



Confidentiality Requested:

Yes No

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: _____



1137052

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
--	---

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:
 Flowing Pumping Gas Lift Other *(Explain)* _____

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

Form	ACO1 - Well Completion
Operator	Citation Oil & Gas Corp.
Well Name	Baumer 66
Doc ID	1137052

All Electric Logs Run

Geologist Log
Dual Induction Log
Compensated Neutron Log
Micro Log

Summary of Changes

Lease Name and Number: Baumer 66

API/Permit #: 15-051-26450-00-00

Doc ID: 1137052

Correction Number: 1

Approved By: NAOMI JAMES

Field Name	Previous Value	New Value
Approved Date	04/25/2013	04/29/2013
Ground Surface Elevation	2086	2085
LocationInfoLink	https://solar.kgs.ku.edu/kcc/detail/locationInformation.cfm?section=27&t2640	https://solar.kgs.ku.edu/kcc/detail/locationInformation.cfm?section=27&t2633
Number of Feet East or West From Section Line	2640	2633
Quarter Call 1 - Largest	N2	NE
Quarter Call 2	S2	SW
Quarter Call 3	S2	SW
Quarter Call 4 - Smallest	S2	SW
Save Link	../kcc/detail/operatorEditDetail.cfm?docID=1125529	../kcc/detail/operatorEditDetail.cfm?docID=1137052



CONFIDENTIAL

WELL COMPLETION FORM

Form Must Be Typed
Form must be Signed
All blanks must be Filled

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
- Conv. to GSW
- Plug Back: _____ Plug Back Total Depth _____
- 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

County: _____

Lease Name: _____ Well #: _____

Field Name: _____

Producing Formation: _____

Elevation: Ground: _____ Kelly Bushing: _____

Total 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

- Letter of Confidentiality Received
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
--	---

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
---	--	------------------------------------

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

Form	ACO1 - Well Completion
Operator	Citation Oil & Gas Corp.
Well Name	Baumer 66
Doc ID	1125529

All Electric Logs Run

Geologist Log
Dual Induction Log
Compensated Neutron Log
Micro Log

Form	ACO1 - Well Completion
Operator	Citation Oil & Gas Corp.
Well Name	Baumer 66
Doc ID	1125529

Perforations

Shots Per Foot	Perforation Record	Material Record	Depth
6	3556' - 3570'	Spotted 500 gals 15% HCL. Treated with 500 gals 15% HCL, 400# rock salt, 1000 gals 15% HCL.	3570'
6	3556' - 3570'	Polymer Gel Treatment: Stages 1-5	3570'

QUALITY OILWELL CEMENTING, INC.

Federal Tax I.D.# 20-2886107

Phone 785-483-2025
Cell 785-324-1041

Home Office P.O. Box 32 Russell, KS 67665

No. 8481

Date	3 15 13	Sec.	27	Twp.	11	Range	17	County	CLATS	State	KANSAS	On Location	Finish
													10:15 PM

Lease				Well No.				Owner			
Contractor				Type Job				To Quality Oilwell Cementing, Inc.			
Hole Size				T.D.				Charge To			
Csg.				Depth				Street			
Tbg. Size				Depth				City			
Tool				Depth				State			
Cement Left in Csg.				Shoe Joint				Cement Amount Ordered			
Meas Line				Displace				The above was done to satisfaction and supervision of owner agent or contractor.			

EQUIPMENT				Common			
Pumptrk	No.	Cementer		Poz. Mix			
		Helper		Gel.			
Bulktrk	No.	Driver		Calcium			
Bulktrk	No.	Driver					

JOB SERVICES & REMARKS				Hulls			
Remarks:				Salt			
Rat Hole				Flowseal			
Mouse Hole				Kol-Seal			
Centralizers				Mud CLR 48			
Baskets				CFL-117 or CD110 CAF 38			
D/V or Port Collar				Sand			
				Handling			
				Mileage			

FLOAT EQUIPMENT			
Guide Shoe			
Centralizer 12-8 5/8"			
Baskets			
AFU Inserts			
Float Shoe			
Latch Down			
1-8 7/8" BARGE PLATE			
1- RUBBER PLUG			

THANK YOU!				Pumptrk Charge			
				Mileage			
				Tax			
				Discount			
				Total Charge			
X Signature							

QUALITY OILWELL CEMENTING, INC.

