



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
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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:  
 Flowing  Pumping  Gas Lift  Other *(Explain)* \_\_\_\_\_

Estimated Production Per 24 Hours	Oil Bbls.	Gas Mcf	Water Bbls.	Gas-Oil Ratio	Gravity

<b>DISPOSITION OF GAS:</b> <input type="checkbox"/> Vented <input type="checkbox"/> Sold <input type="checkbox"/> Used on Lease <i>(If vented, Submit ACO-18.)</i>	<b>METHOD OF COMPLETION:</b> <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> _____	<b>PRODUCTION INTERVAL:</b> _____ _____
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Black Tea Oil

Ellis 5

RTD 4530

LTD Cased Hole 4485

Port Collar 2202 650 sks Ran temp survey cement was @ 280' State Passed  
5 ½ set at 4530 230 sks

Perfs

Morrow 4430-50

Ft Scott 4288-92

Treated both together with 3500 gal

F 3891-94 250 gal

C 3832-34 150 gal

B 3798-3802 250 gal

## Summary of Changes

Lease Name and Number: Ellis 5  
 API/Permit #: 15-109-21318-00-00  
 Doc ID: 1248496  
 Correction Number: 1  
 Approved By: NAOMI JAMES

Field Name	Previous Value	New Value
Amount of Surface Pipe Set and Cemented at	250	264
Approved Date	10/21/2014	04/27/2015
CasingPurposeOfString PDF_1	surface	Surface
CasingPurposeOfString PDF_2	production	Production
CasingSettingDepthPDF F_1	250	264
CasingSettingDepthPDF F_2	4500	4530
CasingWeightPDF_1	16	23
CasingWeightPDF_2	20	15.5
If Alternate II Completion - Cement Circulated From		2202
If Alternate II Completion - Sacks of Cement	450	650

Summary of changes for correction 1 continued

Field Name	Previous Value	New Value
Method Of Completion - Commingled	No	Yes
Multiple Stage Cementing Collar Depth	2100	2202
Perf_Record_1		See Attached Report
Plug Back Total Depth	4500	4480
Producing Formation	Knasas City/Johnson	See attached report
Save Link	../../../../kcc/detail/operatorEditDetail.cfm?docID=1228731	../../../../kcc/detail/operatorEditDetail.cfm?docID=1248496
TopsDatum1	-1307	-1653
TopsDatum2		-1511
TopsDatum3		-1114
TopsDatum4		-1055
TopsDatum5		-1021
TopsDepth1	4075	4430
TopsDepth2		4288

Summary of changes for correction 1 continued

Field Name	Previous Value	New Value
TopsDepth3		3891
TopsDepth4		3832
TopsDepth5		3798
TopsName1	Kansas City	Morrow
TopsName2		Ft Scott
TopsName3		F
TopsName4		C
TopsName5		B
Total Depth	4500	4530

## Summary of Attachments

Lease Name and Number: Ellis 5

API: 15-109-21318-00-00

Doc ID: 1248496

Correction Number: 1

Attachment Name





Confidentiality Requested:

Yes  No

KANSAS CORPORATION COMMISSION 1228731  
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 #: \_\_\_\_\_
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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)

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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.

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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.

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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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# ALLIED OIL & GAS SERVICES, LLC 064058

Federal Tax I.D. # 20-8651475

REMIT TO P.O. BOX 93999  
SOUTHLAKE, TEXAS 76092

SERVICE POINT: Oakley KS

DATE <u>7-19-14</u>	SEC <u>23</u>	TWP. <u>14</u>	RANGE <u>32</u>	CALLED OUT	ON LOCATION <u>12:00pm</u>	JOB START <u>12:00pm</u>	JOB FINISH <u>12:50pm</u>
LEASE <u>Ellis</u>	WELL # <u>85</u>	LOCATION <u>Oakley S to Jayhawk Rd</u>			COUNTY	STATE	
OLD OR <u>NEW</u> (Circle one)		1/2 E Sinto					

CONTRACTOR <u>Landmark Co</u>	OWNER <u>Same</u>
TYPE OF JOB <u>Surface</u>	
HOLE SIZE <u>12 1/4</u>	T.D. <u>264</u>
CASING SIZE <u>8 5/8</u>	DEPTH <u>264.89</u>
TUBING SIZE	DEPTH
DRILL PIPE	DEPTH
TOOL	DEPTH
PRES. MAX	MINIMUM
MEAS. LINE	SHOE JOINT
CEMENT LEFT IN CSG. <u>15'</u>	

