



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: _____



1055224

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, LLC

#240157

TICKET NUMBER 29692

LOCATION Bakersville

FOREMAN Jason Bell

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
3-24-11	3081	H. Meranda 11-15				McM
CUSTOMER <u>Gene Nummy G.S. Oil Co.</u>			TRUCK #	DRIVER	TRUCK #	DRIVER
MAILING ADDRESS			492	Tim		
CITY			551	Take		
STATE						
ZIP CODE						

JOB TYPE L.S. HOLE SIZE _____ HOLE DEPTH _____ CASING SIZE & WEIGHT 2 7/8
 CASING DEPTH 687 DRILL PIPE _____ TUBING _____ OTHER _____
 SLURRY WEIGHT 13.7 SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT in CASING _____
 DISPLACEMENT 3.6 DISPLACEMENT PSI _____ MIX PSI _____ RATE _____

REMARKS: Ran 3 sks of gel established circulation. Ran 25 sks thickset. Shut down washed 1 hr out. Dropped 2 plugs pumped to bottom plug landed and held. Put 200 psi on shut in.
- Cement circulated to surface -

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401	1	PUMP CHARGE		975.00
5406	30	MILEAGE		120.00
5407	1	bulk truck		330.00
5402	687	footage		144.27
1126A	75 sks	thickset	*	1372.50
1107A	40 #	Pleno	*	48.80
1110A	400 #	Kolson	*	176.00
4402	2	2 7/8 Rubber Plugs	*	56.00
		10% discount if paid in 30 days = 332.67		
		<u>2994.06</u>		
		6.3%	SALES TAX	104.16
			ESTIMATED TOTAL	3326.73

Revin 3737

AUTHORIZATION Gene Nummy TITLE _____ 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.

4/11/2011

FIELD TICKET

0164195

240467

Customer	G&J	Stage	#1
Customer Acct #	3081	Section	13
Well Name	H. Melander #11-15	TWP	34S
Charge To		RGE	14E
Mailing Address		County	Montgomery
City & State		Formation	Wayside
Zip Code		Perfs	634 - 636 638 - 642 14 holes

Code	Vehicles, Equipment and Mileage	Quantity	Unit	Price per Unit	
5102	2250 HP PUMP	1	PER JOB	3275.00	\$ 3,275.00
5106	BLENDER TRUCK (0-20 BPM)	1	PER JOB	1050.00	\$ 1,050.00
5111	FRAC VAN	1	PER JOB	725.00	\$ 725.00
5116B	IRON TRUCK W/ BOOM	1	PER JOB	650.00	\$ 650.00
0		0		0.00	\$ -
0		0		0.00	\$ -
0		0		0.00	\$ -
0		0		0.00	\$ -
0		0		0.00	\$ -
0		0		0.00	\$ -
0		0		0.00	\$ -
0		0		0.00	\$ -
SUBTOTAL					\$ 5,700.00
40% EQUIPMENT DISCOUNT					\$ 2,280.00
EQUIPMENT TOTAL					\$ 3,420.00
Chemical Treatment and Water					
1231	FRAC GEL (GA-40W)	150.0	POUNDS	5.20	\$ 780.00
1205	BACHCIDE	2.0	GALLONS	30.00	\$ 60.00
1208	BREAKER (LEB-4)	0.5	GALLONS	187.00	\$ 93.50
1244	CLAY STAY (CS-250)(CS-702)	1.0	GALLONS	37.00	\$ 37.00
1219B	STIMFLO (FBA)	1.0	GALLONS	40.00	\$ 40.00
1208c	BREAKER AMMONIUM PERSULFATE	10.0	POUNDS	4.86	\$ 48.60
1275	15% HCL ACID (CHARGE FOR INHIBITOR IN ADDITION)	500.0	GALLONS	1.70	\$ 850.00
1202	ACID INHIBITOR (AI-260)	1.0	GALLONS	46.00	\$ 46.00
		0.0		0.00	\$ -
		0.0		0.00	\$ -
		0.0		0.00	\$ -
		0.0		0.00	\$ -
		0.0		0.00	\$ -
CHEMICAL TOTAL					\$ 1,955.10
Sand					
2102	12/20 BROWN (bulk)	7,000	POUNDS	\$0.27	\$ 1,890.00
0		0		\$0.00	\$ -
0		0		\$0.00	\$ -
0		0		\$0.00	\$ -
SAND TOTAL					\$ 1,890.00
Water and Chemical Transport					
5109	MIN. BULK DELIVERY (WITHIN 50 MILES)	1	PER MILE	\$315.00	\$ 315.00
0		0		\$4.00	\$ -
5310A	ACID TRANSPORT	1	/HR	\$140.00	\$ 140.00
0		0		\$0.00	\$ -
0		0		\$0.00	\$ -
TRANSPORT TOTAL					\$ 455.00
Frac Valves					
5604	2 INCH FRAC VALVE	1	PER WELL (3 DAYS)	\$100.00	\$ 100.00
FRAC VALVE TOTAL					\$ 100.00
Miscellaneous Costs					
0		0		\$0.00	\$ -
0		0		\$0.00	\$ -
0		0		\$0.00	\$ -
MISC. TOTAL					\$ -