Federal Tax I.D.# 20-2886107

Phone 785-483-2025

Home Office P.O. Box 32 Russell, KS 67665

No. 6488

Cell 785-324-1041

Date	Sec.	Twp.	Range	County	State	On Location	Finish
3-20-13	27	17	17	ELIOT	KANSAS		1:45 pm

Location: CONELL-10 1/2 N 17 W INFO

Lease <u>BAUMER</u>	Well No. # <u>6010</u>	Owner <u>CITATION OIL</u>
Contractor <u>DUKE #2</u>	To Quality Oilwell Cementing, Inc. You are hereby requested to rent cementing equipment and furnish cementer and helper to assist owner or contractor to do work as listed.	
Type Job <u>PROD. STRING</u>	Charge To <u>CITATION OIL</u>	
Hole Size <u>7 1/8</u>	T.D. <u>3,645'</u>	Street <u>14011 CITATION</u>
Csg. <u>5 1/2" 15LB-NEW</u>	Depth <u>3,638'</u>	City <u>HOUSTON</u> State <u>TX</u>
Tbg. Size	Depth	The above was done to satisfaction and supervision of owner agent or contractor.
Tool	Depth	
Cement Left in Csg.	Shoe Joint <u>84'</u>	Cement Amount Ordered <u>235 CLASS A 10% GEL KUBER</u>
Meas Line	Displace <u>86 3/4 BBL'S</u>	

EQUIPMENT

	No.	Common	Poz. Mix
Pumptrk # <u>15</u>		Cementer Helper <u>NICK W.</u>	
Bulktrk # <u>14</u>		Driver <u>LONNIE M.</u>	Gel
Bulktrk <u>PLU</u>		Driver <u>CTSCO A.</u>	Calcium

JOB SERVICES & REMARKS

Remarks:	Hulls
Rat Hole <u>30 SKS</u>	Salt
Mouse Hole <u>15 SKS</u>	Flowseal
Centralizers	Kol-Seal
Baskets	Mud CLR 48 <u>500 GALLONS</u>
D/V or Port Collar	CFL-117 or CD110 CAF 38
<u>DROPPED BALL - BROKE CIRCULATION</u>	Sand
<u>CIRCULATED 1/2 HR ON BOTTOM - PUMPED</u>	Handling
<u>500 GAL. MUD FLUSH - PLUGGED PATH HOLE -</u>	Mileage
<u>30 SKS - PLUGGED MOUSE HOLE 15 SKS - MIXED</u>	FLOAT EQUIPMENT
<u>& PUMPED 205 SKS DOWN 5 1/2" - DROPPED -</u>	Guide Shoe
<u>PLUG & WASHED PUMP - DISPLACED PLUG</u>	Centralizer <u>14-5 1/2" TURBOS</u>
<u>PLUG LANNED & HELD!</u>	Baskets <u>2-5 1/2"</u>
<u>LIFT PRESSURE @ 1000 LBS</u>	AFU Inserts
<u>PLUG LANNED @ 8 1/2 BBL'S @ 1,500 LBS</u>	Float Shoe <u>1-5 1/2" W/BALL</u>
	Latch Down <u>1-5 1/2" W/DWG</u>

	Pumptrk Charge	Tax
	Mileage	Discount
<u>THANK YOU!</u>		Total Charge
X Signature <u>[Signature]</u>		

Conservation Division
Finney State Office Building
130 S. Market, Rm. 2078
Wichita, KS 67202-3802



Phone: 316-337-6200
Fax: 316-337-6211
<http://kcc.ks.gov/>

Mark Sievers, Chairman
Thomas E. Wright, Commissioner
Shari Feist Albrecht, Commissioner

