	TIME	RATE (BPM)	VOLUME (BBL)(GAL)	PUMPS		PRESSURE (PSI)		DESCRIPTION OF OPERATION AND MATERIALS
				T	C	TUBING	CASING	
	0500							ON LOCATION
								TD - 5860 SITE 5859
								TD - 5863 5 1/2 - 17" / FT
								ST - 27.70
								CWT - 2, 5, 7, 9, 11, 13, 15, 17, 19, 21
								BSKT - 9
								RECEIVED MAY 14 2002 KCC WICHITA
	0800							DROP BALL - BREAK CIRCULATION
	0830							PLUG RH - MH
			5		✓			H2° SPACE
	0840		20		✓	300		FLOCKER
			5		✓			H2° SPACE
	0850	5	53.4		✓	300		MAX CWT - 150 SKS W/ADDERIES 12.0 - 12.7 PPG
								WASH OUT PUMP - LESCS
								RELEASE LATCH DOWN PLUG
	0910	7	0		✓	800		DISPLACE PLUG
	0930		135.4			1500		PLUG DOWN - PSE UP
								OK RELEASE PSE - HELA
								WASH UP
	1030							JOB COMPLETE
								THANK YOU WARRIOR DAVE SIMS

P.O. BOX 31  
RUSSELL, KANSAS 67665

SERVICE POINT:

Mealodge

DATE 4-28-01	SEC 24	TWP. 32S	RANGE 19W	CALLED OUT 3:00 P.M.	ON LOCATION 5:30 P.M.	JOB START 10:40	JOB FINISH 11:10 P.M.
LEASE Lake	WELL# 5	LOCATION Coldwater Lake			COUNTY Comanche	STATE KS	
OLD OR NEW (Circle one)							

CONTRACTOR Duke #7

TYPE OF JOB Conductor

HOLE SIZE 17 1/2 T.D. 315

CASING SIZE 13 3/8 46" DEPTH 272

TUBING SIZE DEPTH

DRILL PIPE DEPTH

TOOL DEPTH

PRES. MAX MINIMUM

MEAS. LINE SHOE JOINT 0

CEMENT LEFT IN CSG. 15 ft

PERFS.

DISPLACEMENT 38 bbls

OWNER American Warrior

CEMENT

AMOUNT ORDERED 150 sks 65:35=6 + 3% CACL2 + 4% Flo-Seal - 100 sks A + 3% CACL2 + 4% Del

COMMON @

POZMIX @

GEL @

CHLORIDE @

HANDLING @

MILEAGE @

EQUIPMENT

PUMP TRUCK CEMENTER Larry Storm

#356-302 HELPER David West

BULK TRUCK

#259- DRIVER Scott S.

BULK TRUCK

# DRIVER

RECEIVED

MAY 14 2002

KCC WICHITA SERVICE

TOTAL

REMARKS:

Broke circulation Rotary mud  
Surfaced over and mixed 150  
sks 65:35=6 + 3% CACL2 + 4% Flo-Seal  
Tapered with 100 sks A + 3% CACL2 + 4%  
Del - Displaced with 38 bbl Fresh  
water. 34 bbls displacement w/  
circulated cement

DEPTH OF JOB

PUMP TRUCK CHARGE

EXTRA FOOTAGE @

MILEAGE @

PLUG @

TOTAL

CHARGE TO: American Warrior

STREET

CITY STATE ZIP

FLOAT EQUIPMENT

@

@

@

@

TOTAL

To Allied Cementing Co., Inc.  
You are hereby requested to rent cementing equipment  
and furnish cementer and helper to assist owner or  
contractor to do work as is listed. The above work was  
done to satisfaction and supervision of owner agent or  
contractor. I have read & understand the "TERMS AND  
CONDITIONS" listed on the reverse side.

