

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 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
--	---

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)</i> <i>(Submit ACO-4)</i>	PRODUCTION INTERVAL: Top Bottom
---	---	------------------------------------

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:	
----------------	-------	---------	------------	--

Summary of Changes

Lease Name and Number: SAWYER V 1-31 OWWO

API/Permit #: 15-035-30366-00-02

Doc ID: 1393784

Correction Number: 1

Approved By: Karen Ritter

Field Name	Previous Value	New Value
Approved Date	10/04/2016	02/26/2018
CasingAdd_Type_PctP DF_2		na
CasingAdd_Type_PctP DF_3		NA
CasingNumbSacksUse dPDF_2		100
CasingNumbSacksUse dPDF_3		150
CasingPurposeOfString PDF_2		Surface
CasingPurposeOfString PDF_3		Production
CasingSettingDepthPD F_2		132
CasingSettingDepthPD F_3		3390
CasingSizeCasingSetP DF_2		10

Summary of changes for correction 1 continued

Field Name	Previous Value	New Value
CasingSizeCasingSetP DF_3		7
CasingSizeHoleDrilledP DF_2		12.25
CasingSizeHoleDrilledP DF_3		8.625
CasingTypeOfCementP DF_2		common
CasingTypeOfCementP DF_3		Common
CasingWeightPDF_2		40
CasingWeightPDF_3		10
Cementing Depth Base 1		3081
Cementing Depth Top 1		3080
Cementing Purpose Protect Casing	No	Yes
CementingDepth1_PDF	-	3080-3081
Date of First or Resumed Production or SWD or Enhr Geologist Report / Mud Logs?		01/03/2017
		No

Summary of changes for correction 1 continued

Field Name	Previous Value	New Value
Number Of Sacks Used for Cementing / Squeezing- Line 1		75
Perf_perf1bottom		3022
Perf_perf1top		3010
Perf_perf2bottom		3058
Perf_perf2top		3028
Perf_shots1		2
Perf_shots2		1
PerforationsRevised		[[dataGrid]]
Producing Method Pumping	No	Yes
Production Interval #1		3010
Production Interval #2		3028
Production Interval #3		3022
Production Interval #4		3058

Summary of changes for correction 1 continued

Field Name	Previous Value	New Value
Type Of Cement Used for Cementing / Squeezing - Line 1		Common



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1318435
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
-----------------------------------	-----------------	---

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: _____



CONSOLIDATED
Oil Well Services, LLC

REMIT TO
Consolidated Oil Well Services, LLC
Dept:970
P.O.Box 4346
Houston, TX 77210-4346

MAIN OFFICE

P.O.Box884
Chanute, KS 66720
620/431-9210, 1-800/467-8676
Fax 620/431-0012

Invoice

Invoice#

808586

Invoice Date: 09/15/16

Terms: Net 30

Page 1

VAL ENERGY

125 N. Market, Ste. 1110
WICHITA KS 67202
USA
316-263-6688

SAWYER V #1-31

Part No	Description	Quantity	Unit Price	Discount(%)	Total
CE0451	Cement Pump Charge 1501' - 3000'	1.000	1,900.0000	48.000	988.00
CE0002	Equipment Mileage Charge - Heavy Equipment	60.000	7.1500	48.000	223.08
CE0711	Minimum Cement Delivery Charge	1.000	660.0000	48.000	343.20
CE1163	Squeeze Manifold	1.000	400.0000	48.000	208.00
CC5800A	Class A Cement - Sack	100.000	20.0000	48.000	1,040.00

Subtotal 5,389.00

Discounted Amount 2,586.72

SubTotal After Discount 2,802.28

Amount Due 5,524.00 If paid after 10/15/16

Tax: 70.20

Total: 2,872.48

*9308
Squeeze Cement*



CONSOLIDATED
Oil Well Services, LLC

6656
Field Ht dec
6559

TICKET NUMBER 51393

LOCATION 180

FOREMAN Jacob Storm

PO Box 884, Chanute, KS 66720
620-431-9210 or 800-467-8676

FIELD TICKET & TREATMENT REPORT
CEMENT

Invoice #808586

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
9-14-16	8576	Sawyer V # #1-31	31	32S	6E	Cowley
CUSTOMER Vul Energy						
MAILING ADDRESS 200 West Douglas Suite 520						
CITY Wichita		STATE KS	ZIP CODE 67202			
TRUCK #	DRIVER	TRUCK #	DRIVER			
603	Tracy					
775	Jeremy					
577	Jacob					

