



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: _____



1055227

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: _____ _____
---	--	--



CONSOLIDATED
Oil Well Services, LLC

3-28-11
CK#1225

TICKET NUMBER 29693
LOCATION Barksville
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		H. Meadows 11-14				WAGON
CUSTOMER Gene Nunnally / G.J. Oil Co.			TRUCK #			
MAILING ADDRESS			DRIVER		TRUCK #	
CITY			DRIVER		TRUCK #	
STATE			DRIVER		TRUCK #	
ZIP CODE			DRIVER		TRUCK #	

JOB TYPE L.S. HOLE SIZE _____ HOLE DEPTH _____ CASING SIZE & WEIGHT 2 7/8
 CASING DEPTH 695 DRILL PIPE _____ TUBING _____ OTHER _____
 SLURRY WEIGHT 13.7 SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT in CASING _____
 DISPLACEMENT _____ DISPLACEMENT PSI _____ MIX PSI _____ RATE _____

REMARKS: Run 3 sks of oil established circulation. Run 75 sks of thick-set, shut down washed up behind plugs. Dropped 2 plugs displaced to bottom plugs land and held. Put 200psi on shut in.
Commencement to surface

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401	1	PUMP CHARGE		775.00
5406		MILEAGE		
5402		bulk truck		
5402		Postage		
1126A	75 sks	Thickset	*	1392.00
1107A	40 40'	Plugs	*	48.80
1110A	400 400'	Kdsol	*	176.00
4402	2	2 7/8 plugs	*	56.00
		10% discount if paid in 30 days = 253.20		
	11-14 & 11-15			
	total			2278.76
	5272.82			
			SALES TAX	104.16
			ESTIMATED TOTAL	2531.96

Ravin 3737

AUTHORIZATION Gene Nunnally 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.

Customer	G&J	Stage	#1
Customer Acct #		Section	13
Well Name	H. Melander #11-14	TWP	34S
Charge To		RGE	14E
Mailing Address		County	Montgomery
City & State		Formation	Wayside
Zip Code		Perfs	634 - 640 19 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		2	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					
	FRAC GEL (GA-40W)	150.0	POUNDS	5.20	\$ 780.00
	BACHCIDE	2.0	GALLONS	30.00	\$ 60.00
	BREAKER (LEB-4)	0.5	GALLONS	187.00	\$ 93.50
	CLAY STAY (CS-250)(CS-702)	1.0	GALLONS	37.00	\$ 37.00
	STIMFLO (FBA)	1.0	GALLONS	40.00	\$ 40.00
	BREAKER AMMONIUM PERSULFATE	10.0	POUNDS	4.86	\$ 48.60
	15% HCL ACID (CHARGE FOR INHIBITOR IN ADDITION)	300.0	GALLONS	1.70	\$ 510.00
	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					\$ 1,615.10

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
5108	MILEAGE CHARGE (ONE WAY)	150	PER MILE	\$4.00	\$ 600.00
5310A	ACID TRANSPORT	1	/HR	\$140.00	\$ 140.00
0			0	\$0.00	\$ -
0			0	\$0.00	\$ -
TRANSPORT TOTAL					\$ 1,055.00

Frac Valves					
5604	3 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					10,360.10
40% EQUIPMENT DISCOUNT(FROM ABOVE)					2,280.00
20% MATERIALS DISCOUNT					932.02
SALES TAX					62.21
DISCOUNTED TOTAL					\$ 7,210.29

DISCOUNT
(GOOD IF PAID WITHIN 30 DAYS)

CUSTOMER or AGENTS SIGNATURE _____

COWS FOREMAN _____

[Signature]
4-11-11

CUSTOMER or AGENT(PLEASE PRINT) _____

DATE _____

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

TREATMENT REPORT
FRAC AND ACID

Customer	G&J	Stage	#1
Customer Acct #	0	Section	13
Well No.	H. Melander #11-14	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.		
Perfs and Formation			
634 - 640 19 holes			

Stage	BBL'S Pumped	Proppant PPG	INJ Rate	Sand/Stage	PSI	TIME	PSI
						BREAKDOWN	1880
Breakdown	5		1 - 6		53 - 1880	START PRESS.	0
						END PRESS.	1170
Acid	5		6 - 7		681 - 1745	BALL OFF	
						ROCK SALT	
						ISIP	432
Pad	20		5 - 12		1038 - 1674	5 MIN	
						10 MIN	
12/20 sand	18	0.25	12	200 lbs	1541 - 1611	15 MIN	
12/20 sand	37	0.50	12	825 lbs	1388 - 1620	MIN RATE	1
12/20 sand	29	1.00	12	1275 lbs	1043 - 1395	MAX RATE	12
12/20 sand	29	2.00	12	2425 lbs	891 - 1078	DISPLACEMENT	3.7
12/20 sand	26	2.50	12	2419 lbs	988 - 1139		
Flush	21		12		1079 - 1173		