TAX

TOTAL CHARGE

DISCOUNT IF PAID IN 30 DAYS

SIGNATURE Kenneth McGuire

KENNETH MCGUIRE  
PRINTED NAME

# ALLIED CEMENTING CO., INC.

7559

Federal Tax I.D.# 48-0727860

REMIT TO P.O. BOX 31  
RUSSELL, KANSAS 67665

SERVICE POINT:  
Alex Lodge

DATE <u>4-29-01</u>	SEC. <u>24</u>	TWP. <u>32S</u>	RANGE <u>19W</u>	CALLED OUT <u>9:00</u>	ON LOCATION <u>12:00</u>	JOB START <u>3:30 P.M.</u>	JOB FINISH <u>4:15</u>
LEASE <u>LAKE</u>	WELL # <u>5</u>	LOCATION <u>Coldwater Lake</u>			COUNTY <u>Cherokee</u>	STATE <u>KS</u>	
OLD OR <u>NEW</u> (Circle one)							

CONTRACTOR <u>LAKE #7</u>	OWNER <u>AMERICAN WARRIOR</u>
TYPE OF JOB <u>SURFACE</u>	
HOLE SIZE <u>12 1/4</u>	T.D. <u>608</u>
CASING SIZE <u>8 5/8</u>	DEPTH <u>607</u>
TUBING SIZE	DEPTH
DRILL PIPE	DEPTH
TOOL	DEPTH
PRES. MAX	MINIMUM
MEAS. LINE	SHOE JOINT <u>40.10</u>
CEMENT LEFT IN CSG. <u>40</u>	
PERFS.	
DISPLACEMENT <u>36</u>	
<b>EQUIPMENT</b>	
PUMP TRUCK CEMENTER <u>LARRY STORM</u>	
# <u>356-302</u> HELPER <u>DAVID WEST</u>	
BULK TRUCK	
# <u>259-314</u> DRIVER <u>DAVID F.</u>	
BULK TRUCK	
#	DRIVER

CEMENT	
AMOUNT ORDERED <u>225 65:35:6 + 3% IAC</u>	
<u>+ 4# Flo-Seal 100 lbs A + 3% IAC</u>	
<u>+ 2% Gel</u>	
COMMON <u>100 A</u>	@
POZMIX <u>225 / 65:35:6</u>	@
GEL	@
CHLORIDE	@
	@
	@
	@
	@
	@
HANDLING	@
MILEAGE	@

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MAY 14 2002

TOTAL \_\_\_\_\_

**REMARKS:**

Book Circulation Rotary Mud  
Switchover MIXED 225 65:35:6 +  
3% IAC + 4# Flo-Seal. TYPED 100 lbs  
A + 3% IAC 2 + 2% Gel. Displaced Plug  
with 3000 Freshwater. Bored  
Plug to 700' Shot Plug Container  
in Circulated Cement to  
Surface

KCC WICHITA

SERVICE

DEPTH OF JOB	
PUMP TRUCK CHARGE	
EXTRA FOOTAGE	@
MILEAGE	@
PLUG <u>1- 8 5/8 TRP</u>	@
	@
	@

TOTAL \_\_\_\_\_

CHARGE TO: AMERICAN WARRIOR

STREET \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

**FLOAT EQUIPMENT**

<u>1- 8 5/8 Baffle Plate</u>	@
<u>2- 8 5/8 Cement Baskets</u>	@
	@
	@
	@

TOTAL \_\_\_\_\_

To Allied Cementing Co., Inc.  
You are hereby requested to rent cementing equipment and furnish cementer and helper to assist owner or contractor to do work as is listed. The above work was done to satisfaction and supervision of owner agent or contractor. I have read & understand the "TERMS AND CONDITIONS" listed on the reverse side.

