TRI-AM ACID AND FRACTURE SERVICE CORP.

Box 564 — 505 S. Lawrence
PAWHUSKA, OKLAHOMA 74056
(918) 287-2934

TREATMENT REPORT

Invoice No. 8388 Station _____ Pawhuska _____ Date 8-17- , 1988

Owner KWB Oil Lease [redacted] Well No. [redacted] #4

Pool Plus to Abandon County Osage State Okla

Loc. [redacted] Formation _____

Pipe Data—

T.D. 1269 P.B. _____
Csg. Size 9" Wt. _____
Csg. Depth _____ Sks. Cement 100
Tbg. Size _____ Depth _____
Packer Type _____ Annulus Vol. _____
Csg. Vol. 43.6 Tbg. Vol. _____

Perforating Data—

Shots/Ft. _____
From _____ To _____
From _____ To _____
From _____ To _____
From _____ To _____
From _____ To _____

Production—

	Oil	Water
Present		

Previous Treatments

Materials Used

Quan.	Type
100 sk	Class A Cement
8 sk	Aquagel
100 lbs	Cottonseed hulls

Detailed Record of Treatment

Quan.	Type

Fluids Used

Acid _____
Breakdown _____
Frac. _____
Flush _____

OK

Bbls. of Fluid

Time	Pressure Csg.	Pressure Tbg.	Out of Tanks	In Form.	Inj. Rate

RECEIVED
SEP 30 1988
EPA 6W-S
REGION VI

RECEIVED
SEP 1 1988
OSAGE UIC PROGRAM

Remarks

Rig up to 2 3/8 tubing mix 40 Bbl. Gelled water pump in hole mix 25 sk Class A Cement Displace to 1025 pack of head squeeze with 5 BBl water open valves on well head mix 25 sk Class A cement Displace to 1025' pull tubing. Perforate hole at 190' run tubing to 200' mix 50 sk Class A Cement post Circulation cement wait to let cement set up. Will go back to do top plug

Arrival Date _____ Time _____ Left Location: Date _____ Time _____ Round Trip Miles _____

(See Reverse Side for Additional Treatment Remarks)

Equipment Used

Name	Unit No.	Name	Unit No.
Pech	06		
Chet	C101		
Pete	C201		

Treatment Resume

Avg. Inj. Rate _____ BPM
Avg. Trt. Press. _____ psi
Hydraulic Horsepower Used _____
Total Fluid Pumped _____
Maximum Pressure _____ psi
Minimum Pressure _____ psi
I. S. I. P. _____ psi

MAC

Owner's Representative _____ Station Manager _____ Service Engineer Pech