Sam Brownback, Governor

April 23, 2013

Liana Ramirez
Citation Oil & Gas Corp.
14077 Cutten Rd
PO BOX 690688
HOUSTON, TX 77269-0688

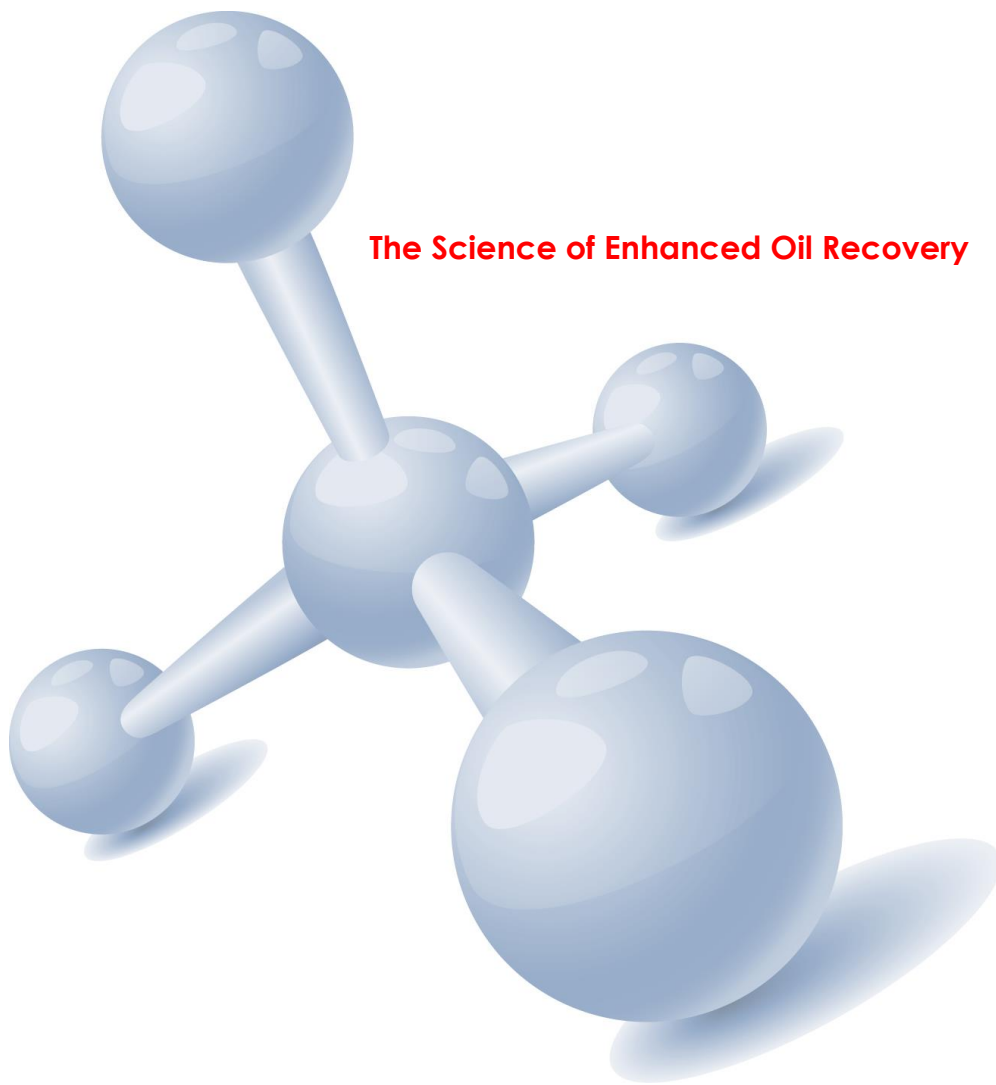
Re: ACO1
API 15-051-26450-00-00
Baumer B 66
N/2 Sec.27-11S-17W
Ellis County, Kansas

Dear Production Department:

We are herewith requesting that the Well Completion Form ACO-1 and attached information for the subject well be held confidential for a period of two years.

Should you have any questions or need additional information regarding subject well, please contact our office.

