



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: _____



1061940

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) (Submit ACO-4)</i> <input type="checkbox"/> Other (Specify) _____	PRODUCTION INTERVAL: _____ _____
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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 # 236491

Invoice Date: 09/13/2010 Terms:

Page 1

W.D. SHORT OIL CO LLC
P.O. BOX 729
OXFORD KS 67115
(620)455-3576

SLICK-CARSON #16
29104
09-07-10

Part Number	Description	Qty	Unit Price	Total
1104S	CLASS "A" CEMENT (SALE)	250.00	13.5000	3375.00
1102	CALCIUM CHLORIDE (50#)	700.00	.7500	525.00
1118B	PREMIUM GEL / BENTONITE	470.00	.2000	94.00
1107	FLO-SEAL (25#)	62.00	2.1000	130.20
Description		Hours	Unit Price	Total
479	TON MILEAGE DELIVERY	705.00	1.20	846.00
520	CEMENT PUMP (SURFACE)	1.00	725.00	725.00
520	EQUIPMENT MILEAGE (ONE WAY)	60.00	3.65	219.00

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Parts: 4124.20 Freight: .00 Tax: 280.44 AR 6194.64
Labor: .00 Misc: .00 Total: 6194.64
Sublt: .00 Supplies: .00 Change: .00
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Signed _____

Date _____

BARTLESVILLE, OK
918/338-0808

ELDORADO, KS
316/322-7022

EUREKA, KS
620/583-7664

GILLETTE, WY
307/686-4914

MCALISTER, OK
918/426-7667

OTTAWA, KS
785/242-4044

THAYER, KS
620/839-5269

WONLAND, WY
307/347-4577



CONSOLIDATED
Oil Well Services, LLC

ENTERED

TICKET NUMBER 29104
LOCATION Eureka
FOREMAN Troy Strickler

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
9-7-10	7876	Slick-Carson # 16				Cowley
CUSTOMER			TRUCK #			
W.A. Short Oil Co. LLC			DRIVER			
MAILING ADDRESS			TRUCK #			
P.O. Box 729			DRIVER			
CITY			TRUCK #			
Oxford			DRIVER			
STATE		ZIP CODE				
Ks		67119				

JOB TYPE S/P 0 HOLE SIZE 12 1/4 HOLE DEPTH 315' CASING SIZE & WEIGHT 8 5/8" 23# New
 CASING DEPTH 314' DRILL PIPE _____ TUBING _____ OTHER _____
 SLURRY WEIGHT 15# SLURRY VOL 60Bbl WATER gal/sk 6.5 CEMENT LEFT in CASING 20'
 DISPLACEMENT 18.5Bbl DISPLACEMENT PSI _____ MIX PSI _____ RATE _____

REMARKS: Safety Meeting: Rig up to 8 5/8" casing. Break Circulation w/ 10Bbl Water.
Mixed 250sk Class A Cement w/ 32 Cacl₂, 27 Gel, + 1/4" Floerck Perf C 15#/gal.
Displace w/ 18.5Bbl - Shut Casing in w/ Good Cement to surface = 13Bbl Slurry to pt.

Job Complete

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401S	1	PUMP CHARGE	725.00	725.00
5406	60	MILEAGE	3.65	219.00
1104S	250sk	Class A Cement	13.50	3375.00
1102	700#	Cacl ₂ 3%	.75	525.00
1118B	470#	Gel 2%	.20	94.00
1107	62#	Floerck 1/4#/sk	2.10	130.20
5407A	11.75 Ton	Ton-mileage	1.20	846.00
			Sub Total	5914.20
			68% SALES TAX	280.44
			ESTIMATED TOTAL	6194.64

Ravin 3737

236491

AUTHORIZATION Witnessed by Ron Gulick TITLE Gulick Perf DATE 9-7-10

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 # 236554

Invoice Date: 09/13/2010 Terms:

Page 1

W.D. SHORT OIL CO LLC
P.O. BOX 729
OXFORD KS 67115
(620)455-3576

WAITE #16
29055
09-11-10

Part Number	Description	Qty	Unit Price	Total
1126A	THICK SET CEMENT	140.00	17.0000	2380.00
1110A	KOL SEAL (50# BAG)	700.00	.4200	294.00
1124	50/50 POZ CEMENT MIX	300.00	9.8400	2952.00
1118B	PREMIUM GEL / BENTONITE	1550.00	.2000	310.00
1107A	PHENOSEAL (M) 40# BAG)	150.00	1.1500	172.50
1123	CITY WATER	3000.00	.0149	44.70
4159	FLOAT SHOE AFU 5 1/2"	1.00	328.0000	328.00
4130	CENTRALIZER 5 1/2"	6.00	46.0000	276.00
4104	CEMENT BASKET 5 1/2"	2.00	219.0000	438.00
4277	DV TOOL SIZE 5 1/2" (STA	1.00	3045.0000	3045.00