TAX \_\_\_\_\_

TOTAL CHARGE \_\_\_\_\_

DISCOUNT \_\_\_\_\_ IF PAID IN 30 DAYS

SIGNATURE Kenneth M. Eline

Kenneth M. Eline  
PRINTED NAME



CHARGE TO: *American Well*  
 ADDRESS:  
 CITY, STATE, ZIP CODE:

TICKET  
 No 3562

PAGE 1 OF 1

SERVICE LOCATIONS	WELL/PROJECT NO.	LEASE	COUNTY/PARISH	STATE	CITY	DATE	OWNER
1. <i>At Client</i>	<i>8</i>	<i>Lake</i>	<i>Comanche</i>	<i>K.</i>		<i>6-1-01</i>	<i>Sum</i>
2.	TICKET TYPE <input type="checkbox"/> SERVICE <input type="checkbox"/> SALES	CONTRACTOR	RIG NAME/NO.	SHIPPED VIA	DELIVERED TO	ORDER NO.	
3.	<input checked="" type="checkbox"/> SERVICE	<i>None</i>		<i>CT</i>	<i>Location</i>		
4.	WELL TYPE	WELL CATEGORY	JOB PURPOSE	WELL PERMIT NO.	WELL LOCATION		
REFERRAL LOCATION	<i>Geo</i>	<i>water</i>	<i>Plug To Abandon</i>				
	INVOICE INSTRUCTIONS						

PRICE REFERENCE	SECONDARY REFERENCE/ PART NUMBER	ACCOUNTING			DESCRIPTION	QTY.		U/M		UNIT PRICE	AMOUNT
		LOC	ACCT	DF							
575		1			MILEAGE "103	70	mi			2.50	175.00
546		1			Pump Service	1	ea			500.00	500.00
470		1			Top Plug	1	ea	87%		56.00	56.00
275		1			Cotton Seal Hubs	4	sh			15.00	60.00
531		1			Service Charge	217	hr			1.00	217.00
533		1			Diagnose	509.85	hr			0.75	382.39
328		1			60140 Per 6% G-L	210	hr			5.50	1155.00
377		1			Restore	17	hr			11.00	187.00

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 KCC WICHITA

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MUST BE SIGNED BY CUSTOMER OR CUSTOMER'S AGENT PRIOR TO START OF WORK OR DELIVERY OF GOODS

X *[Signature]*  
 DATE SIGNED: TIME SIGNED:  A.M.  P.M.

**REMIT PAYMENT TO:**

**SWIFT SERVICES, INC.**  
 P.O. BOX 466  
 NESS CITY, KS 67560  
 785-798-2300

<b>SURVEY</b>	AGREE	UN-DECIDED	DIS-AGREE	PAGE TOTAL	2546
OUR EQUIPMENT PERFORMED WITHOUT BREAKDOWN?					
WE UNDERSTOOD AND MET YOUR NEEDS?					
OUR SERVICE WAS PERFORMED WITHOUT DELAY?					
WE OPERATED THE EQUIPMENT AND PERFORMED JOB CALCULATIONS SATISFACTORILY?				TAX	
ARE YOU SATISFIED WITH OUR SERVICE?	<input type="checkbox"/> YES <input type="checkbox"/> NO			TOTAL	
<input type="checkbox"/> CUSTOMER DID NOT WISH TO RESPOND					

**CUSTOMER ACCEPTANCE OF MATERIALS AND SERVICES** The customer hereby acknowledges receipt of the materials and services listed on this ticket.

SWIFT OPERATOR: *[Signature]* APPROVAL: \_\_\_\_\_

*Thank You!*



JB LOG

SWIFT Services, Inc.

DATE 6-1-61 PAGE NO. 1

CUSTOMER *Honolulu Water Co* WELL NO. *15* LEASE *Lease* JOB TYPE *Plug To Abandon* TICKET NO. *3562*

CHART NO.	TIME	RATE (BPM)	VOLUME (BBL) (GAL)	PUMPS		PRESSURE (PSI)		DESCRIPTION OF OPERATION AND MATERIALS
				T	C	TUBING	CASING	
	0845							on line set up 7 hours
	0940							11' plug to 850' Casing Pump 300" 11.1lb Pump 105' Gal Pump 50' 60/40 Pbz 6% Gal Start 75' Gal
		2					400	Pump 4000PT 2BPM Increase Start 150' 60/40 Pbz 6% Gal Relief Top Plug ahead of 150'
		1/2					600	1/2 BPM 600PSI
	10:40							Cont. in 600PT Max Press.
							450	shut in with 450PT work and feed up ahead Job Complete

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*[Handwritten signature]*