CEMENT AMOUNT ORDERED 180 sks Com 3% CC 2% gel

COMMON	<u>180 sks @ 17.90</u>	<u>3222.00</u>
POZMIX	@	
GEL	<u>335 @ 1.05</u>	<u>3517.50</u>
CHLORIDE	<u>508 @ 1.10</u>	<u>558.80</u>
ASC	@	
	@	
	@	
	@	
	@	
	@	
	@	
	@	
	@	
	@	
	@	
HANDLING	<u>194.64 @ 2.48</u>	<u>482.71</u>
MILEAGE	<u>2.88 tons @ 1.20 mi @ 2.75</u>	<u>486.40</u>
TOTAL		

EQUIPMENT

PUMP TRUCK # <u>422</u>	CEMENTER <u>Paul Beaver</u>
	HELPER <u>Adam Elise</u>
BULK TRUCK # <u>819/287</u>	DRIVER <u>John (Trus)</u>
BULK TRUCK # _____	DRIVER _____

REMARKS:  
mix 180 sks Com 3% 2  
Displace w/ water  
cement did calculate

SERVICE

DEPTH OF JOB	<u>264'</u>	
PUMP TRUCK CHARGE	<u>152.25</u>	
EXTRA FOOTAGE	@	
MILEAGE <u>MILV 20</u>	@ <u>7.70</u>	<u>154.00</u>
MANIFOLD <u>Head</u>	@	<u>275.00</u>
<u>MILV 20</u>	@ <u>4.40</u>	<u>88.00</u>
	@	
TOTAL		<u>3000.36</u>

CHARGE TO: Black Tra

STREET \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

PLUG & FLOAT EQUIPMENT

_____	@	_____
_____	@	_____
_____	@	_____
_____	@	_____
_____	@	_____
_____	@	_____

To: Allied Oil & Gas Services, LLC

You are hereby requested to rent cementing equipment and furnish cementer and helper(s) to assist owner or contractor to do work as is listed. The above work was done to satisfaction and supervision of owner agent or contractor. I have read and understand the "GENERAL TERMS AND CONDITIONS" listed on the reverse side.

TOTAL \_\_\_\_\_

SALES TAX (If Any) \_\_\_\_\_

TOTAL CHARGES 7,136.06

DISCOUNT 1,407.21(20%) IF PAID IN 30 DAYS

5,728.85 Net

PRINTED NAME \_\_\_\_\_

SIGNATURE Robert Maldonado



Services, Inc.

TICKET 26493

PAGE 1 OF 2

CHARGE TO: Black Tea Dr  
 ADDRESS: \_\_\_\_\_  
 CITY, STATE, ZIP CODE: \_\_\_\_\_

SERVICE LOCATIONS:  
 1. New City KS WELL/PROJECT NO. #5 LEASE 21115 COUNTY/PARISH Logan STATE KS CITY Oakley DATE 2/19/14 OWNER \_\_\_\_\_  
 2. \_\_\_\_\_ TICKET TYPE \_\_\_\_\_ CONTRACTOR \_\_\_\_\_ RIG NAME/NO. \_\_\_\_\_ SHIPPED BY CT DELIVERED TO location ORDER NO. \_\_\_\_\_  
 3. \_\_\_\_\_ WELL TYPE \_\_\_\_\_ SALES \_\_\_\_\_ WELL CATEGORY LANDOWNER JOB PURPOSE Development cement lang string WELL PERMIT NO. \_\_\_\_\_  
 4. \_\_\_\_\_ REFERRAL LOCATION \_\_\_\_\_ INVOICE INSTRUCTIONS \_\_\_\_\_ WELL LOCATION 23-14-32

PRICE REFERENCE	SECONDARY REFERENCE/ PART NUMBER	ACCOUNTING			DESCRIPTION	QTY.	U/M	QTY.	U/M	UNIT PRICE	AMOUNT
		LOC	ACCT	DF							
575		1			MILEAGE	100	mi			6.00	600.00
578		1			TRK 114	1	ea			1500.00	1500.00
402		1			Pump Charge	1	ea			75.00	75.00
403		1			Centralizer	5 1/2	in	9	ea	300.00	900.00
404		1			Cement Basket	5 1/2	in	3	ea	290.00	870.00
406		1			Post Collar	5 1/2	in	1	ea	275.00	275.00
407		1			Latch down plug & bottle	5 1/2	in	1	ea	375.00	375.00
419		1			Insert Flat shoe w/ auto fill	1	ea	1	ea	375.00	375.00
					Rotating head vent hole	1	ea	1	ea	200.00	200.00

**LEGAL TERMS:** Customer hereby acknowledges and agrees to the terms and conditions on the reverse side hereof which include, but are not limited to, **PAYMENT, RELEASE, INDEMNITY,** and **LIMITED WARRANTY** provisions.

