



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: \_\_\_\_\_



1060293

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> _____ <i>(Submit ACO-4)</i>	PRODUCTION INTERVAL: _____ _____
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Form	ACO1 - Well Completion
Operator	Cross Bar Energy, LLC
Well Name	Burkett 'E' 50
Doc ID	1060293

All Electric Logs Run

Borehole Volume Caliper log
Borehole Compensated Sonic log
Dual Induction Resistivity log
Compensated Neutron and PEL Density Micro log
Cement Bond log



**CONSOLIDATED**  
Oil Well Services, LLC

**REMIT TO**  
Consolidated Oil Well Services, LLC  
Dept. 970  
P.O. Box 4346  
Houston, TX 77210-4346

**MAIN OFFICE**  
P.O. Box 884  
Chanute, KS 66720  
620/431-9210 • 1-800/467-8676  
FAX 620/431-0012

INVOICE

Invoice # 241929

Invoice Date: 06/15/2011 Terms:

Page 1

CROSS BAR ENERGY LLC  
100 S. MAIN, SUITE 400  
WICHITA KS 67202  
(316)239-6151

BURKETT #50  
30610  
23-23-10E  
06-11-11  
KS

Part Number	Description	Qty	Unit Price	Total
1104S	CLASS "A" CEMENT (SALE)	110.00	14.2500	1567.50
1102	CALCIUM CHLORIDE (50#)	310.00	.7000	217.00
1118B	PREMIUM GEL / BENTONITE	200.00	.2000	40.00
1107	FLO-SEAL (25#)	28.00	2.2200	62.16

  

Description	Hours	Unit Price	Total
479 MIN. BULK DELIVERY	1.00	330.00	330.00
485 CEMENT PUMP (SURFACE)	1.00	775.00	775.00
485 EQUIPMENT MILEAGE (ONE WAY)	15.00	4.00	60.00

Lease BURKE1  
Well # E50  
Desc. E50

Acct # 4010-25

Parts:	1886.66	Freight:	.00	Tax:	137.73	AR	3189.39
Labor:	.00	Misc:	.00	Total:	3189.39		
Sublt:	.00	Supplies:	.00	Change:	.00		

Signed \_\_\_\_\_

Date \_\_\_\_\_





**CONSOLIDATED**  
ON Well Services, LLC



**ENTERED**

TICKET NUMBER 30610

LOCATION Eureka

FOREMAN Steve Meach

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

**FIELD TICKET & TREATMENT REPORT**  
**CEMENT**

APT 15-073-24160

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
6-11-11	2598	BURKATFE #50	23	23	106	Greenwood
CUSTOMER			TRUCK #			
Cross Bar Energy			DRIVER			
MAILING ADDRESS			TRUCK #			
100 S. Main			DRIVER			
CITY		STATE	ZIP CODE			
Wichita		Ks	67202			

JOB TYPE Surface c HOLE SIZE 12 1/4 HOLE DEPTH 207' CASING SIZE & WEIGHT 8 3/8  
 CASING DEPTH 202' DRILL PIPE \_\_\_\_\_ TUBING \_\_\_\_\_ OTHER \_\_\_\_\_  
 SLURRY WEIGHT 14.6\* SLURRY VOL \_\_\_\_\_ WATER gal/sk \_\_\_\_\_ CEMENT LEFT in CASING 20'  
 DISPLACEMENT 11 1/2 DISPLACEMENT PSI \_\_\_\_\_ MIX PSI \_\_\_\_\_ RATE \_\_\_\_\_

REMARKS: Safety Meeting: Rig up to 8 3/8 casing. Break circulation w/ Fresh Water Pump 5 bbls ahead. Mix 110 sks Class A Cement w/ 3% CaCl2, 2% Gel 1/4" Floccle. Displace with 11 1/2 bbls Fresh Water. Good Cement Returns to surface 9 bbl slurry to pit. Job complete Rig down

Thank You

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5405	1	PUMP CHARGE	775.00	775.00
5406	15	MILEAGE	4.00	60.00
11045	110 SKS	Class A Cement	14.25	1567.50
1102	300*	CaCl2 3%	.70	217.00
1118B	200*	Gel 2%	.20	40.00
1107	28*	Floccle 1/4" per/sk	2.28	67.16
5407		Ten Mileage Bulk Truck	M/C	330.00
			Subtotal	3,051.66
			SALES TAX	131.13
			ESTIMATED TOTAL	3,182.79

Ravin 3737

AUTHORIZATION [Signature]

TITLE 241929

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.



