



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: _____



1050003

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 |
|---|---|

| 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 |
|-----------------------------------|-----------|---------|-------------|---------------|---------|

| | | |
|---|--|--|
| 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: _____ _____ |
|---|--|--|



ENTERED

TICKET NUMBER 28586
 LOCATION El Dorado #80
 FOREMAN Jim Thomas

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 |
|-----------------------|------------|--------------------|---------|----------|---------|-----------|
| 9-5-10 | 5944 | Canton #1 SWD | 36 | 19S | 1W | McPherson |
| CUSTOMER | | | TRUCK # | DRIVER | TRUCK # | DRIVER |
| Orca Operating Co LLC | | | 446 | Jacob | | |
| MAILING ADDRESS | | | 502 | Jerald | | |
| 427 S. Boston Ste 929 | | | | | | |
| CITY | STATE | ZIP CODE | | | | |
| Tulsa | OK | 74103 | | | | |

JOB TYPE Surface HOLE SIZE 12 1/4 HOLE DEPTH 4195 CASING SIZE & WEIGHT 9 5/8" 36.0#
 CASING DEPTH 4139 DRILL PIPE _____ TUBING _____ OTHER New
 SLURRY WEIGHT _____ SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT in CASING 46.096
 DISPLACEMENT 28.43 DISPLACEMENT PSI _____ MIX PSI _____ RATE _____

REMARKS: Safety Meeting Rig up to 9 5/8" Drake circulation Pump 200 sks Class A 2% Ge 3% CC, 1/2" Flow-Seal per sks. Shut down release 9 5/8" Rubber Plug + disp. Cement to 367.91 ft. Release PSL AFU + 9 5/8" Plug held. Cement circulated in the cellar. Wash up & rig down.

| ACCOUNT CODE | QUANTITY or UNITS | DESCRIPTION of SERVICES or PRODUCT | UNIT PRICE | TOTAL |
|--------------|-------------------|--|------------|---------|
| 54015 | | PUMP CHARGE | 725.00 | 725.00 |
| 5406 | 60 | MILEAGE | 3.65 | 219.00 |
| 11045 | 200 sks | Class A | 13.50 | 2700.00 |
| 1118A | 400 lbs | Gel | .20 | 80.00 |
| 1102 | 600 lbs | Calcium Chloride | .75 | 450.00 |
| 1107 | 100 lbs | Poly-Flake | 2.10 | 210.00 |
| 4415 | | 9 5/8" Plug | 181.00 | 181.00 |
| 5404 | 9 hrs x 3 | Personnel Stand-by on location per hrs | 80.00 | 2160.00 |
| 5407A | 9.4 Tons | 60 miles Bulk Del. | 1.20 | 676.80 |
| | | | | 7441.80 |
| | | <u>Discount</u> | | 6281.50 |

Subtotal 6281.50
 SALES TAX 264.33
 ESTIMATED TOTAL 6545.83

Revin 3737
 AUTHORIZATION [Signature] TITLE 286521 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



ENTERED

TICKET NUMBER 29124

LOCATION EUREKA

FOREMAN KEVIN MCCOY

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 | | | | | | | | | | | | | | | | | | | | |
|--|------------|--------------------|--|----------|-------|-----------|---------|--------|---------|--------|-----|--------|--|--|-----|------|--|--|-----|-------|--|--|-----|-----|--|--|
| 9-16-10 | 5944 | CANTON SWD #1 | 36 | 19S | 1W | McPherson | | | | | | | | | | | | | | | | | | | | |
| CUSTOMER ORCA Operating Co. LLC | | | <table border="1"> <thead> <tr> <th>TRUCK #</th> <th>DRIVER</th> <th>TRUCK #</th> <th>DRIVER</th> </tr> </thead> <tbody> <tr> <td>445</td> <td>Justin</td> <td></td> <td></td> </tr> <tr> <td>479</td> <td>John</td> <td></td> <td></td> </tr> <tr> <td>515</td> <td>Chris</td> <td></td> <td></td> </tr> <tr> <td>437</td> <td>Jim</td> <td></td> <td></td> </tr> </tbody> </table> | | | | TRUCK # | DRIVER | TRUCK # | DRIVER | 445 | Justin | | | 479 | John | | | 515 | Chris | | | 437 | Jim | | |
| TRUCK # | DRIVER | TRUCK # | | | | | DRIVER | | | | | | | | | | | | | | | | | | | |
| 445 | Justin | | | | | | | | | | | | | | | | | | | | | | | | | |
| 479 | John | | | | | | | | | | | | | | | | | | | | | | | | | |
| 515 | Chris | | | | | | | | | | | | | | | | | | | | | | | | | |
| 437 | Jim | | | | | | | | | | | | | | | | | | | | | | | | | |
| MAILING ADDRESS 427 S. Boston STE 929 | | | | | | | | | | | | | | | | | | | | | | | | | | |
| CITY STATE ZIP CODE Tulsa OK 74103 | | | | | | | | | | | | | | | | | | | | | | | | | | |
| SAFETY Meeting KM CM JM JS JJ | | | | | | | | | | | | | | | | | | | | | | | | | | |