Respectfully,
Liana Ramirez



The Science of Enhanced Oil Recovery

Treatment Summary For

Citation Oil & Gas Corp.

MARCITsm Gel Conformance
Bemis-Shutts

Baumer #66
Ellis County, Kansas

April 4, 2013

TREATMENT SUMMARY

PURPOSE

Use MARCITsm polymer gel technology to 1) decrease water production, 2) lower producing fluid level, 3) improve draw-down on oil-saturated reservoir matrix rock, 4) improve oil recovery and well economics.

TREATMENT

TIORCO equipment and personnel arrived on location on April 1, 2013. A tailgate safety meeting was held to discuss all potential hazards specific to the job. TIORCO's Portable Unit #17 was connected to frac tanks for treatment supply water and to the wellhead for polymer solution injection. The unit was then connected to an electrical source. The treatment consisted of 1,258 BBLS of gel. The treatment started on April 1, 2013 at 21:00 and ended on April 3, 2013 at 03:47. The gel was made-up of 1,595 lbs. of EOR204 (Medium molecular weight polymer) and 336 lbs. of EOR684 (crosslinker). Details for each stage of the treatment, job log, and injection charts are included.

MARCITsm GEL QA/QC

Representative samples of cross-linked polymer solution were collected during all treatment stages to ensure that the intended gels would ultimately form. Pre-gel samples were stored at a temperature of 120°F in an oven onboard the TIORCO portable polymer injection unit. All samples indicated that gels formed as intended.

TIORCO is very interested in monitoring and evaluating the results of this treatment with time. If you should have questions or comments regarding the job, please do not hesitate to contact Mike Lantz in our Denver office at (303) 923-6440. We greatly appreciate the opportunity to be of service to Citation Oil & Gas Corp. and look forward to working with you again in the future.