**CONSOLIDATED**  
Oil Well Services, LLC

**REMIT TO**  
Consolidated Oil Well Services, LLC  
Dept. 970  
P.O. Box 4346  
Houston, TX 77210-4346

MAIN OFFICE  
P.O. Box 884  
Chanute, KS 66720  
620/431-9210 • 1-800/467-8676  
FAX 620/431-0012

INVOICE

Invoice # 242095

Invoice Date: 06/22/2011 Terms:

Page 1

CROSS BAR ENERGY LLC  
100 S. MAIN, SUITE 400  
WICHITA KS 67202  
(316) 239-6151

BURKETT E #50  
30594  
23-23S-10E  
06-18-11  
KS

Part Number	Description	Qty	Unit Price	Total
1126A	THICK SET CEMENT	130.00	18.3000	2379.00
1110A	KOL SEAL (50# BAG)	650.00	.4400	286.00
1131	60/40 POZ MIX	200.00	11.9500	2390.00
1118B	PREMIUM GEL / BENTONITE	1030.00	.2000	206.00
1107A	PHENOSEAL (M) 40# BAG)	100.00	1.2200	122.00
4203	GUIDE SHOE 5 1/2"	1.00	160.0000	160.00
4228B	INSERT FLOAT VALVE W/AFU	1.00	195.0000	195.00
4104	CEMENT BASKET 5 1/2"	3.00	229.0000	687.00
4130	CENTRALIZER 5 1/2"	2.00	48.0000	96.00
4136	TURBOLIZER 5 1/2"	12.00	60.0000	720.00
4310	5 1/2 STOP RING	1.00	30.0000	30.00
4277	DV TOOL SIZE 5 1/2" (STA	1.00	3220.0000	3220.00

Description	Hours	Unit Price	Total
441 TON MILEAGE DELIVERY	157.50	1.26	198.45
445 CEMENT PUMP	1.00	975.00	975.00
445 EQUIPMENT MILEAGE (ONE WAY)	20.00	4.00	80.00
445 CEMENT PUMP	1.00	975.00	975.00
543 TON MILEAGE DELIVERY	157.50	1.26	198.45

Lease BURKE  
Well # E50  
Desc. E50

Acct # 4020-05

Parts:	10491.00	Freight:	.00	Tax:	765.86	AR	13683.76
Labor:	.00	Misc:	.00	Total:	13683.76		
Sublt:	.00	Supplies:	.00	Change:	.00		

Signed \_\_\_\_\_

Date \_\_\_\_\_





**CONSOLIDATED**  
Oil Well Services, LLC



**ENTERED**

TICKET NUMBER 30594

LOCATION EURAKA

FOREMAN Kevin McCoy

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

**FIELD TICKET & TREATMENT REPORT**

**CEMENT API #15-073-24160**

KS

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
6-18-11	2598	BURKETT 'E' # 50	23	235	10E	GW
CUSTOMER CROSS BAR Energy, LLC			Three Rivers Exploration			
MAILING ADDRESS 100 S. MAIN STE 400						
CITY WICHITA	STATE KS	ZIP CODE 67202				
TRUCK # DRIVER TRUCK # DRIVER						
			445	DAVE G.		
			441	SHANNON F.		
			543	ALLEN B.		

