

1217110

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> <i>(Submit ACO-4)</i> <input type="checkbox"/> Other <i>(Specify)</i> _____	PRODUCTION INTERVAL: _____ _____
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Form	ACO1 - Well Completion
Operator	Grand Mesa Operating Company
Well Name	BLYTHE 7-6
Doc ID	1217110

All Electric Logs Run

Comp. Neutron PEL Density Micro Log
PH Shallow Focus SP Log
Gamma Ray/Neutron/CCL
Gamma Ray/Cement Bond/CCL

Summary of Changes

Lease Name and Number: BLYTHE 7-6

API/Permit #: 15-011-24396-00-01

Doc ID: 1217110

Correction Number: 2

Approved By: NAOMI JAMES

Field Name	Previous Value	New Value
Approved Date	07/25/2014	08/04/2014



Confidentiality Requested:

Yes No

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: _____



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1173150
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)</i> <i>(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	Grand Mesa Operating Company
Well Name	BLYTHE 7-6
Doc ID	1173150

All Electric Logs Run

Comp. Neutron PEL Density Micro Log
PH Shallow Focus SP Log
Gamma Ray/Neutron/CCL
Gamma Ray/Cement Bond/CCL

Form	ACO1 - Well Completion
Operator	Grand Mesa Operating Company
Well Name	BLYTHE 7-6
Doc ID	1173150

Perforations

Shots Per Foot	Perforation Record	Material Record	Depth
4	673-688'	1000gals 15% HCL Acid	673-688'

McGown Drilling, Inc.
Mound City, Kansas

Operator:

Grand Mesa Operating Company
Wichita, KS

Blythe #7-6

Bourbon Co, KS
20-25S-22E
API: 011-24396

Spud Date: 12/5/2013
Surface Casing: 8.625"
Surface Length: 21.40'
Surface Cement: 5 sx

Surface Bit: 11"
Drill Bit: 6.75"
Longstring: 140.0'
Longstring Date: 12/12/2013

Driller's Log

Top	Bottom	Formation	Comments
0	12	Soil	
12	50	Shale	
50	54	Lime	
54	56	Shale	
56	78	Lime	
78	84	Shale	
84	98	Lime	
98	102	Shale	
102	111	Lime	
111	116	Shale	
116	120	Red Bed	
120	134	Shale	
134	147	Lime	
147	175	Shale	
175	177	Lime	
177	185	Shale	
185	196	Lime	
196	198	Shale	
198	216	Lime	
216	237	Shale	
237	240	Lime	
240	253	Shale	
253	276	Lime	
276	290	Shale	
290	301	Sand	Good oil show
301	360	Shale	

Blythe #7-6
 Bourbon Co., KS

360	362	Coal	
362	394	Shale	
394	397	Lime	
397	426	Shale	
426	434	Sand	White sand, light rainbow to pit
434	439	Sandy Shale	
439	440	Coal	
440	451	Shale	
451	468	Sandy Shale	
468	469	Coal	
469	478	Shale	
478	493	Sandy Shale	
493	508	Shale	
508	509	Coal	
509	517	Sandy Shale	
517	519	Lime	
519	547	Shale	
547	550	Bl. Shale	
550	651	Shale	
651	652	Coal	
652	693	Lime	Mississippi
693		TD	Oil Shows: 652-653; 659-661; 668-672 Spotty light shows 682-695

Coring		
Run	Footage	Rec.
1	294-314	17'
2	653-673	10'
3	666-686	6'
4	672-692	20'

McGown Drilling, Inc.
Workover Log

Operator: Grand Mesa Operating Co.
Lease: Blythe
Well No.: #7-6

Driller: Colt Umphenour
Rig: Rig #2
Bit: 3.875" Tri-Cone Button - New
Pump: 5 x 8 Gaso

Aux. Equipment:
3.5" FJ Drill Pipe, 3.5" slimhole kelly

Date: 1/20/2014
Time On: 3:00 PM
Time Off: 6:00 PM

Work Detail

1/20/2014

Rig up over Blythe 7-6. TIH to packer at 135'. Drill on packer.

1/21/2014 8:30 AM - 5:00 PM

Drill out packer, cut cement to approx. 200', trip to TD at 692', drill virgin hole to 696', lost circulation, and got drill pipe hung. Pumped 200 lb. cottonseed hulls, attempts to regain circ. failed. Spotted 5 gallons of soap and shut down for night.

1/22/2014 8:30 AM - 2:30 PM

Drill pipe came free from soap, TOOH, run 690' 2 7/8 EUE L/S casing. Consolidated cemented casing in place, rig down.

Depth	Formation	Notes
692-696	Lime	Porous, easy drilling



CONSOLIDATED
Oil Well Services, LLC

264813

TICKET NUMBER 44958

LOCATION Ottawa KS

FOREMAN Fred Mader

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

FIELD TICKET & TREATMENT REPORT
CEMENT

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
12-13-13	3372	Blythe # 7-6	W 20	25	22	BB
CUSTOMER			TRUCK #	DRIVER	TRUCK #	DRIVER
Grand Mesa			712	Fred Mader		
MAILING ADDRESS			475	Har Bec		
1708 N. Waterfront Pkwy			570	Ken Car		
CITY		STATE	ZIP CODE	510	Set Joe	
Wichita		KS	67206			

JOB TYPE long string HOLE SIZE 6 7/8 HOLE DEPTH 692' CASING SIZE & WEIGHT 4 1/2"
 CASING DEPTH 132' DRILL PIPE Type "A" Packer Shoe TUBING OTHER
 SLURRY WEIGHT _____ SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT in CASING 1 1/2" plug
 DISPLACEMENT 2.1 BBL DISPLACEMENT PSI _____ MIX PSI _____ RATE 43 PM

REMARKS: Hold crew safety meeting. Rig pulled packer to 132" - & got long mix + pump 100 Gal Flush Circulation is varied. Mixer pump 70 sks 50/50 Por mix Cement. Cement to surface. Flush pump & lines clean. Displace 4 1/2" Rubber plug to packer. Pressure to 600 PSI. Release pressure to set float valve.