JOB TYPE Squeeze HOLE SIZE _____ HOLE DEPTH 3300 CASING SIZE & WEIGHT 5/2
 CASING DEPTH _____ DRILL PIPE _____ TUBING 2 7/8 OTHER _____
 SLURRY WEIGHT 14.5 lb SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT in CASING _____
 DISPLACEMENT 19.63 DISPLACEMENT PSI 500 MIX PSI 300 RATE 3.86 bpm

REMARKS: Safety meeting, tie onto Backside pressure to 550psi Shut in
tie onto tubing pump 10bbl to get Rate found at 3.86 bpm 500psi
tie to 7" pump 5bbl out, 4.81bpm 200psi tie back onto tubing mix
25.5ks class A displaced with 18.75 bbl stage 15min move 1/4bbl
Stage 20 min move 1/4 bbl Stage 20 min move 1/4 bbl Shut in at
250psi tie into 7" mix 25.5ks class A down 7" at 5.6bpm
500 psi, 200 psi increase on 5/2, Job complete.

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
CE0451	1	PUMP CHARGE	1900.00	1900.00
CE0002	60	MILEAGE	7.15	429.00
CE0711	1	min bulk delivery	660.00	660.00
CE1163	1	Squeeze manifold	400.00	400.00
CC5800	100	Class A	20.00	2000.00
			Subtotal	5389.00
				2586.72
			total	2802.28

SCANNED

SALES TAX 70.20
 ESTIMATED TOTAL 2872.48

AUTHORIZATION [Signature] TITLE _____ DATE _____

I acknowledge that the payment terms, unless specifically amended in writing on the front of the form or in the customer's account records, at our office, and conditions of service on the back of this form are in effect for services identified on this form.



PAGE	CUST N	YARD #	INVOICE DATE
1 of 1	1004409	1718	09/05/2016
INVOICE NUMBER			
92217372			

Pratt (620) 672-1201
 B VAL ENERGY
 I 125 n market ste 1710
 L WICHITA
 L KS US 67202
 T
 O ATTN: ACCOUNTS PAYABLE

J LEASE NAME Sawyer OWWO 1-31
 O LOCATION
 B COUNTY Cowley
 S STATE KS
 I JOB DESCRIPTION Cement-Casing Seat-Prod W
 T
 E JOB CONTACT

JOB #	EQUIPMENT #	PURCHASE ORDER NO.	TERMS	DUE DATE	
40962473	20920		Net - 30 days	10/05/2016	
		QTY	U of M	UNIT PRICE	INVOICE AMOUNT
<i>For Service Dates: 08/26/2016 to 08/26/2016</i>					
0040962473					
171814034A Cement-Casing Seat-Prod W 08/26/2016					
Cement Liner					
A-Con Blend Common 150.00 EA 9.00 1,350.00 T					
Celloflake 282.00 EA 0.53 148.05 T					
C-41P 36.00 EA 2.00 72.00 T					
Cement Friction Reducer 106.00 EA 3.00 318.00 T					
C-51 15.00 EA 12.50 187.50 T					
Sugar 100.00 EA 2.50 250.00 T					
Mud Flush 500.00 EA 0.75 375.00 T					
"Guide Shoe - Regular. 5 1/2" (Blue)" 1.00 EA 125.00 125.00 T					
Flapper Type Insrt Float Valve 5 1/2"(Bl 1.00 EA 107.50 107.50 T					
"Top Rubber Cmt Plug, 5 1/2"" 1.00 EA 52.50 52.50 T					
"Unit Mileage Chg (PU, cars one way)" 100.00 MI 2.25 225.00 T					
Heavy Equipment Mileage 200.00 MI 3.75 750.00 T					
"Proppant & Bulk Del. Chgs., per ton mil 705.00 EA 1.25 881.25 T					
Blending & Mixing Service Charge 150.00 BAG 0.70 105.00 T					
Plug Container Util. Chg. 1.00 EA 125.00 125.00 T					
Depth Charge; 3001-4000' 1.00 EA 1,080.00 1,080.00 T					
"Service Supervisor, first 8 hrs on loc. 1.00 EA 87.50 87.50 T					