JOB TYPE Longstring 0 HOLE SIZE 7 7/8 HOLE DEPTH 2330' G.L. CASING SIZE & WEIGHT 5 1/2 15.50  
 CASING DEPTH 2325' G.L. DRILL PIPE \_\_\_\_\_ TUBING \_\_\_\_\_ OTHER P87D 2284' G.L.  
 SLURRY WEIGHT 13.7 - 12.6 SLURRY VOL 45 BBL - 65 WATER gal/sk 9.0 CEMENT LEFT IN CASING 41.17  
 DISPLACEMENT 56 BBL, 31.6 DISPLACEMENT PSI 700 MIX PSI \_\_\_\_\_ RATE \_\_\_\_\_

REMARKS: Safety Meeting: Ran 5 1/2 15.50 Csg to 2325'. DV Tool (Stage Collar) Set @ 1304' Below G.L.  
Rig up to 5 1/2 casing. Stage #1 Break Circulation w/ 10 BBL fresh water. Mixed 130 sks Thick Set Cement w/ 5\* Kol-Seal 1sk @ 13.7\*/gal. wash out Pump & Lines. shot down. Release flex Plug. Displace Plug to Seat w/ 56 BBL (30 BBL H2O, 26 BBL mud) FINAL Pumping Pressure 700 psi. Bump Plug to 1200 psi. Release Pressure Float & Plug Held. Drop Trip Bomb. OPEN Stage Collar @ 1100 psi. Rig up mud Pump. Circulate 10 BBL Cement OFF Top of Stage Collar. Circulate For 3 Hrs. Stage #1 Complete.  
Stage #2. Break Circulation w/ 5 BBL water. Mixed 200 sks 60/40 Pozmix Cement w/ 6% Gel, 1/2\* PhenoSeal @ 12.6\*/gal. wash out Pump & Lines. Shut down. Release Closing Plug. Displace Plug to Seat w/ 31.6 BBL FRESH water. FINAL Pumping Pressure 700 psi. Stage Collar Closed @ 1100 psi. Bump Plug to 1500 psi. Release Pressure. No Flow BACK. 14 BBL Cement Slurry to Pit. Job Complete.

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401	1	PUMP CHARGE Stage # 1	975.00	975.00
5406	20	MILEAGE	4.00	80.00
5401	1	Pump CHARGE Stage # 2	975.00	975.00
1126A	130 SKS	THICK Set Cement } Stage # 1	18.30	2379.00
1110A	650 *	Kol-SEAL 5* 1sk } Stage # 1	.44 *	286.00
1131	200 SKS	60/40 Pozmix Cement } Stage # 2	11.95	2390.00
1118B	1030 *	Gel 6% } Stage # 2	.20 *	206.00
1107A	100 *	PhenoSeal 1/2* 1sk } Stage # 2	1.22 *	122.00
5407A	15.75 Tons	20 miles Bulk Delv.	1.26	396.90
4203	1	5 1/2 Guide shoe	160.00	160.00
4228B	1	5 1/2 AFU LATCH down Float Valve	195.00	195.00
4104	3	5 1/2 Cement BASKETS	229.00	687.00
4130	2	5 1/2 Centralizers	48.00	96.00
4136	12	5 1/2 Turbolizers	60.00	720.00
4310	1	5 1/2 Stop Ring	30.00	30.00
4277	1	5 1/2 DV Tool (Stage Collar) w/ Plugs	3220.00	3220.00
			Sub Total	12911.90
			SALES TAX	765.86
			ESTIMATED TOTAL	13677.76

THANK YOU

240095

Ravin 3737

AUTHORIZATION [Signature] TITLE [Signature] 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.

Conservation Division  
Finney State Office Building  
130 S. Market, Rm. 2078  
Wichita, KS 67202-3802



Phone: 316-337-6200  
Fax: 316-337-6211  
<http://kcc.ks.gov/>

Mark Sievers, Chairman  
Ward Loyd, Commissioner  
Thomas E. Wright, Commissioner

Sam Brownback, Governor

August 16, 2011

Albert Brensing  
Cross Bar Energy, LLC  
100 S MAIN  
STE 400  
WICHITA, KS 67202-3737

Re: ACO1  
API 15-073-24160-00-00  
Burkett 'E' 50  
SW/4 Sec.23-23S-10E  
Greenwood County, Kansas

Dear Production Department:

We are herewith requesting that the Well Completion Form ACO-1 and attached information for the subject well be held confidential for a period of two years.

Should you have any questions or need additional information regarding subject well, please contact our office.

Respectfully,  
Albert Brensing