JOB TYPE Longstring O HOLE SIZE 8 3/4" HOLE DEPTH 3547' CASING SIZE & WEIGHT 7" 26# N80
 CASING DEPTH 3515' DRILL PIPE _____ TUBING _____ OTHER P870 3470'
 SLURRY WEIGHT 13.4 - 12.7 SLURRY VOL. 6 BBL Stage 1 WATER gal/sk 9.0 CEMENT LEFT in CASING 45'
 DISPLACEMENT 140 Stage 1 DISPLACEMENT PSI _____ MIX PSI _____ RATE 5-6 BPM
76.2 Stage 2

REMARKS: Safety Meeting: 7" 26# Csg. Set @ 3515 KB. P870 3470'. DV Tool Set @ 1984' Below KB. Rig up to 7" Csg. BREAK Circulation. Pump 15 BBL water. Mixed 180 SKS Thick Set Cement w/ 5# Kel-Seal /sk @ 13.4 #/gal, yield 1.90. wash out Pump & Lines. Shut down. Drop Flex Plug. Displace w/ 140 BBL (60 H2O, 80 mud) Plug did not Hit SEAT. (mud was very foamy this accounted for extra Vol. on Displacement. Shut down. Release Pressure. No Flow Back. FINAL Pump Pressure was 750 PSI. Drop trap Bomb. OPEN DV Tool @ 1100 PSI. Circulate w/ mod Pump. Good Cement Above DV Tool. Circulate 4 Hrs. Stage #1 Complete. Stage #2 BREAK Circulation w/ 10 BBL Fresh water. Mixed 250 SKS 60/40 Pozmix Cement w/ 8% Gel, 2% CACL 2%, 1/2% CFL-110, 1/4% CAF-38 @ 12.7 #/gal, yield 1.85. wash out Pump & Lines. Release Closing Plug. Displace Plug to SEAT w/ 76.2 BBL Fresh water. FINAL Pumping Pressure 800 PSI. Closed DV Tool @ 1100. Bump Plug to 2200 PSI. Release Pressure no Flow Back. Tool Closed. 16 BBL Slurry to Pit. Rigdown.

| ACCOUNT CODE | QUANTITY or UNITS | DESCRIPTION of SERVICES or PRODUCT | UNIT PRICE | TOTAL |
|--------------|-------------------|--|------------|-----------|
| 5401 | 1 | PUMP CHARGE Stage #1 | 925.00 | 925.00 |
| 5406 | 50 | MILEAGE | 3.65 | 182.50 |
| 5401 | 1 | Pump Charge Stage #2 | 925.00 | 925.00 |
| 5402 | 2018' | Footage Charge | .20' | 403.60 |
| 1126 A | 180 SKS | THICK Set Cement Stage #1 | 17.00 | 3060.00 |
| 1110 A | 900 # | Kel-Seal 5#/sk | .42 # | 378.00 |
| 1131 | 250 SKS | 60/40 Pozmix Cement | 11.35 | 2837.50 |
| 1118 B | 1720 # | Gel 8% | .20 # | 344.00 |
| 1102 | 430 # | CACL 2% Stage #2 | .75 # | 322.50 |
| 1135 | 100 # | CFL-110 1/2% | 7.50 # | 750.00 |
| 1146 | 50 # | CAF-38 1/4% | 7.70 # | 385.00 |
| 5407A | 20.65 TONS | 50 miles Bulk Delv. | 1.20 | 1239.00 |
| 5502 C | 5 Hrs | 80 BBL VAC TRUCK (TRANSFER mud for Displacement of Stage #1 Flex Plug) | 100.00 | 500.00 |
| | | Sub Total | | 12,252.10 |
| | | THANK you 7.3% SALES TAX | | 589.62 |
| | | ESTIMATED TOTAL | | 12,841.72 |

Ravin 3737

AUTHORIZATION Ed Patters

9-16-10 TITLE

236646

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.