*Cement 5 1/2
 Liner
 9308*

PLEASE REMIT TO:	SEND OTHER CORRESPONDENCE TO:	SUB TOTAL	6,239.30
BASIC ENERGY SERVICES, LP	BASIC ENERGY SERVICES, LP	TAX	421.15
PO BOX 841903	801 CHERRY ST, STE 2100	INVOICE TOTAL	6,660.45
DALLAS, TX 75284-1903	FORT WORTH, TX 76102		



BASICSM
ENERGY SERVICES
PRESSURE PUMPING & WIRELINE

10244 NE Hwy. 61
P.O. Box 8613
Pratt, Kansas 67124
Phone 620-672-1201

FIELD SERVICE TICKET
1718 14034 A

DATE _____ TICKET NO. _____

DATE OF JOB: 8-26-16	DISTRICT: PRATT, KS	NEW WELL <input type="checkbox"/>	OLD WELL <input checked="" type="checkbox"/>	PROD <input type="checkbox"/>	INJ <input type="checkbox"/>	WDW <input type="checkbox"/>	CUSTOMER ORDER NO.:			
CUSTOMER: VAC ENERGY, INC	LEASE SHAWYER OWNED 1-31 WELL NO.									
ADDRESS:	COUNTY: COWLEY	STATE: KS								
CITY:	STATE:	SERVICE CREW: KG, MR. CARROLL, STARKS								
AUTHORIZED BY:	JOB TYPE: CCSPW - LOWER									
EQUIPMENT#	HRS	EQUIPMENT#	HRS	EQUIPMENT#	HRS	TRUCK CALLED	DATE	AM	PM	TIME
20920	1						8-26			0900
						ARRIVED AT JOB				1300
19860	1/2					START OPERATION				1400
						FINISH OPERATION				1500
						RELEASED				1530
						MILES FROM STATION TO WELL				100

CONTRACT CONDITIONS: (This contract must be signed before the job is commenced or merchandise is delivered).

The undersigned is authorized to execute this contract as an agent of the customer. As such, the undersigned agrees and acknowledges that this contract for services, materials, products, and/or supplies includes all of and only those terms and conditions appearing on the front and back of this document. No additional or substitute terms and/or conditions shall become a part of this contract without the written consent of an officer of Basic Energy Services LP.

SIGNED: _____
(WELL OWNER, OPERATOR, CONTRACTOR OR AGENT)

ITEM/PRICE REF. NO.	MATERIAL, EQUIPMENT AND SERVICES USED	UNIT	QUANTITY	UNIT PRICE	\$ AMOUNT
PC101	A-COW CEMENT	SK	150		2700.00
PC109	METFORMIN CHLORIDE	lb.	782		296.10
PC130	C-51	lb.	15		375.00
PC105	C-41P	lb.	36		144.00
PC112	CEMENT FRICTION REDUCER	lb.	106		636.00
CF251	5/2 GUIDE SHOE	EA	1		250.00
CF1451	5/2 WFL INSERT FLOAT	EA	1		215.00
CF103	5/2 TOP RUBBER PLUG	EA	1		105.00
CC151	MUD FLUSH	gal	500		750.00
CC131	SUGAR	lb.	100		500.00
E160	PICKUP MILE	mi	100		450.00
E101	TRUCK MILE	mi	200		1500.00
E113	TRUCK DELIVERY	TM	705		1767.50
CE204	DEPTH CHANGE 300' - 4000'	EA	1		2160.00
CE240	BLENDING CHANGE	SK	150		210.00
CE304	PLUG FLOW TOWER	EA	1		250.00
5003	SERVICE SUPERVISOR	EA	1		175.00

