



WELL COMPLETION FORM
WELL HISTORY - DESCRIPTION OF WELL & LEASE

Confidentiality Requested:
 Yes No

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 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
- Plug Back Conv. to GSW Conv. to Producer
- Commingled Permit #: _____
- Dual Completion Permit #: _____
- SWD Permit #: _____
- ENHR Permit #: _____
- GSW Permit #: _____

Spud Date or Recompletion Date	Date Reached TD	Completion Date or Recompletion Date
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API No. 15 - _____

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
- Geologist Report 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 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				

Did you perform a hydraulic fracturing treatment on this well? Yes No *(If No, skip questions 2 and 3)*
 Does the volume of the total base fluid of the hydraulic fracturing treatment exceed 350,000 gallons? Yes No *(If No, skip question 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)*

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

TUBING RECORD: Size: _____ Set At: _____ Packer At: _____ Liner Run: Yes No

Date of First, Resumed Production, SWD or ENHR. _____	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)</i> <input type="checkbox"/> Other <i>(Specify)</i> _____	PRODUCTION INTERVAL: _____ _____
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Summary of Changes

Lease Name and Number: West Babinger 4

API/Permit #: 15-111-20524-00-00

Doc ID: 1245954

Correction Number: 1

Approved By: NAOMI JAMES

Field Name	Previous Value	New Value
API	15-111-20503-00-00	15-111-20524-00-00
Approved Date	01/21/2015	03/17/2015
Footages Reference Corner	NE	SE
Is Footage Measured from the North or the South Section Line LocationInfoLink	North	South
Number of Feet East or West From Section Line	https://kolar.kgs.ku.edu/kcc/detail/locationInformation.cfm?section=26&t1050	https://kolar.kgs.ku.edu/kcc/detail/locationInformation.cfm?section=26&t330
Number of Feet North or South From Section Line	1823	2970
Quarter Call 3	NW	SE
Quarter Call 4 - Smallest	SW	
Save Link	../kcc/detail/operatorEditDetail.cfm?docID=1239137	../kcc/detail/operatorEditDetail.cfm?docID=1245954



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1239137
OIL & GAS CONSERVATION DIVISION

Form ACO-1

August 2013

Form must be Typed

Form must be Signed

All blanks must be Filled

CONFIDENTIAL 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 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
- Plug Back Conv. to GSW Conv. to Producer
- Commingled Permit #: _____
- Dual Completion Permit #: _____
- SWD Permit #: _____
- ENHR Permit #: _____
- GSW Permit #: _____

Spud Date or Recompletion Date	Date Reached TD	Completion Date or Recompletion Date
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API No. 15 - _____

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
- Geologist Report 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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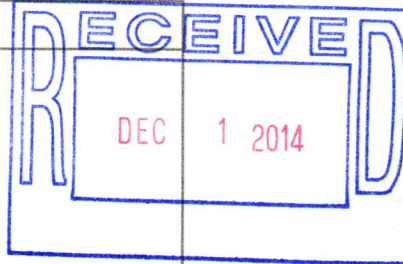
Elite Cementing & Acid Service, LLC

810 E 7th, PO Box 92
Eureka, KS 67045



Date	Invoice #
11/26/2014	1982

Bill To	
Trimble & Maclaskey Oil LLC PO Box 171 Gridley, KS 66852	
Customer ID#	1000



Job Date	11/21/2014
Lease Information	
W.Babinger #4	
County	Lyon
Foreman	RL

Item	Description	Qty	Terms	Net 30
			Rate	Amount
C104	Cement Pump-Top Outside	1	1,050.00	1,050.00
C107	Pump Truck Mileage (one way)	30	3.95	118.50
C203	Pozmix Cement 60/40	140	12.75	1,785.00T
C206	Gel Bentonite	480	0.20	96.00T
C108A	Ton Mileage (min. charge)	1	345.00	345.00
D101	Discount on Services		-75.68	-75.68
D102	Discount on Materials		-94.05	-94.05T

We appreciate your business!

