



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: _____



1062792

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

2nd well

TICKET NUMBER 52807
FIELD TICKET REF # _____
LOCATION Thayer
FOREMAN Brett Busby

**TREATMENT REPORT
FRAC & ACID**

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
8-17-11		Hodges #4				MG
CUSTOMER CDM Drilling & Chris Mellander			TRUCK #			
MAILING ADDRESS			DRIVER			
CITY			TRUCK #			
STATE			DRIVER			
ZIP CODE			TRUCK #			
			DRIVER			
			TRUCK #			
			DRIVER			
			TRUCK #			
			DRIVER			
			TRUCK #			
			DRIVER			

WELL DATA

CASING SIZE	TOTAL DEPTH
CASING WEIGHT	PLUG DEPTH
TUBING SIZE <u>2 7/8 DEUF</u>	PACKER DEPTH
TUBING WEIGHT	OPEN HOLE
PERFS & FORMATION	
<u>7-8-806 (20)</u>	<u>Wiser</u>
<u>8-12-822 (20)</u>	

TYPE OF TREATMENT

Acid spot - Frac

CHEMICALS

KCL SUB - Biocide - Breaker
Acid-inhibitor - Stimul

STAGE	BBL'S PUMPED	INJ RATE	PROPPANT PPG	SAND / STAGE	PSI	
PAD	20	20			1150	BREAKDOWN 1250
20-40		20	.5-1.0	150#		START PRESSURE
12-20		↓	1.0	↓	↓	END PRESSURE
12-20		↓	2.0	↓	↓	BALL OFF PRESS
12-20		20	2.0	3250#	1050	ROCK SALT PRESS
12-20 (18) Balls		20-19	0			ISIP 475
12-20 (5) + (5) Balls		19-18	.5		2300	5 MIN
12-20		18	.75	500#		10 MIN
12-20		18	1.0		↓	15 MIN
12-20		19	2.0	3500#		MIN RATE
FLUSH CASING	8	20			1800	MAX RATE
Release balls to T.D.						DISPLACEMENT 4.8
OVER FLUSH	15	20	TOTAL	2,000#	1100	
TOTAL BBL'S	193		SAND			

REMARKS:

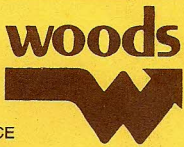
spotted 75 gal - 15% HCL acid on perfs

Location 10:00AM - 11:00AM

45 miles

AUTHORIZATION Chris Mellander TITLE _____ DATE 8-17-11

Terms and Conditions are printed on reverse side.



WOODS LUMBER OF INDEPENDENCE, KS., INC. 915 N. PENN • P.O. BOX 528 • INDEPENDENCE, KS. 67301 (620) 331-4900

INVOICE PAGE NO 1 ALL BILLS DUE 10TH OF THE MONTH FOLLOWING PURCHASE.

receipt required on ALL returns special orders are NON-RETURNABLE

Table with columns: CUSTOMER NO, JOB NO, PURCHASE ORDER NO, REFERENCE, TERMS, CLERK, DATE, TIME. Values include #6, CASH,CHECK, BANKCAR, RWD, 5/27/11, 10:16.

**** CASH **** SHIP TO 67301 SLSPR: RD RANDY DIXON TAX : 001 SALES TAX DOC# D58066 * INVOICE *

FINANCE CHARGE will be added to all accounts 30 days or older. Equal to 1.5% per month (18% PER ANNUM) on the first \$1000.00. 1.2% per month (14.45% PER ANNUM) on balance over \$1000.00 (Minimum 50c).

Main table with columns: QUANTITY (ORDERED, SHIPPED), UM, SKU, DESCRIPTION, UNITS, PRICE/PER, EXTENSION. Includes items like *80# PRE-MIX CONCRETE MIX and SWEEPING COMPOUND 100# FOR WOOD/CONCRETE FLOORS.

Summary table with columns for TAXABLE, NON-TAXABLE, SUBTOTAL, TAX AMOUNT, TOTAL AMOUNT. Values include 97.47, 89.79, 0.00, 7.68, 97.47.

SIGNATURE OF RECEIVED BY

PRINT NAME OF RECEIVED BY

SEE OWNERS NOTICE ON REVERSE SIDE

TOT WT: 1600.00

** PAYMENT RECEIVED **



PAYMENT

CK# 2079 ABA#