



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
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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

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: _____



1048621

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> <i>(Submit ACO-4)</i> <input type="checkbox"/> Other (Specify) _____	PRODUCTION INTERVAL: _____ _____
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CONSOLIDATED
Oil Well Services, LLC

REMIT TO
Consolidated Oil Well Services, LLC
Dept. 970
P.O. Box 4346
Houston, TX 77210-4346

MAIN OFFICE
P.O. Box 884
Chanute, KS 66720
620/431-9210 • 1-800/467-8676
FAX 620/431-0012

INVOICE

Invoice # 234046

Invoice Date: 04/30/2010 Terms:

Page 1

MICHAEL DRILLING
BOX 402
IOLA KS 66749
() -

JOHNSON R-4
22616
SW 11-24-18 AL
04/28/2010

Part Number	Description	Qty	Unit Price	Total
1124	50/50 POZ CEMENT MIX	177.00	9.5500	1690.35
1118B	PREMIUM GEL / BENTONITE	502.00	.1700	85.34

Description	Hours	Unit Price	Total
439 TON MILEAGE DELIVERY	378.00	1.20	453.60
495 CEMENT PUMP	1.00	900.00	900.00
495 EQUIPMENT MILEAGE (ONE WAY)	50.00	3.55	177.50
495 CASING FOOTAGE	906.00	.00	.00

*CHK# 890
5/13/10*

Parts: 1775.69 Freight: .00 Tax: 111.87 AR 3418.66
Labor: .00 Misc: .00 Total: 3418.66
Sublt: .00 Supplies: .00 Change: .00

Signed _____

Date _____

BARTLESVILLE, OK
918/338-0808

ELDORADO, KS
316/322-7022

EUREKA, KS
620/583-7664

GILLETTE, WY
307/686-4914

MCALISTER, OK
918/426-7667

OTTAWA, KS
785/242-4044

THAYER, KS
620/839-5269

WORLAND, WY
307/347-4577



CONSOLIDATED
Oil Well Services, LLC

TICKET NUMBER 22616
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
4/29/10	3448	Johnson # R-4	sw 11	24	18	AL
CUSTOMER Michael Drilling			TRUCK #	DRIVER	TRUCK #	DRIVER
MAILING ADDRESS Box 402			495	FREMAD	Safety Mtg	
CITY Tola			439	ALLBUM		
STATE KS						
ZIP CODE 66749						

JOB TYPE long string HOLE SIZE 7 7/8 HOLE DEPTH 926 CASING SIZE & WEIGHT 5 1/2" .14"
CASING DEPTH 900 DRILL PIPE Open Hole TUBING Sanded back to 910' OTHER _____
SLURRY WEIGHT _____ SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT in CASING 20'
DISPLACEMENT 22 BBL DISPLACEMENT PSI _____ MIX PSI _____ RATE 4 BPM

REMARKS: Circulate thru 5 1/2" & clean hole. Customer drop sand to sand off 15' open 7 7/8" hole. Establish circulation. Mix Pump 180 sks 50/50 Poz Mix Cement 2% Gel 200# Gel Flush. Displace 5 1/2" casing clean w/ 21 BBL fresh water shut in casing.

Customer Supplied Water

Fred Maden

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401	1	PUMP CHARGE Cement Pump		900.00
5406	50 mi	MILEAGE Pump Truck		177.50
5402	906'	Casing Footage		N/A
5407A	378	Ton Miles		453.60
1124	1778 sks	50/50 Poz Mix Cement		1690.35
118B	502#	Premium Gel 1		85.34
		<u>WO# 234046</u>		
			6.3%	SALES TAX 111.87
				ESTIMATED TOTAL 3418.66

Flavin 3737

AUTHORIZATION _____

TITLE _____

DATE _____

Fred Maden

Michael Drilling, LLC
P.O. Box 402
Iola, KS 66749
620-365-2755

042810

Company: Rick Michael
 Address: P.O. Box 402
Iola Kansas 66749
 Ordered By: Rick Michael

Date: 04/28/10
 Lease: Johnson
 County: Allen
 Well#: R-4
 API#: 15-001-29962-00-00

Drilling Log

FEET	DESCRIPTION	FEET	DESCRIPTION
0-21	Overburden	904-926	Oil Sand
21-42	Shale	926	TD
42-89	Lime		
89-112	Shale		Surface 21
112-113	Coal		
113-127	Lime		
127-162	Shale		
162-291	Lime		
291-341	Sandy Shale		
341-380	Wet Sand		
380-491	Shale		
491-521	Lime		
521-554	Shale		
554-558	Lime		
558-572	Shale		Surface 21
572-590	Lime		
590-608	Shale		
608-641	Lime		
641-647	Black Shale		
647-655	Lime		
655-657	Coal		
657-678	Shale		
678-690	Oil Sand -faint oder		
690-904	Shale		

Iola, Kansas, 11/15, 1910

Received of

THE NEW KLEIN LUMBER CO., INC.
BUILDING MATERIALS

365-2201

30 Sack P Cement
283.50
tax 23.53

307.03

Paid By
Cash

Surface Casing Cement for
Johnson WD-1
Johnson R-4
Johnson R-5
Johnson R-6
V- Latta R-1