



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: _____



1060214

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

PO Box 884, Chanute, KS 66720
620-431-9210 or 800-467-8676

TICKET NUMBER 32672

LOCATION Oxlowa KS

FOREMAN Fred Mader

FIELD TICKET & TREATMENT REPORT
CEMENT

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
7/14/11	7840	Duffy # 32	Sw 32	15	21	FR
CUSTOMER		TRUCK #				
TDR Construction		506				
MAILING ADDRESS		DRIVER				
P.O. Box 339		Fred				
CITY	STATE	ZIP CODE	TRUCK #			
Lawlorsburg	KS	66053	368			
JOB TYPE		HOLE SIZE	DRIVER			
Longstring		6 3/4	Ken			
CASING DEPTH		DRILL PIPE	OTHER			
816'		8 1/2" @	785'			
SLURRY WEIGHT		SLURRY VOL	CEMENT LEFT in CASING			
12.46		12.46	4 1/2" Plug			
DISPLACEMENT		DISPLACEMENT	RATE			
12.46		12.46	4BPM			

REMARKS: Establish circulation. Mix Pump 100# Premium Cool Flush.
 Mix + Pump 7 1/2 BBL Teletek dye. Follow w/ 102 SKS
 50/50 Poz Mix Cement 23 Gal 5% Salt 5 # Gal Seal/sk. Flush
 pump + lines clean. Displace 4 1/2" Rubber plug to casing ~~7~~ Bottle w/
 12.46 PALS Fresh water. Press wire to 700~~0~~ PSI. Release pressure
 + 0 Set Float Valve. Check plug depth w/ wire line. Shut in Casing.

Customer Supplied Water.

708 Drinking

Fred Mader

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401	1	PUMP CHARGE		975.00
5406	20 mi	MILEAGE		80.00
5402	816	Casing Footage		N/C
5407	Minimum	Ton Miles		330.00
1124	102 sks	50/50 Poz Mix Cement		1065.20
1180	272 #	Premium Cool		54.40
1111	197 #	Granulated Salt		68.25
1110A	510 #	Kal Seal		224.40
1404	1	4 1/2" Rubber Plug		42.00
		WD# 272691		
		SALES TAX ESTIMATED	2.8%	113.54
		TOTAL		2954.19

Ravin 3737

AUTHORIZATION

[Signature]

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: Duffy # 32
 Lease Owner: TDR

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

Commenced Spudding:
 7/13/2011

WELL LOG

Thickness of Strata	Formation	Total Depth
0-51	Soil/Clay	51
5	Lime	56
2	Shale	58
16	Lime	74
8	Shale	82-Dark
10	Lime	92
2	Shale	94
1	Lime	95
3	Shale	98
15	Lime	113
52	Shale	165
18	Lime	183
10	Shale	193
4	Lime	197
62	Shale/Lime	259
22	Lime	281
27	Shale	308
5	Lime	313
21	Shale	334
2	Lime	336
18	Shale	354
3	Lime	357
20	Shale	377
17	Lime	394
9	Shale	403
22	Lime	425
6	Shale	431
12	Lime	443
4	Shale	447
3	Lime	450
120	Shale	570
2	Sandy Shale	572-Little Bleed
8	Sandy Shale	580-No Oil
41	Shale	621
7	Lime	628
94	Shale/Lime	722
1	Sand	723-Grey
20	Sand	743-Good Oil
2	Sand	745-Black
10	Sandy Shale	755