SUB TOTAL					10,100.10
40% EQUIPMENT DISCOUNT(FROM ABOVE)					2,280.00
20% MATERIALS DISCOUNT					880.02
SALES TAX					
DISCOUNTED TOTAL					\$ 6940.08

DISCOUNT (GOOD IF PAID WITHIN 30 DAYS)

CUSTOMER or AGENTS SIGNATURE *Am Melander* COWS FOREMAN *DJL*
 CUSTOMER or AGENT(PLEASE PRINT) _____ DATE 4-11-11

I acknowledge that the payment terms, unless specifically amended in writing on the front of this 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

4/11/2011

TREATMENT REPORT
FRAC AND ACID

Customer	G&J	Stage	#1
Customer Acct #	0	Section	13
Well No.	H. Melander #11-15	TWP	34S
Charge To	0	RGE	14E
Mailing Address	0	County	Montgomery
City & State	0	Formation	Wayside
Zip Code	0	ARRIVED ON LOCATION	DEPARTED

Type of Treatment	
SW	
Chemicals	
FRAC GEL (GA-40W)	
BACHCIDE	
BREAKER (LEB-4)	
CLAY STAY (CS-250)(CS-702)	
STIMFLO (FBA)	
BREAKER AMMONIUM PERSULFATE	
15% HCL ACID (CHARGE FOR INHIBITOR IN ADDITION)	
ACID INHIBITOR (AI-260)	
0	
0	
0	
Well Data	
CASING WEIGHT	
TUBING SIZE	2 7/8 6.5#
TUBING WEIGHT	
TOTAL DEPTH	
PLUG DEPTH	
PACKER DEPTH	
OPEN HOLE	

TRUCK #	DRIVER	TRUCK #	DRIVER
560-T75	Ryan L.		
423	James B.		
474	Cody S.		
499-T115	Roland P.		
550	Mark J.		
Rider 423	Jason R.		
498	Roger S.		
Rider 498	Dusty		
578-ENG	Greg H.		
552-T95	Tom S.		

Perfs and Formation	
634 - 636 638 - 642	
14 holes	

Stage	BBL'S Pumped	Proppant PPG	INJ Rate	Sand/Stage	PSI	TIME	PSI
Breakdown	5		6 - 10		940 - 1070	BREAKDOWN	1080
						START PRESS.	0
						END PRESS.	1033
Acid	3		6		1050 - 1251	BALL OFF	
						ROCK SALT	
						ISIP	440
Pad	27		10 - 12		1650 - 1989	5 MIN	392
						10 MIN	
						15 MIN	
12/20 sand	17	0.13	12	90 lbs	1660 - 1770		
12/20 sand	13	0.25	12	155 lbs	1540 - 1660		2
12/20 sand	14	0.50	12	355 lbs	1530 - 1550		12
12/20 sand	21	1.00	12	880 lbs	1430 - 1585		3.7
12/20 sand	10	1.25	12	570 lbs	1320 - 1430		
12/20 sand	10	1.75	12	750 lbs	1250 - 1320		
12/20 sand	52	2.50	12	5339 lbs	1040 - 1260		
Flush	6		12		1033 - 1040		