TREATMENT STAGE LOG

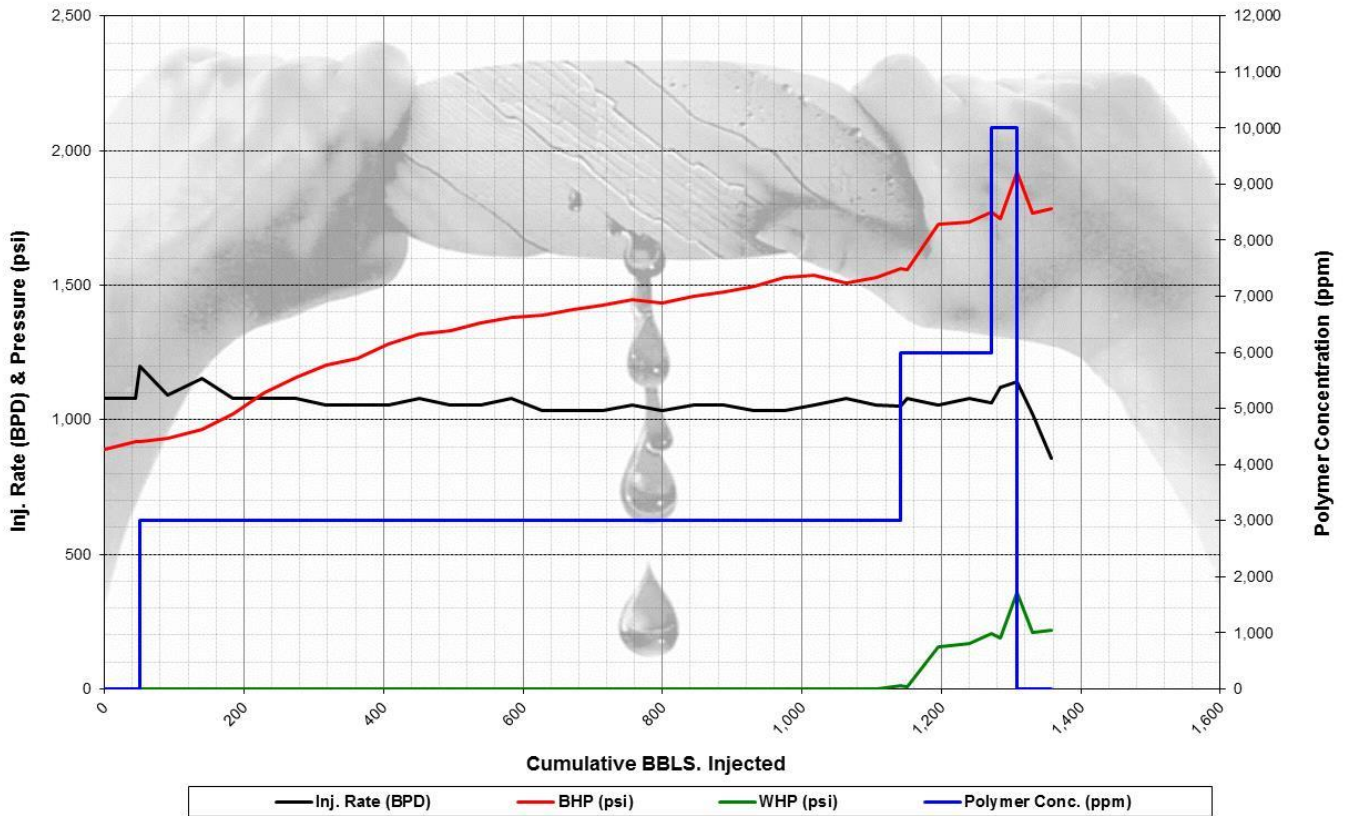
Stage	Date	Time	Date	Time	Polymer ppm	BBLs / Stage	WHP (psi)		BHP (psi)		Pump Rate (bpd)		Comments
	Begin	Begin	End	End			Begin	End	Begin	End	Begin	End	
1	4/1/13	9:00 PM	4/1/13	10:06 PM	0	50	0	VAC	889	920	1,080	1,080	Stage # 1: Water Flush With RU189 and K-31w
2	4/1/13	10:06 PM	4/2/13	10:48 AM	3,000	1,092	VAC	10	920	1,562	1,080	1,080	Stage # 2: 3,000 PPM With K-31w
3	4/2/13	10:48 AM	4/3/13	1:42 AM	6,000	129	10	205	1,562	1,773	1,080	1,080	Stage # 3: 6,000 PPM With K-31w
4	4/3/13	1:42 AM	4/3/13	2:29 AM	10,000	37	205	360	1,773	1,921	1,080	1,080	Stage # 4: 10,000 PPM With K-31w
5	4/3/13	2:29 AM	4/3/13	3:47 AM	0	50	360	220	1,921	1,785	1,080	1,080	Stage # 5: Water Flush With RU189 and K-31w
Totals						1,358							

