



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: _____



1054958

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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WILLIS WELL SERVICE

P.O. BOX 474
CHANUTE, KS 66720
620-431-4444
620-431-8583

5105

DD

DATE: March 28 EQUIP. USED: Murray Rig

COMPANY NAME: Celt Energy

LEASE NAME: Clines F-2

STARTING TIME: 8⁰⁰ ENDING TIME: 5

REMARKS: We drove to location set up
2 3/8 run drill collar in w/ bit in and
2 3/8 upset in set to drill. We drill
rubber plug, cement ^{byble} shoe 3' cement
show we drill 13' feet stop waited 30min
no fluid started up drilling one more feet
show oil stop waited 30 min blow oil out
Pulled up 25' overmix 122000205 103500
122000230-2500.00

PARTS: Compressor 150⁰⁰ x 9 = 1350⁰⁰
stripper rubber / Head 200⁰⁰ Power swivel 50⁰⁰ x 9 = 450
drill collar rental 100⁰⁰ 3 3/8 bit 400⁰⁰

NUMBER OF HOURS: 9 COST/HR.: 115⁰⁰

PARTS COST: 2500⁰⁰ TOTAL COST: 3535⁰⁰

OPER. ED AUTHORIZED SIGNATURE _____



WILLIS WELL SERVICE

P.O. BOX 474
CHANUTE, KS 66720
620-431-4444
620-431-8583

5106

DATE: March 29 EQUIP. USED: Missouri Rig

COMPANY NAME: Colt Energy

LEASE NAME: Clino F-2

STARTING TIME: 8⁰⁰ ENDING TIME: ~~6~~ 4³⁰

REMARKS: We drove to lease ~~run~~ pipe
in 6' fill-up we blow it out cleanup
well trap out ^{TD} 886' We re-tally 2 3/8 run
it in set it ~~pickup~~ 3/4 rod at yard
run it in space out rig down

122000205 977.50
122000230 450.00
122000306 120.08

PARTS: Pipe dope 10'

1-8' x 3/4 pony rod w/ box 110.08

Compressor 150X 3 min = 430'

NUMBER OF HOURS: 8.5 COST/HR.: 115⁰⁰

PARTS COST: 570.08 TOTAL COST: 977.5
1547.58

OPER. SD AUTHORIZED SIGNATURE _____



CONSOLIDATED
Oil Well Services, LLC



ENTERED

TICKET NUMBER 30075
LOCATION Eureka
FOREMAN Troy Strickler

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
12-20-10	1828	Cline F2	16	14	18	Allen
CUSTOMER Colt Energy			TRUCK # DRIVER TRUCK # DRIVER 485 John S. 479 Colin 			
MAILING ADDRESS P.O. Box 388						
CITY Tols	STATE Ks	ZIP CODE				
Safety meeting JS OK T.S.						

JOB TYPE 4 1/2" 0' HOLE SIZE _____ HOLE DEPTH 877' CASING SIZE & WEIGHT 4 1/2" 10.5
 CASING DEPTH 876' DRILL PIPE _____ TUBING _____ OTHER P&T 877'
 SLURRY WEIGHT 13.4" SLURRY VOL 3086l WATER gal/sk 8' CEMENT LEFT in CASING 3' shoe fit.
 DISPLACEMENT 13.856l DISPLACEMENT PSI 700 MIX PSI 1200 bump ply RATE _____

REMARKS: Safety meeting: Rig up 4 1/2" casing. Break circulation 1 Augs 4sk Gel-Flush, 486l Dye water. Mixed 955ks ThickSet Cement w/ 8" Kol-Seal /sk @ 13.4"/sk. Washout Pump + lines. Release Plug. Displace w/ 13.8" 96l Fresh water. Final Pumping Pressure 700 PSI bump ply to 1200 PSI. wait 2min. Release Pressure Float Held. Good Cement to surface 986l slurry to pit.
Job complete

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401	1	PUMP CHARGE	925.00	925.00
5406	40	MILEAGE	3.65	146.00
1126A	95sk	Thick Set Cement	17.00	1615.00
1110A	760*	8" Kol-Seal	.42*	319.20
11186	200*	Gel-Flush	.20	40.00
5407	5.23 Ton	Ton-mileage	m/c	315.00
4404	1	4 1/2" Top Rubber Plug	45.00	45.00
			Sub Total	3405.20
			7.32 SALES TAX	147.41
			ESTIMATED TOTAL	3552.61

Ravin 3737

AUTHORIZATION

R.P. Allock

TITLE

238842

DATE 12/20/2010

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.