Remarks

Spotted 100 gallons of acid

Pressure tested to 3800 psi, max pressure is 3500 psi

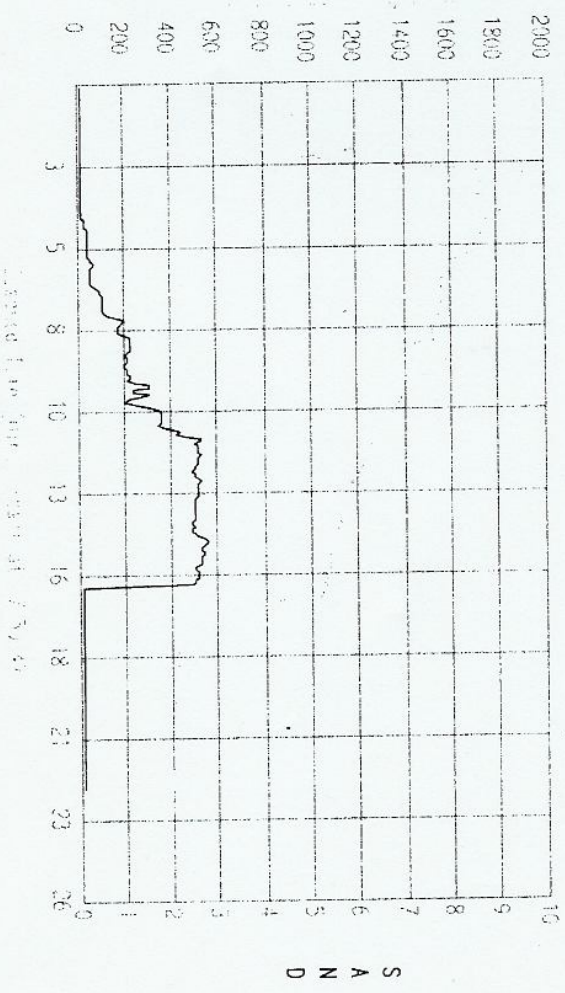
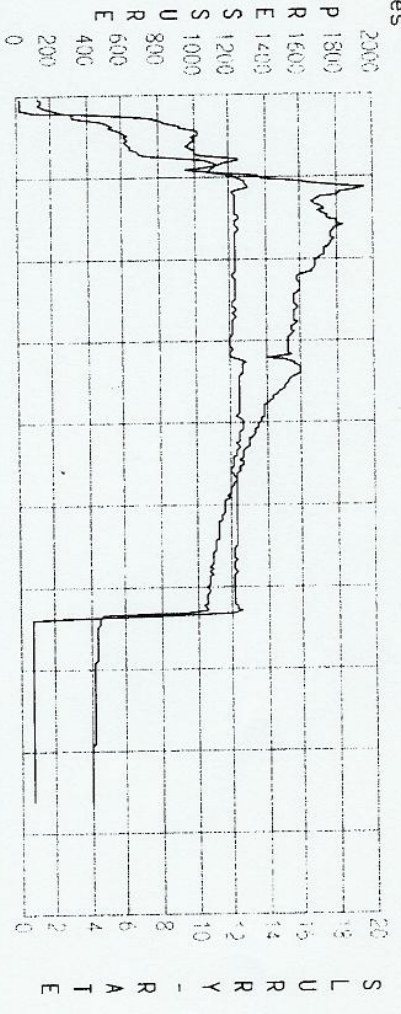
Authorization _____ Title _____ Date _____

Prepared by: Consolidated Oil Well Services

LINEAR PLOT

Company Name: O&S
 Well Name: H. Maranda
 Field: 13-343-14E
 Formation: Mayvado
 County: MC
 State: KS
 Job Date: 04/11/11
 Comments: Acid Sand Fac

Fluids: 170.801 saltwater 200 gal 5% acid
 Proppants:
 Average Rate: 12
 Average SIP: 1100
 Tubing:
 Casing: 2 1/8
 Packer:
 Wellbore: 10-102303
 Closure Pres: 4000



SAND

SLURRY-RATE