MARCITSM GEL QA/QC

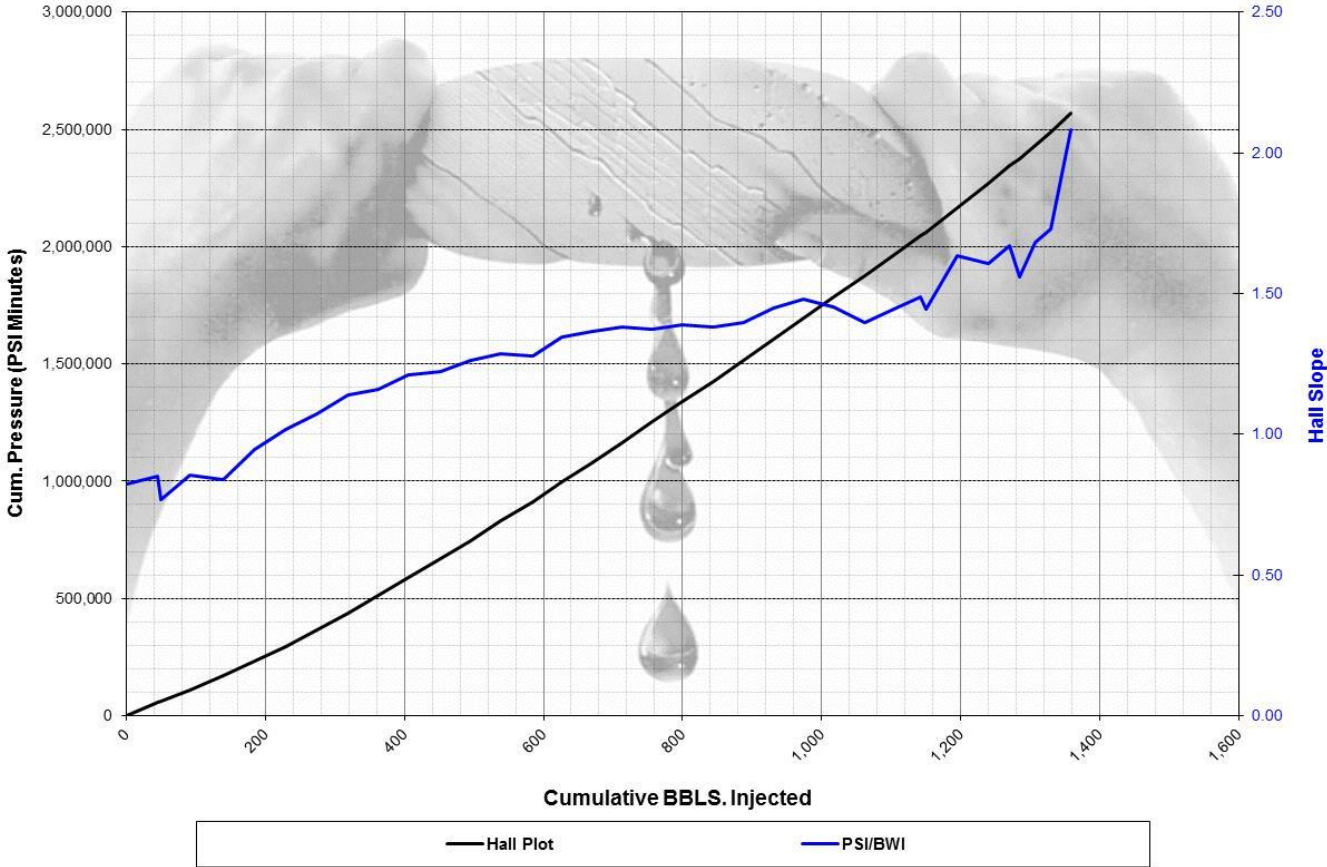
Sample No.	Treatment Stage	Sample Date	Sample Time	Cum. Bbls.	Polymer ppm	Polymer:X-Linker Ratio	Comments
1	2	04/01/13	23:00	91	3,000	40:1	Graded 3g
2	2	04/02/13	11:00	627	3,000	40:1	Graded 3g
3	2	04/02/13	22:00	1,107	3,000	40:1	Graded 3g
4	3	04/03/13	00:00	1,195	6,000	40:1	Graded 6g
5	4	04/03/13	02:25	1,305	10,000	40:1	Graded 8g