MUST BE SIGNED BY CUSTOMER OR CUSTOMER'S AGENT PRIOR TO START OF WORK OR DELIVERY OF GOODS  
 DATE SIGNED \_\_\_\_\_ TIME SIGNED \_\_\_\_\_  
 A.M.  P.M.

**REMIT PAYMENT TO:**  
 SWIFT SERVICES, INC.  
 P.O. BOX 466  
 NESS CITY, KS 67560  
 785-798-2300

**SURVEY**

OUR EQUIPMENT PERFORMED WITHOUT BREAKDOWN?	AGREE	UN-DECIDED	DIS-AGREE
WE UNDERSTOOD AND MET YOUR NEEDS?			
OUR SERVICE WAS PERFORMED WITHOUT DELAY?			
WE OPERATED THE EQUIPMENT AND PERFORMED JOB CALCULATIONS SATISFACTORILY?			
ARE YOU SATISFIED WITH OUR SERVICE?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	

CUSTOMER DID NOT WISH TO RESPOND

CUSTOMER ACCEPTANCE OF MATERIALS AND SERVICES The customer hereby acknowledges receipt of the materials and services listed on this ticket.  
 SWIFT OPERATOR ABLW APPROVAL \_\_\_\_\_  
 TOTAL 14,976.32  
 Thank You!



PO Box 466  
Ness City, KS 67560  
Off: 785-798-2300

TICKET CONTINUATION

TICKET No. 26493

CUSTOMER Back Tea Dr 1

WELL 211/15 #5

DATE 24/02/14

PAGE 21 OF 2

PRICE REFERENCE	SECONDARY REFERENCE/ PART NUMBER	ACCOUNTING			TIME	DESCRIPTION	WELL		DATE	UNIT PRICE	AMOUNT	
		LOC	ACCT	DF			QTY.	UM				QTY.
325		1				Standard cement (for 4-2)	230	sk		14.50	3335.00	
284		1				calseal	1100	lb		35.00	385.00	
283		1				salt	1200	lb		0.80	240.00	
285		1				CFR-1	100	lb		4.50	450.00	
276		1				Fluocel	50	lb		2.50	125.00	
281		1				mud flush	500	gal		1.35	675.00	
221		1				Kel Liquid	2	gal		25.00	50.00	
290		1				D-air	3	gal		42.00	126.00	
581		1				SERVICE CHARGE				2.00	4.00	
583		1				MILEAGE CHARGE					1283.50	
							TOTAL WEIGHT	24,070				
							LOADED MILES	100				
							CUBIC FEET	230				
							TON MILES	100				
CONTINUATION TOTAL											6999.50	

JOB LOG

SWIFT Services, Inc.

DATE 24 Jul 14 PAGE NO.

CUSTOMER Black Tea Oil WELL NO. #5 LEASE Ellis JOB TYPE cement long string TICKET NO. 26493

CHART NO.	TIME	RATE (BPM)	VOLUME (BBL) (GAL)	PUMPS		PRESSURE (PSI)		DESCRIPTION OF OPERATION AND MATERIALS
				T	C	TUBING	CASING	
								230 sk EA-2 w/ 1/4 floccle 5 1/2" x 15.5" TD = 4533 107 joints - 4530' Shoejt 15.66' port collar #56 2204' Centralizers 2, 4, 6, 8, 10, 12, 14, 16, 57 Basket 1, 56, 57
	1400							on loc TRK114
	1405							start 5 1/2" x 15.5" casing in well
	1630							Drop ball - circulate - <del>ROTATE</del>
	1730	2 1/2	12				200	Pump 500 gal mud flush
		2 1/2	20				200	Pump 20 bbl KCh flush
			7					Plug RH - 30 sk
	1741	4 1/2	45				200	mix EA-2 cement, 200 sk @ 15.3 ppg
								Drop latch plug wash out pump & line
	1803	6 1/4					200	Displace plug
		6 1/4	92				800	
	1830	6 1/4	107				1500	Land plug
	1833							Release pressure to truck - dried up
	1835							wash truck
								Rack up
	1915							job complete + bank Plat, Blaine, & Jarred