Phone #	Fax #
620-583-5561	620-583-5524
E-mail	
rene@elitecementing.com	

Subtotal	\$3,224.77
Sales Tax (7.15%)	\$127.77
Total	\$3,352.54
Payments/Credits	\$0.00
Balance Due	\$3,352.54

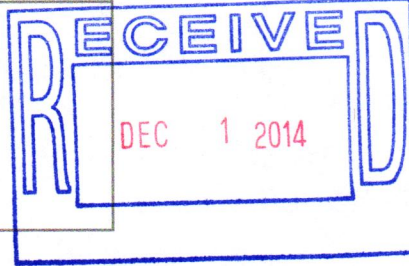
Elite Cementing & Acid Service, LLC

810 E 7th, PO Box 92
Eureka, KS 67045



Date	Invoice #
11/26/2014	2017

Bill To	
Trimble & Maclaskey Oil LLC PO Box 171 Gridley, KS 66852	
Customer ID#	1000



AK
vsu

Job Date	11/10/2014
Lease Information	
Babinger Water Hauling	
County	Lyon
Foreman	RM

Item	Description	Qty	Terms	Net 30
			Rate	Amount
C113	80 Bbl Vac Truck	42	85.00	3,570.00
D101	Discount on Services		-178.50	-178.50

We appreciate your business!

Phone #	Fax #
620-583-5561	620-583-5524
E-mail	
rene@elitecementing.com	

Subtotal	\$3,391.50
Sales Tax (7.15%)	\$0.00
Total	\$3,391.50
Payments/Credits	\$0.00
Balance Due	\$3,391.50

810 E 7TH
 PO Box 92
 EUREKA, KS 67045
 (620) 583-5561



Cement or Acid Field Report
 Ticket No. 2017
 Foreman Russell mclay
 Camp Eureka

Date	Cust. ID #	Lease & Well Number		Section	Township	Range	County	State
11-10-14	1,000	Babinger						
Customer				Safety Meeting Rudy Alan	Unit #	Driver	Unit #	Driver
Trimble + MacLiskey					145	Alan G		
Mailing Address					141	Rudy		
P.O. Box 171				144	Russell			
City		State	Zip Code					
Gridley		KS	66852					

Job Type _____ Hole Depth _____ Slurry Vol. _____ Tubing _____
 Casing Depth _____ Hole Size _____ Slurry Wt. _____ Drill Pipe _____
 Casing Size & Wt. _____ Cement Left in Casing _____ Water Gal/SK _____ Other _____
 Displacement _____ Displacement PSI _____ Bump Plug to _____ BPM _____

Remarks: HAUL WATER TO RIG AS NEEDED + TRANSFER MUD
FROM EACH WELL TO THE NEXT WELL FOR SETTING SURFACE PIPE
WELL # 5 BABINGER # 25, 20, 24, 22, 27, 21, 23
WEST BABINGER # 4

Code	Qty or Units	Description of Product or Services	Unit Price	Total
		Pump Charge		
		Mileage		
C-113	42	hrs 80 R31 VAC TRUCK TOTAL FOR 8 wells	85.00	3570.00
<div style="border: 1px solid black; border-radius: 50%; padding: 10px; display: inline-block;"> 590 < 118.50 3391.50 </div>				
			Sales Tax	

Authorization by Mike Stafford Title Rig Pusher Gulick Dring Total 3570.00

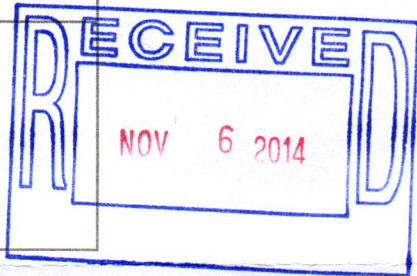
I agree to the payment terms and conditions of services provided on the back of this job ticket. Any amendments to payment terms must be in writing on the front of this job ticket or in the Customer's records at ELITE's office.

Elite Cementing & Acid Service, LLC
 810 E 7th, PO Box 92
 Eureka, KS 67045



Date	Invoice #
10/31/2014	1903

Bill To	
Trimble & Maclaskey Oil LLC PO Box 171 Gridley, KS 66852	
Customer ID#	1000



Job Date	10/31/2014
Lease Information	
W.Babinger #4 <i>New SWD</i>	
County	Lyon
Foreman	SF

