

**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 DistributionALT I II III Approved by: _____ Date: _____

1271742

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:
 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> _____	PRODUCTION INTERVAL: _____ _____
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CONSOLIDATED
Oil Well Services, LLC

TICKET NUMBER 49906
LOCATION Ottawa KS
FOREMAN Fred Maden

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
11/13/15	3372	Richards # 12-9	SW 1B	29	17	CE
CUSTOMER <u>Grand Mecca</u>						
MAILING ADDRESS <u>1700 W Waterfront</u>						
CITY <u>Wichita</u>		STATE <u>KS</u>	ZIP CODE <u>67206</u>			

TRUCK #	DRIVER	TRUCK #	DRIVER
712	Fred Mad		
495	Horace		
675	Ken Det		
558	Tom Mor		

JOB TYPE Plug HOLE SIZE - HOLE DEPTH - CASING SIZE & WEIGHT 2 7/8 EUE
 CASING DEPTH 1109 DRILL PIPE _____ TUBING _____ OTHER _____
 SLURRY WEIGHT _____ SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT in CASING Full
 DISPLACEMENT N/A DISPLACEMENT PSI _____ MIX PSI _____ RATE 2 BPM
 REMARKS: Hold Safety meeting. Establish injection rate into Formation.
Mix Pump 33 SKs 50/50 For Blend I A Cement 6 Gal Cement w/ 10*
Cottonseed hulls. Pressured to 800* PSI. Shut in Casing.

McGowan Drilling

Fred Maden

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
CE0450	1	PUMP CHARGE <u>Bullhead Plug</u>	495	
CE0002	<u>-33mi</u>	MILEAGE	456	
CE0711	<u>1/3 Min. Delay</u>	TON Miles Delay	555	
WE0850	1 hr	80 BBL Vac Truck	695	
<u>Sub Total</u>				

CC 5840	33 sks	50/50 <u>For Blend I A Cement</u>		
CC 5965	166#	<u>Bentonite Gel</u>		
CC 6050	12#	<u>Cottonseed hulls.</u>		
<u>Sub Total</u>				

SALES TAX	ESTIMATED TOTAL

RAVIN 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.

Summary of Changes

Lease Name and Number: RICHARDS 12-9

API/Permit #: 15-031-23855-00-00

Doc ID: 1271742

Correction Number: 2

Approved By: NAOMI JAMES

Field Name	Previous Value	New Value
Additional Type And Percent Additive		6% Gel, 10# Cottonseed hulls
Approved Date	07/07/2014	11/18/2015
CasingAdd_Type_PctP DF_1		None
Cementing Purpose Plug Back TD	No	Yes
CementingDepth1_PDF	-	0-1142
CementingDepthBase1		1142
CementingDepthTop1		0
Completion Or Recompletion Date	03/28/2014	11/13/2015
Date of First or Resumed Production or SWD or Enhr Field Name	06/20/2014	
	Wildcat	Parmley Northwest

Summary of changes for correction 2 continued

Field Name	Previous Value	New Value
Number Of Sacks Used for Cementing / Squeezing- Line 1		33
Producing Method Pumping	Yes	No
Production - Barrels Oil	2	
Production - Barrels of Water	3	
Production - MCF Gas	0	
Purchaser's Name	Coffeyville Resources	None
Save Link	../../../../kcc/detail/operatorEditDetail.cfm?docID=1212849	../../../../kcc/detail/operatorEditDetail.cfm?docID=1271742
TopsDatum5		None
TopsName2	976	Anna shale
Tubing Set At	1109	
Tubing Size	2.875	
Type Of Cement Used for Cementing / Squeezing - Line 1		50/50 Pozblend IA
Well Type	OIL	DH

Summary of Attachments

Lease Name and Number: RICHARDS 12-9

API: 15-031-23855-00-00

Doc ID: 1271742

Correction Number: 2

Attachment Name

Plugging cement ticket



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: _____

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- Plug Back Conv. to GSW Conv. to Producer
- Commingled Permit #: _____
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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 1212043
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:

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- 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 #: _____
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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	RICHARDS 12-5
Doc ID	1212043

Perforations

Shots Per Foot	Perforation Record	Material Record	Depth
3	1014-1022	75gals 15% HCL Acid	1014-1022
		300# 16/30 Brown Sand	1014-1022
		3200# 12/20 Brown Sand	
		500# 8/12 Brown Sand	

McGOWN

DRILLING, INC.

Operator:
Grand Mesa Operating
Wichita, KS

Richards #12-5

Coffey Co., KS
18-22-17E
API: 031-23855

Spud Date:	3/24/2014	Surface Bit:	11"
Surface Casing:	8.625"	Drill Bit:	6.75"
Surface Length:	44.45'	Longstring:	1109.0'
Surface Cement:	8 sx	Longstring Date:	3/28/2014
Longstring:	2 7/8 EUE - used	Seat Nipple:	1007'