Description	Hours	Unit Price	Total
436 80 BBL VACUUM TRUCK (CEMENT)	4.00	100.00	400.00
515 TON MILEAGE DELIVERY	609.00	1.20	730.80
520 CEMENT PUMP	1.00	925.00	925.00
520 EQUIPMENT MILEAGE (ONE WAY)	60.00	3.65	219.00
520 CEMENT PUMP	1.00	925.00	925.00
543 TON MILEAGE DELIVERY	609.00	1.20	730.80

Parts: 10240.20 Freight: .00 Tax: 696.33 AR 14867.13
 Labor: .00 Misc: .00 Total: 14867.13
 Subt: .00 Supplies: .00 Change: .00

Signed _____

Date _____



CONSOLIDATED
Oil Well Services, LLC



TICKET NUMBER 29055
LOCATION EUREKA
FOREMAN Rick Ledford

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	
9-11-10	7876	Waite # 16	19	32	3E	Cowley	
CUSTOMER W.D. Short Oil Co. LLC			Gulick Drly	TRUCK #	DRIVER	TRUCK #	DRIVER
MAILING ADDRESS P.O. Box 729				520	Cliff		
CITY Oxford				515	John		
STATE KS				543	Dave		
ZIP CODE 67119				436	Allen B.		

JOB TYPE longstring 0 HOLE SIZE 7 7/8" HOLE DEPTH 2812' CASING SIZE & WEIGHT 5 1/2" 15.5"
CASING DEPTH 2802 G.L. DRILL PIPE _____ TUBING _____ OTHER _____
SLURRY WEIGHT 12.7-13.7 SLURRY VOL 44 Bbl, 87 Bbl WATER gal/sk 9.0 CEMENT LEFT in CASING _____
DISPLACEMENT 67' - 43 Bbl DISPLACEMENT PSI _____ MIX PSI _____ RATE _____

REMARKS: Safety meeting. Stage #1 5 1/2" set @ 2802 G.L. stage collar set @ 1805' below G.L. Pump 15 Bbl water. Mixed 140 sks thickset cement w/ 5" Kat-sal/sk @ 13.7/gal. Shut down, washout pump & lines, release float plug. Displace w/ 67' Bbl water. Final pump pressure 200 PSI. Bump plug to 1200 PSI. release pressure, float & plug held. Drop trap bomb. Open stage collar @ 1100 PSI. Circulate w/ mud pump for 3 hrs. ~ 9 Bbl slurry to pit. Stage #1 complete. Stage #2 Pump 10 Bbl water ahead. Mixed 300 sks 50/50 Pozmix cement w/ 6% gel, 1/2" phenosal/sk @ 12.7/gal shut down, washout pump & lines, release closing plug. Displace w/ 43 Bbl water. Final pump pressure 600 PSI. Close stage collar @ 1000 PSI. Bump plug to 1400 PSI. release pressure. No flow back, stage collar closed. 15 Bbl slurry to pit. Job complete. Rig down.

"THANK YOU"

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401	1	PUMP CHARGE Stage #1	925.00	925.00
5406	60	MILEAGE	3.65	219.00
1126A	140 SKS	thickset cement > Stage #1	17.00	2380.00
1110A	200#	5" Kat-sal/sk >	.42	294.00
5401	1	Pump Charge Stage #2	925.00	925.00
1124	300 SKS	50/50 Pozmix cement > Stage #2	9.84	2952.00
1118B	1550#	6% gel >	.20	310.00
1102A	150#	1/2" phenosal/sk >	1.15	172.50
5407A	20.3	ton mileage bulk TRK	1.20	1461.60
5502C	4 hrs	90 Bbl VAC. TRK	100.00	400.00
1123	3000 gals	city water	14.90/1000	44.70
4159	1	5 1/2" AFU float shoe	328.00	328.00
4130	6	5 1/2" x 7 7/8" centralizers	46.00	276.00
4104	2	5 1/2" cement baskets	219.00	438.00
4277	1	5 1/2" PV tool (stage collar) w/ plugs	3045.00	3045.00
			Subtotal	19,170.80
			SALES TAX 6.8%	696.33
			ESTIMATED TOTAL	14,867.13

Revin 3737

AUTHORIZATION [Signature] TITLE Prod Eng DATE 9-11-10

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.