



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
- 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: _____



1048079

Operator Name: _____ Lease Name: _____ Well #: _____

Sec. _____ Twp. _____ S. R. _____ East West County: _____

INSTRUCTIONS: Show important tops and base 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. Attach complete copy of all Electric Wire-line Logs surveyed. Attach final geological well site report.

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 Electric Log Submitted Electronically <input type="checkbox"/> Yes <input type="checkbox"/> No <i>(If no, Submit Copy)</i> 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
_____ Perforate _____ Protect Casing _____ Plug Back TD _____ Plug Off Zone				

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
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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> _____ <input type="checkbox"/> Other <i>(Specify)</i> _____	PRODUCTION INTERVAL: _____ _____
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CONSOLIDATED OIL WELL SERVICES, INC. # 233768
 P.O. BOX 884, CHANUTE, KS 66720
 620-431-9210 OR 800-467-8676

TICKET NUMBER 14759
 LOCATION Bucksville
 FOREMAN Jason Bell

TREATMENT REPORT & FIELD TICKET
 CEMENT

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
4-15-10	3107	DR #2	18	34S	15E	MGM
CUSTOMER Deer Run Lease LLC			TRUCK #			
MAILING ADDRESS			DRIVER			
CITY			TRUCK #			
STATE			DRIVER			
ZIP CODE						

JOB TYPE L.S. HOLE SIZE 5 7/8 HOLE DEPTH _____ CASING SIZE & WEIGHT 2 7/8
 CASING DEPTH 630 DRILL PIPE _____ TUBING _____ OTHER _____
 SLURRY WEIGHT 14 SLURRY VOL 1.71 WATER gal/sk 2.02 CEMENT LEFT in CASING _____
 DISPLACEMENT _____ DISPLACEMENT PSI _____ MIX PSI _____ RATE _____

REMARKS: Established circulation on 65 sks thick set cement. Knocked loose and washed hole clean. Pump two plugs to bottom plug hole. Put 200 psi on plugs and shut in. Knocked loose and washed up.
- Cement was circulated to surface -

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401	1	PUMP CHARGE		900.00
5406	65	MILEAGE		230.75
5407	1	bulk truck		350.00
5402	630	footage		126.00
1126A	65 sks	Thick Set	#	1072.50
1107A	40	Phone	#	44.80
1110R	300 #	Kolseal	#	120.00
4402	x2	2 7/8 Anchor Plugs	#	46.00
		10% discount if paid in 30 days = 295.91		
		<u>2162.95</u>		
		5.3 #	SALES TAX	68.01
			ESTIMATED TOTAL	2050.96

AUTHORIZATION [Signature] TITLE _____ DATE _____



CONSOLIDATED
OIL WELL
SERVICES, LLC

233829

P.O. BOX 884, CHANUTE, KS 66720
620-431-9210 OR 800-467-8676

TICKET NUMBER 41223

LOCATION B-ville

FIELD TICKET

DATE 4-20-10	CUSTOMER ACCT # 3107	WELL NAME Snell DR #2	QTR/QTR	SECTION 18	TWP 34S	RGE 15E	COUNTY M6	FORMATION Wayside
CHARGE TO Deer Run				OWNER				
MAILING ADDRESS				OPERATOR				
CITY & STATE				CONTRACTOR				

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION OF SERVICES OR PRODUCT	UNIT PRICE	TOTAL AMOUNT
5102	1	PUMP CHARGE Frac Pump		1750 ⁰⁰
5106	1	Blender		850 ⁰⁰
5111	1	Frac Van		600 ⁰⁰
5664	1	Frac Valve		100 ⁰⁰
5115	1	Ball Injector		100 ⁰⁰
5310	2 Hrs	Acid Delivery		270 ⁰⁰
1202	1 gal.	Acid Inhibitor		44 ⁵⁵
1208	1/4 gal.	Breaker		45 ⁵⁰
1219	1 gal.	Non Emulsifier		32 ⁰⁰
1231	150 lbs	Frac Gel		757 ⁵⁰
1244	1 gal.	Clay stay		36 ⁰⁰
1275	250 gal.	15% H ₂ O		412 ⁵⁰
4326	70	7/8" Ball Sealers		206 ⁵⁰
BLENDING & HANDLING				
5109	Min	TON-MILES		305 ⁰⁰
STAND BY TIME				
5108	3 Units	MILEAGE 3x35		372 ⁷⁵
5501F	3 Hrs	WATER TRANSPORTS Used lease water		324 ⁰⁰
VACUUM TRUCKS				
2102	4100 lbs	FRAC SAND 12/20		960 ⁰⁰
CEMENT				
			M6-5.3%	SALES TAX 10 ⁹⁴
				7177²⁹
				717⁷²
-10% if paid in 30 Days				ESTIMATED TOTAL 16459 ⁵⁰

Ravin 2790

CUSTOMER or AGENTS SIGNATURE

[Signature] CIS FOREMAN *Rusty Paul*

CUSTOMER or AGENT (PLEASE PRINT)

DATE

7177.24



CONSOLIDATED
Oil Well Services, LLC

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

TICKET NUMBER 44375
FIELD TICKET REF # 41223
LOCATION B-ville
FOREMAN Rusty Reel

TREATMENT REPORT
FRAC & ACID

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
4-20-10		Snell DR #2	18	34S	15E	ML
CUSTOMER <u>Deer Run</u>			TRUCK #			
MAILING ADDRESS			DRIVER			
CITY			TRUCK #			
STATE			DRIVER			
ZIP CODE			TRUCK #			
			DRIVER			
			TRUCK #			
			DRIVER			

WELL DATA

CASING SIZE	<u>2 7/8"</u>	TOTAL DEPTH
CASING WEIGHT		PLUG DEPTH
TUBING SIZE		PACKER DEPTH
TUBING WEIGHT		OPEN HOLE
PERFS & FORMATION	<u>40 shots</u>	
<u>Wayside</u>	<u>566-586'</u>	

TYPE OF TREATMENT
Sand Frac + Acid Balloff

CHEMICALS
Breaker
Frac gel

STAGE	BBL'S PUMPED	INJ RATE	PROPPANT PPG	SAND / STAGE	PSI	
Acid Balloff	12	4-5	60 Balls	250 gal		BREAKDOWN
<u>Pad</u>	10	5-10			672-766	START PRESSURE
	15	15-15			1252-1202	END PRESSURE
<u>12/20</u>	10	15	1.25	100 lbs	1177-1142	BALL OFF PRESS <u>2798</u>
	10	15	1.50	200 lbs	1143-1160	ROCK SALT PRESS
	10	15	1	400 lbs	1175-1229	ISIP <u>480</u>
<u>5 Balls</u>	10	15	1.5	700 lbs	1218-1569	5 MIN
	15	15	2	800 lbs	1518-1517	10 MIN
<u>5 Balls</u>	25	15-12	2.5	1800 lbs	1455-2331	15 MIN
<u>Flush</u>	7	12-14			2001-1731	MIN RATE <u>5</u>
						MAX RATE <u>15</u>
						DISPLACEMENT <u>3.3</u>

REMARKS:

AUTHORIZATION _____ TITLE _____ DATE _____