RATE, PRESSURE, & CONCENTRATION



HALL SLOPE



TREATMENT JOB LOG

DATE	TIME	INJECTION RATE		CUM. INJ BBLs	WHP PSI	BHP PSI	HALL SLOPE	Polymer PPM	POLYMER LBS: Estimate	COMMENTS
		BPD	BPM							
1-Apr-13	21:00	1,080	0.75	0	1	889	0.82	0	0	Begin Well Treatment -Stage #1: Water Flush with Champion RU 189 and K-31w
1-Apr-13	22:00	1,080	0.75	45	0	919	0.85	0	0	
1-Apr-13	22:06	1,200	0.83	50	0	920	0.77	0	0	End Stage #1
1-Apr-13	22:06	1,200	0.83	50	0	920	0.77	3,000	0	Begin Stage #2: 3,000 PPM with Champion K-31w
1-Apr-13	23:00	1,093	0.76	91	0	933	0.85	3,000	43	Took Sample #1: Graded 3g
2-Apr-13	0:00	1,152	0.80	139	0	964	0.84	3,000	93	
2-Apr-13	1:00	1,080	0.75	184	0	1,022	0.95	3,000	141	
2-Apr-13	2:00	1,080	0.75	229	0	1,098	1.02	3,000	188	
2-Apr-13	3:00	1,080	0.75	274	0	1,156	1.07	3,000	235	
2-Apr-13	4:00	1,056	0.73	318	0	1,205	1.14	3,000	281	
2-Apr-13	5:00	1,056	0.73	362	0	1,226	1.16	3,000	327	
2-Apr-13	6:00	1,056	0.73	406	0	1,280	1.21	3,000	373	
2-Apr-13	7:00	1,080	0.75	451	0	1,320	1.22	3,000	421	
2-Apr-13	8:00	1,056	0.73	495	0	1,332	1.26	3,000	467	
2-Apr-13	9:00	1,056	0.73	539	0	1,360	1.29	3,000	513	
2-Apr-13	10:00	1,080	0.75	584	0	1,380	1.28	3,000	560	
2-Apr-13	11:00	1,032	0.72	627	0	1,388	1.34	3,000	605	Took Sample #2: Graded 3g
2-Apr-13	12:00	1,032	0.72	670	0	1,408	1.36	3,000	650	
2-Apr-13	13:00	1,032	0.72	713	0	1,426	1.38	3,000	695	
2-Apr-13	14:00	1,056	0.73	757	0	1,448	1.37	3,000	742	
2-Apr-13	15:00	1,032	0.72	800	0	1,433	1.39	3,000	787	
2-Apr-13	16:00	1,056	0.73	844	0	1,457	1.38	3,000	833	
2-Apr-13	17:00	1,056	0.73	888	0	1,475	1.40	3,000	879	
2-Apr-13	18:00	1,032	0.72	931	0	1,496	1.45	3,000	924	
2-Apr-13	19:00	1,032	0.72	974	0	1,527	1.48	3,000	969	
2-Apr-13	20:00	1,056	0.73	1,018	0	1,535	1.45	3,000	1,015	
2-Apr-13	21:00	1,080	0.75	1,063	0	1,507	1.40	3,000	1,063	
2-Apr-13	22:00	1,056	0.73	1,107	0	1,529	1.45	3,000	1,109	Took Sample #3: Graded 3g
2-Apr-13	22:48	1,050	0.73	1,142	10	1,562	1.49	3,000	1,145	End Stage #2
2-Apr-13	22:48	1,050	0.73	1,142	10	1,562	1.49	6,000	1,145	Begin Stage #3: 6,000 PPM with Champion K-31w
2-Apr-13	23:00	1,080	0.75	1,151	6	1,558	1.44	6,000	1,164	
3-Apr-13	0:00	1,056	0.73	1,195	155	1,727	1.64	6,000	1,257	Took Sample #4: Graded 6g
3-Apr-13	1:00	1,080	0.75	1,240	170	1,735	1.61	6,000	1,351	
3-Apr-13	1:42	1,063	0.74	1,271	205	1,773	1.67	6,000	1,416	End Stage #3
3-Apr-13	1:42	1,063	0.74	1,271	205	1,773	1.67	10,000	1,416	Begin Stage #4: 10,000 PPM with Champion K-31w
3-Apr-13	2:00	1,120	0.78	1,285	190	1,746	1.56	10,000	1,465	02:25 - 1305 BBLs. Took Sample #5: Graded 8g
3-Apr-13	2:29	1,142	0.79	1,308	360	1,921	1.68	10,000	1,545	End Stage #4
3-Apr-13	2:29	1,142	0.79	1,308	360	1,921	1.68	0	1,545	Begin Stage #5: Water Flush with Champion RU 189 and K-31w
3-Apr-13	3:00	1,022	0.71	1,330	210	1,768	1.73	0	1,545	
3-Apr-13	3:47	858	0.60	1,358	220	1,785	2.08	0	1,545	End Stage #5: Treatment Completed