Item	Description	Qty	Terms	Net 30
			Rate	Amount
C102	Cement Pump-Longstring	1	1,050.00	1,050.00
C107	Pump Truck Mileage (one way)	25	3.95	98.75
C201	Thick Set Cement	160	19.50	3,120.00T
C207	KolSeal	800	0.45	360.00T
C208	Pheno Seal	160	1.25	200.00T
C217	Caustic Soda	100	1.60	160.00T
C113	80 Bbl Vac Truck	1	85.00	85.00
C108A	Ton Mileage (min. charge)	1	345.00	345.00
C604	5 1/2" Cement Basket	1	225.00	225.00T
C681	5 1/2" Float Collar Body Only	1	205.00	205.00T
C504	5 1/2" Centralizer	6	48.00	288.00T
C752	5 1/2" Type A Packer Shoe (7 3/4 x 8)	1	1,400.00	1,400.00T
C421	5 1/2" Latch Down Plug	1	230.00	230.00T
D101	Discount on Services		-78.94	-78.94
D102	Discount on Materials		-309.40	-309.40T

We appreciate your business!

Phone #	Fax #
620-583-5561	620-583-5524
E-mail	
rene@elitecementing.com	

Subtotal	\$7,378.41
Sales Tax (7.15%)	\$420.32
Total	\$7,798.73
Payments/Credits	\$0.00
Balance Due	\$7,798.73

810 E 7TH
 PO Box 92
 EUREKA, KS 67045
 (620) 583-5561



Cement or Acid Field Report
 Ticket No. 1903
 Foreman Shannon Feck
 Camp Eureka

API # 15-111-20524

Date	Cust. ID #	Lease & Well Number	Section	Township	Range	County	State	
10-31-14	1000	West Babinger #4	26	215	10E	Lyon	KS	
Customer <u>Trimble & Macloskey</u>			Safety Meeting		Unit #	Driver	Unit #	Driver
Mailing Address <u>P.O. Box 171</u>			5F		105	Dave G		
City <u>Gridley</u>			06		111	Joey K		
State <u>KS</u>			JA		141	Left on	Location	
Zip Code <u>66852</u>								

Job Type L/S Hole Depth 2800 Slurry Vol. 48 Bbl Tubing _____
 Casing Depth 2655 6L Hole Size 7 7/8" Slurry Wt. _____ Drill Pipe _____
 Casing Size & Wt. 5 1/2" @ 14# Cement Left in Casing 0 Water Gal/SK 9.0 Other _____
 Displacement 66 3/4 Bbl Displacement PSI 800 Bump Plug to 1300 BPM Displace @ 5 BPM

Remarks: Safety meeting, Rig up to 5 1/2" casing, Packer shoe set @ w/
psi, pump Bbl H2O ahead, mixed 100 # caustic soda pre flush w/ 10-12 Bbl H2O,
10 Bbl H2O spacer. Mixed 160 SKS Thickset cement w/ 5# kd-seal/sk + 1#
phenoseal/sk @ 13.7 #/gal. Shut down wash out pump & lines & displace w/
Bbl H2O. Final pumping pressure of _____ psi. Bumped plug @ _____ psi.

Code	Qty or Units	Description of Product or Services	Unit Price	Total
C102	1	Pump Charge	1050.00	1050.00
C107	25	Mileage	3.95	98.75
C201	160 SKS	Thickset Cement	19.50	3120.00
C207	800 #	Kd-seal @ 5#/SK	.45	360.00
C208	160 #	Phenoseal @ 1#/SK	1.25	200.00
C217	100#	Caustic Soda (Pre flush)	1.60	160.00
C113	1 Hr	80 Bbl Vac Trk	85.00	85.00
C108A	8.8 Ton	Ton mileage bulk Trk	M/K	3150.00
C604	1	5 1/2 Cement Basket	225.00	225.00
C681	1	5 1/2 Float Collar	205.00	205.00
C504	6	5 1/2 centralizers	48.00	288.00
C752	1	5 1/2 Type A Packer Shoe	1400.00	1400.00
C421	1	5 1/2 Latch down plug	230.00	230.00
<div style="border: 1px solid black; border-radius: 50%; padding: 10px; display: inline-block;"> 5% <410.46> #1198.13 </div>				
			Sub Total	7766.75
			Sales Tax 7.15%	442.44
Authorization <u>M J M</u> Title <u>Tool Pusher</u>			Total	8209.19

I agree to the payment terms and conditions of services provided on the back of this job ticket. Any amendments to payment terms must be in writing on the front of this job ticket or in the Customer's records at ELITE's office.