Driller's Log

Top	Bottom	Formation	Comments
0	6	Soil	
6	8	Gravel	
8	10	Lime	
10	17	Shale	
17	44	Lime	
44	52	Shale	
52	55	Lime	
55	199	Shale	
199	240	Lime	
240	263	Shale	
263	287	Lime	
287	292	Shale	
292	306	Lime	
306	310	Shale	
310	320	Lime	
320	413	Shale	
413	464	Lime	
464	468	Bl. Shale	
468	473	Lime	
473	531	Shale	
531	590	Lime	
590	596	Bl. Shale	
596	616	Lime	
616	622	Bl. Shale	

Richards #12-5
Coffey Co., KS

622	627	Lime	
627	633	Shale	
633	641	Lime	
641	797	Shale	
797	799	Coal	
799	818	Shale	
818	830	Lime	
830	839	Sandy Shale	
839	840	Lime	
840	845	Shale	
845	857	Sand	No show
857	870	Sandy Shale	
870	888	Shale	
888	890	Bl. Shale	
890	918	Shale	
918	920	Lime	
920	924	Shale	
924	937	Lime	Shaley
937	940	Lime	
940	960	Lime	Shaley
960	965	Lime	20' Base
965	974	Shale	
974	979	Lime	5'
979	990	Shale	
990	1015	Sandy Shale	Mucky
1015	1020	Sand	Good oil show in core, lighter bleed back
1020	1058	Sand	after washing
1058	1142	Shale	No oil bleed in core or samples past 1020
1142		TD	

Run	Coring Footage	Rec.
1	1010-1030	18'
2		



CONSOLIDATED
Oil Well Services, LLC

267258

TICKET NUMBER 47031

LOCATION Ottawa KS

FOREMAN Fred Maden

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
4-7-14	3372	Richards #12.5	SE 18	17	22	CF
CUSTOMER Grand Mesa						
MAILING ADDRESS 1700 N Waterfront Pkwy						
CITY Wichita		STATE KS	ZIP CODE 67206			

TRUCK #	DRIVER	TRUCK #	DRIVER
712	Fred Mad		
495	Harbor		
675	Kel Dot		
548	Mik Hea		

JOB TYPE Long string HOLE SIZE 6 3/4 HOLE DEPTH 1142 CASING SIZE & WEIGHT 2 1/2 EUE
 CASING DEPTH 1137 DRILL PIPE _____ TUBING _____ OTHER _____
 SLURRY WEIGHT _____ SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT in CASING 2 1/2" Plug
 DISPLACEMENT 10.6 BBL DISPLACEMENT PSI _____ MIX PSI _____ RATE 58 BPM

REMARKS: Hold safety meeting. Establish pump rate. Mix + Pump 100# Gel Flush
 Mix + Pump @ 220 S/R 50/50 Per Mix Cement 2% Gel 5% Salt 5# Kel
 Seal/sk. Cement to surface. Flush pump + lines clean. Displace
 2 1/2" Rubber plug to casing TD. Pressure to 800# PSI. Release
 pressure to set float valve. Shut in casing.

McGowan Drilling - Call.

Fred Maden

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401	1	PUMP CHARGE		
5406	-	MILEAGE		
5402	1137	Casing footage		
5407A	46 @ .35	Ton Miles	548	
5502C	3 hrs	80 BBL Vac Truck	675	
1124	220 SKS	50/50 Per Mix Cement	2530	
115B	470#	Premixed Gel	10340	
1111	425#	Granulated Salt	16525	
1110A	1100#	Kel Seal	50600	
		Material less 30%	32420	
		Total Material		23130
4402	1	2 1/2" Rubber Plug		2930
				55730
				1470
				452129

Ravin 3737

AUTHORIZATION _____

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

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

TICKET NUMBER 58423
FIELD TICKET REF # 49229
LOCATION Thayer
FOREMAN Gary Wilhel

**TREATMENT REPORT
FRAC & ACID**

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
5-22-14	3372	Richards # 12-5	18	22	17	CF

CUSTOMER
Grand Mesa

MAILING ADDRESS

CITY STATE ZIP CODE

TRUCK #	DRIVER	TRUCK #	DRIVER
524	Tramps		
458	Tim		
521	Eric		
735/T 91	George		

WELL DATA

CASING SIZE	TOTAL DEPTH
CASING WEIGHT	PLUG DEPTH
TUBING SIZE	PACKER DEPTH
TUBING WEIGHT	OPEN HOLE
PERFS & FORMATION	
1014-22	(22)

40sls-

TYPE OF TREATMENT

Acid Spot / Fracture

CHEMICALS

<u>City Water</u>	<u>75 15% HCL Acid</u>
<u>KCl Sol.</u>	<u>Publ. L.</u>
<u>20% Gel/Breaker</u>	<u>Stamflo</u>
<u>Biocide, Stamflo</u>	

STAGE	BBL'S PUMPED	INJ RATE	PROPPANT PPG	SAND / STAGE	PSI
Pad	20	~163			
1 1/2				300	
12/20				3200	
8/12				500	
Push	5				
Totals	100			4000	

BREAKDOWN 1600
START PRESSURE
END PRESSURE
BALL OFF PRESS
ROCK SALT PRESS
ISIP 600
5 MIN
10 MIN
15 MIN
MIN RATE
MAX RATE
DISPLACEMENT 6

REMARKS: Spot acid to pads - breakdown and stage

AUTHORIZATION _____ TITLE _____ DATE _____

Terms and Conditions are printed on reverse side.