



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: _____



1063885

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> _____ <input type="checkbox"/> Other <i>(Specify)</i> _____	PRODUCTION INTERVAL: _____ _____
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CONSOLIDATED
Oil Well Services, LLC



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

FIELD TICKET & TREATMENT REPORT

CEMENT

DATE	9-7-11	CUSTOMER #	Thomas A #5	SECTION	NW 34	TOWNSHIP	14	RANGE	22	COUNTY	JD
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CUSTOMER	S.T. Petroleum Inc
MAILING ADDRESS	18800 Sunflower Rd
CITY	Edgerton
STATE	KS
ZIP CODE	66081

JOB TYPE	long string	HOLE SIZE	5 1/8
CASING DEPTH	943	DRILL PIPE	
SLURRY WEIGHT	5.3	SLURRY VOL	800
DISPLACEMENT	800	MIX PSI	200
DISPLACEMENT PSI	200	WATER gals/k	
REMARKS:	Held even mooring. Established rate. M'head + pumped 100# gel to condition hole followed by 1298K 50/50 por plus 20 gal 1/4" flosool per sack. Circulated cement. Finished pump. Pumped plug to baffle Well head 200 PST. Set first closed valve.		

OTHERS	911
CEMENT LEFT IN CASING	YES
RATE	5 bpm
ESTABLISHED RATE	M'head +

ACCOUNT CODE	5401	PUMP CHARGE	1
5402	5406	MILEAGE	30
5407	943	CASTING FOOTAGE	ton miles
5501C	2	TRANS PORT	

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
1184	129 gk	50/50 por		1348.05
1183	317 #	gel		634.00
1107	32 #	10-0 seal		71.04
4422	1	2 1/2 ply		28.00
5401	1	PUMP CHARGE		975.00
5402	30	MILEAGE		120.00
5407	ton miles	CASTING FOOTAGE		330.00
5501C	2	TRANS PORT		224.00
SALES TAX				112.29
ESTIMATED TOTAL				3273.43

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 sale.

COINVED
2/4/187

Johnson County, KS Well: Thomas A-5 Lease Owner: ST Petroleum
 Town Oilfield Service, Inc. (913) 837-8400
 Commenced Spudding: 9/6/2011

WELL LOG

Thickness of Strata	Formation	Total Depth
0-20	Dirt	20
33	Shale	53
28	Lime	81
10	Shale	91
37	Lime	128
17	Shale	145
18	Lime	163
8	Shale	171
52	Lime	223
22	Shale	245
8	Lime	253
21	Shale	274
9	Lime	283
4	Shale	287
6	Lime	293
34	Shale	327
1	Lime	328
12	Shale	340
23	Lime	363
9	Shale	372
23	Lime	395
4	Shale	399
6	Lime	405
4	Shale	409
6	Lime	415
170	Shale	585
10	Lime	595
7	Shale	602
7	Lime	609
16	Shale	625
3	Lime	628
14	Shale	642
4	Lime	646
106	Shale	752
10	Sandy Shale	762
111	Shale	873
3	Sand	876
2	Sandy Shale	878
8	Sandy Shale	886
9	Sand	895

