



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: _____



1058365

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

TICKET NUMBER **31990**

LOCATION Oxtawa KS

FOREMAN Fred Mader

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
6/3/11		7891		Beckmeyer #27		SE 32	15	21	FR
CUSTOMER		JDR Construction		MAILING ADDRESS		TRUCK #	DRIVER	TRUCK #	DRIVER
Box 339		Louisburg		STATE		506	Fred	Safety	WST
KS		6605		ZIP CODE		368	Ken	KB	
HOLE SIZE		6 3/4		HOLE DEPTH		510	Avlen	ARM	
Casing Depth		787		Drill Pipe		CASE SIZE & WEIGHT			
Slurry Weight		4.488L		Displacement		OTHER 31 + Plug			
Remarks:		Establish circulation. Mix r Pump 100# Premium Gel Flush.							
		Mix + Pump 178 SKS 50/50 Por Mix Cement 270 Gal 5% Salt							
		5# Kol Seal/sk Cement to Surface. Flush pump x 1 hrs clean.							
		Displace 2 1/2" Rubber plug to Baffle in casing w/ 4.4 BBL							
		Fresh water Pressure to 750# PSI. Release pressure to seat							
		Flood valve. Shut in casing.							
		Rig Supplied H ₂ O							
		705 Drilling							
		Fred Mader							

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401	1	PUMP CHARGE		975 ⁰⁰
5402	20	MILEAGE Truck on lease		N/C
5402	787	Casing Footage		N/C
5407	Minimum	Ten Miles		330 ⁰⁰
1124	148 SKS	50/50 Por Mix Cement		1546 ⁶⁰
118B	349 #	Premium Gel		698 ⁰⁰
1111	286 #	Granulated Salt		100 ¹⁰
1110A	740 #	Kol Seal		325 ⁶⁰
4402	1	2 1/2" Rubber Plug		28 ⁰⁰
		WD # 241755		
		SALES TAX 7.8%		161 ⁴⁶
		ESTIMATED TOTAL		3536.56

Ravin 3737

AUTHORIZATION Stephen Salt 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.

Franklin County, KS
 Well: Beckmeyer 21
 Lease Owner: TTT Oil

Town Oilfield Service, Inc.
 (913) 837-8400

Commenced Spudding:
 6/8/2011

WELL LOG

Thickness of Strata	Formation	Total Depth
3	Soil	3
32	Clay	35
24	Shale	59
6	Lime	65
4	Shale	69
15	Lime	84
7	Shale	91
10	Lime	101
6	Shale	107
5	Lime	112
16	Shale/Shells	128
39	Shale	167
20	Lime	187
75	Shale	262
23	Lime	285
23	Shale	308
7	Lime	315
22	Shale	337
1	Lime	338
20	Shale	358
2	Lime	360
15	Shale	375
7	Lime	382
3	Shale	385
13	Lime	398
13	Shale	411
20	Lime	431
3	Shale	434
4	Lime	438
4	Shale	442
6	Lime	448-Hertha
123	Shale	571
5	Sand	576-Oil, OK Bleed
6	Sandy Shale	582
42	Shale	624
8	Lime	632
40	Shale	672
3	Lime	675
19	Shale	694
1	Lime	695