Note: Type A Packer shoe showed no sign off pressure to set. Packer had been to hole bottom & pulled to 132'.
 McCowan Drilling Fred Mader

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401	1	PUMP CHARGE		
5406	65 mi	MILEAGE		
5402	132'	Casing footage		
5407	Minimum	Ten Miles		
5500	3 hrs	80 BBL Vac Truck		
1124	70 sks	50/50 Por Mix Cement		
1183	218'	Premium Gel		
4404	1	4 1/2" Rubber Plug		
4251	1	Type "A" Packer Shoe		

completed

SALES TAX ESTIMATED TOTAL

Flavin 3737

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.



CONSOLIDATED
Oil Well Services, LLC

API# 15-011-24396

TICKET NUMBER 42563

LOCATION Ottawa

FOREMAN Alan Mader

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

FIELD TICKET & TREATMENT REPORT
CEMENT

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
1-22-14	3372	Blythe 7-6	SE 20	25	22	BB
CUSTOMER <u>Grand Mesa</u>			TRUCK #	DRIVER	TRUCK #	DRIVER
MAILING ADDRESS <u>1700 N Waterfront Pkwy</u>			<u>730</u>	<u>Alamad</u>	<u>Safety</u>	<u>Meat</u>
CITY	STATE	ZIP CODE	<u>368</u>	<u>Br Md</u>		
<u>Wichita</u>	<u>KS</u>	<u>67206</u>	<u>369</u>	<u>Der Mas</u>		
			<u>503</u>	<u>Mat Cor</u>		

JOB TYPE log string HOLE SIZE 6 1/2, 3 1/8, 4 1/2 HOLE DEPTH 696 CASING SIZE & WEIGHT 2 7/8
 CASING DEPTH 690 DRILL PIPE _____ TUBING _____ OTHER _____
 SLURRY WEIGHT _____ SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT in CASING yes
 DISPLACEMENT 4 DISPLACEMENT PSI 800 MIX PSI 200 RATE 3Bpm

REMARKS: Held meeting. Hooked to casing. Well bore was flowing prior to hook up. Established rate down casing. Mixed & pumped w/ gel to flush hole, followed by 94.5x 50150 cement plus 2 gel, 5 lb salt & 5 lb Kolbeal per sack. Circulated cement, flushed pump. Pumped plug to casing TD. Well held 800 PSI. Set float. Closed valve.

Melburn Colt

Alan Mader

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401	1	PUMP CHARGE	368	[REDACTED]
5406	60	MILEAGE	368	[REDACTED]
5402	690'	casing footage	368	[REDACTED]
5407	mg	ton miles	503	[REDACTED]
5502C	3	80 vac	369	[REDACTED]
1124	94	50150 cement		[REDACTED]
1118B	258#	gel		[REDACTED]
1111	182#	salt		[REDACTED]
1110A	470#	Kolbeal		[REDACTED]
6402	1	2 1/2 ply		[REDACTED]

completed

SALES TAX ESTIMATED TOTAL [REDACTED]
 AUTHORIZATION R P Spriggs TITLE consultant 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.



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

TICKET NUMBER 57983
FIELD TICKET REF # 48908
LOCATION Thayer, Ks.
FOREMAN Landon Westlund

**TREATMENT REPORT
FRAC & ACID**

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
2-21-14	3372	Blythe # 7-6				BB
CUSTOMER			* Safety meeting Attention!			
GRAND MESA			TRUCK #	DRIVER	TRUCK #	DRIVER
MAILING ADDRESS			474	Wes	489	CV
CITY			489 T90	Cody		
STATE						
ZIP CODE						

WELL DATA

CASING SIZE <u>4 1/2</u>	TOTAL DEPTH <u>692</u> set @ <u>690'</u>
CASING WEIGHT	PLUG DEPTH
TUBING SIZE	PACKER DEPTH
TUBING WEIGHT	OPEN HOLE
PERFS & FORMATION	MISSISSIPPI
<u>673-688</u>	<u>60</u>

TYPE OF TREATMENT

SPT-ABO

CHEMICALS

<u>Acid</u>	<u>KCl</u>
<u>Inhib</u>	<u>Biocide</u>
<u>Stim</u>	
<u>Iron control</u>	

STAGE	BBL'S PUMPED	INJ RATE	PROPPANT PPG	SAND / STAGE	PSI	
		3.5				BREAKDOWN <u>800</u>
		3.3				START PRESSURE
		3.4				END PRESSURE
		3.7				BALL OFF PRESS <u>NONE</u>
						ROCK SALT PRESS
						ISIP <u>325</u>
						5 MIN
<u>Ball seal</u>	<u>50</u>					10 MIN
		3.8				15 MIN
<u>TOTAL WATER</u>	<u>500 gal</u>					MIN RATE
		4.0				MAX RATE
<u>TOTAL ACID</u>	<u>1,000 gal</u>					DISPLACEMENT
		4.0				<u>168 gal</u>
<u>TOTAL FLUID</u>	<u>1500 gal</u>					

REMARKS:

Held earlier meeting well was spotted on (2-20-14)
 pumped in 1000 gal of 15% HCL on perfs with ball (50) seal
 & took the ball back but no ball-off (shot down & released
 ball seals 50 gal plus
 THANK YOU FOR YOUR BUSINESS!

AUTHORIZATION _____ TITLE _____ DATE 2-21-14