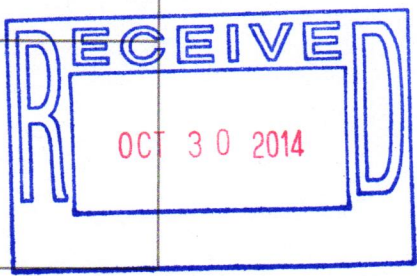
Elite Cementing & Acid Service, LLC
 810 E 7th, PO Box 92
 Eureka, KS 67045



✓
 BP x2

Date	Invoice #
10/28/2014	1609

Bill To	
Trimble & Maclaskey Oil LLC PO Box 171 Gridley, KS 66852	
Customer ID#	1000



Job Date	10/27/2014
Lease Information	
W.Babinger #4	<i>new SWD</i>
County	Lyon
Foreman	SF

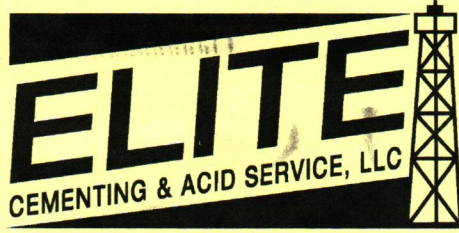
Item	Description	Qty	Terms	Net 30
			Rate	Amount
C101	Cement Pump-Surface	1	840.00	840.00
C107	Pump Truck Mileage (one way)	30	3.95	118.50
C200	Class A Cement-94# sack	80	15.00	1,200.00T
C205	Calcium Chloride	225	0.60	135.00T
C206	Gel Bentonite	150	0.20	30.00T
C108A	Ton Mileage (min. charge)	1	345.00	345.00
D101	Discount on Services		-65.18	-65.18
D102	Discount on Materials		-68.25	-68.25T

We appreciate your business!

Phone #	Fax #
620-583-5561	620-583-5524
E-mail	
rene@elitecementing.com	

Subtotal	\$2,535.07
Sales Tax (7.15%)	\$92.72
Total	\$2,627.79
Payments/Credits	\$0.00
Balance Due	\$2,627.79

810 E 7TH
 PO Box 92
 EUREKA, KS 67045
 (620) 583-5561



Cement or Acid Field Report
 Ticket No. **1609**
 Foreman Shannon Feck
 Camp Eureka

APT # 15-11K 20524

Date	Cust. ID #	Lease & Well Number	Section	Township	Range	County	State
10-27-14	1000	West Babinger #4	26	21S	10E	Lyon	KS
Customer <u>Trimble & MacLaskey LLC</u>			Safety Meeting	Unit #	Driver	Unit #	Driver
Mailing Address <u>P.O. Box 171</u>			SF	105	Rick L		
City <u>Gridley</u> State <u>KS</u> Zip Code <u>66852</u>			RL	111	John S		
			JS				

Job Type Surface Hole Depth 2118' Slurry Vol. 19 Bbl Tubing _____
 Casing Depth 105' 6-L. Hole Size 12 7/8" Slurry Wt. 14.8-15 # Drill Pipe _____
 Casing Size & Wt. 8 5/8" Cement Left in Casing 15' Water Gal/SK 6.5 Other _____
 Displacement 6.5 Bbl Displacement PSI _____ Bump Plug to _____ BPM _____

Remarks: Safety Meeting, Rig up to 8 5/8" casing, Break circulation & mixed 80 SKS Class "A" cement w/ 3% calcium & 2% gel @ 14.8-15 #/gal. Displace w/ 6.5 Bbl H2O & shut casing in. Good circulation @ all times, 6 Bbl slurry to pit. Rig down, job complete.

"Thank you"
 Shannon & crew

Code	Qty or Units	Description of Product or Services	Unit Price	Total
C101	1	Pump Charge	840.00	840.00
C107	30	Mileage	3.95	118.50
C200	80 SKS	Class "A" Cement	15.00	1200.00
C205	225 #	Calcium @ 3%	.60	135.00
C206	150 #	Gel @ 2%	.20	30.00
C108A	3.76 Ton	Ton mileage bulk Trk	m/c	345.00
<div style="border: 1px solid black; border-radius: 50%; padding: 10px; width: fit-content; margin: 0 auto;"> 590 < 138.317 #2627.79 </div>				
			Sub Total	2668.50
			Sales Tax 7.15%	97.60

Authorization [Signature] Title Tool Pusher Total 2766.10

I agree to the payment terms and conditions of services provided on the back of this job ticket. Any amendments to payment terms must be in writing on the front of this job ticket or in the Customer's records at ELITE's office.