CHEMICAL / ACID DATA:			

SUB TOTAL		12,478.60
SERVICE & EQUIPMENT	%TAX ON \$	
MATERIALS	%TAX ON \$	
TOTAL		6239.30

SERVICE REPRESENTATIVE: *[Signature]*

THE ABOVE MATERIAL AND SERVICE ORDERED BY CUSTOMER AND RECEIVED BY: *[Signature]*
(WELL OWNER OPERATOR CONTRACTOR OR AGENT)

FIELD SERVICE ORDER NO.

Customer <i>UAC ENERGY</i>	Lease No.	Date <i>8-26-16</i>	
Lease <i>SAWYER (UUNO)</i>	Well # <i>1-31</i>		
Field Order # <i>14034</i>	Station <i>PRATT, KS</i>	Casing <i>5 1/2</i>	Depth <i>3370</i>
Type Job <i>CCSPW - LENER</i>	Formation <i>7"-2500'</i>	County <i>DOWNEY</i>	State <i>KS</i>
Legal Description <i>31-32-6E</i>			

PIPE DATA		PERFORATING DATA		FLUID USED		TREATMENT RESUME		
Casing Size	Tubing Size	Shots/Ft		Acid	RATE	PRESS	ISIP	
<i>3 1/2</i>								
Depth	Depth	From	To	Pre Pad	Max		5 Min.	
Volume	Volume	From	To	Pad	Min		10 Min.	
Max Press	Max Press	From	To	Frac	Avg		15 Min.	
Well Connection	Annulus Vol.	From	To		HHP Used		Annulus Pressure	
Plug Depth <i>3370</i>	Packer Depth	From	To	Flush	Gas Volume		Total Load	

Customer Representative <i>DEON</i>	Station Manager <i>KEVIN</i>	Treater <i>DONALD</i>
Service Units <i>83353</i>	<i>33708-20920</i>	<i>84890-19860</i>
Driver Names <i>GC</i>	<i>MICHAEL</i>	<i>SPARKS</i>

Time	Casing Pressure	Tubing Pressure	Bbls. Pumped	Rate	Service Log
<i>1300</i>					<i>IN LOCATION</i>
					<i>3370' 5 1/2" LENER IN 7" F.O.H.</i>
					<i>DROP BALL</i>
<i>1400</i>	<i>1000</i>		<i>20</i>	<i>2 1/2</i>	<i>TR4 BREAK CIRCULATION</i>
					<i>1/2 INCH STREAM TO TANK</i>
	<i>500</i>		<i>12</i>	<i>2 1/2</i>	<i>PUMP 12 bbl MINIFLUSH</i>
	<i>400</i>		<i>3</i>	<i>2 1/2</i>	<i>PUMP 3 bbl H2O</i>
	<i>300</i>		<i>62</i>	<i>3</i>	<i>MIX 150 GAL A-COW</i>
					<i>2% CC, 3/4% PFR, 1/4% DEFORM,</i>
					<i>.1% WCA-1</i>
			<i>0</i>	<i>3</i>	<i>STOP - WASH LINE - DROP PLUG</i>
	<i>0</i>		<i>0</i>	<i>3</i>	<i>START DESP.</i>
	<i>100</i>		<i>20</i>	<i>3</i>	<i>CEMENT AT SHOE</i>
	<i>250</i>		<i>40</i>	<i>3</i>	<i>1/2 STREAM TO TANK</i>
	<i>450</i>		<i>70</i>	<i>3</i>	<i>1/2 STREAM TO TANK</i>
<i>1500</i>	<i>1000</i>		<i>80</i>	<i>3</i>	<i>PLUG DOWN - HOLD</i>
					<i>DID NOT CUR. CEMENT</i>
<i>1530</i>					<i>JOB COMPLETE - KEVIN</i>