Remarks

Spotted 100 gallons of acid

Pressure tested to 3100 psi, max pressure is 3500 psi

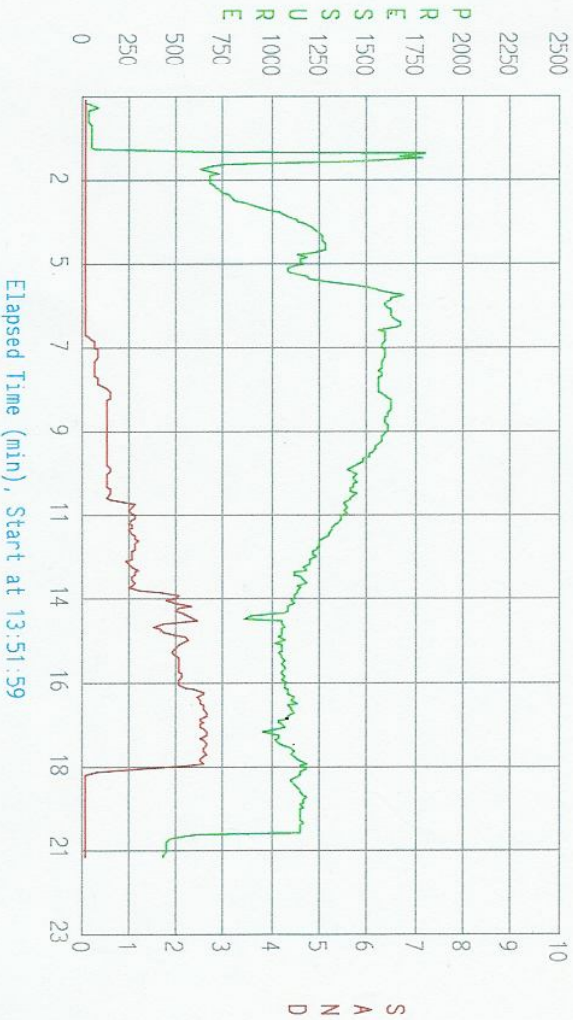
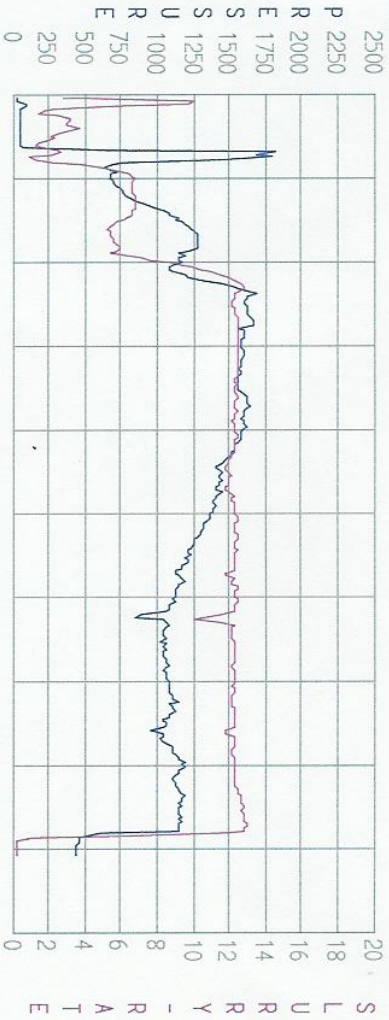
Authorization _____ Title _____ Date _____

Prepared by: Consolidated Oil Well Services

Company Name: G8J 011
 Well Name: H. Melander#11-14
 Field: 3-34S-14E
 Formation: Mayside
 County: MG.
 State: Ks.
 Job Date: 04/11/11
 Comments: Acid/Sand Frac

Fluids: 206 Bbl. Saltwater/300 Gal. 15% Acid
 Proppants: 7000# 12/20
 Average Rate: 12
 Average STP: 1100
 Tubing: 2 7/8
 Gasing: 2 7/8
 Packer:
 Filename: 10102203
 Closure Pres: 4000

LINEAR PLOT



Elapsed Time (min), Start at 13:51:59