



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: _____



1063886

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



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

FIELD TICKET & TREATMENT REPORT
CEMENT

TICKET NUMBER 32852
LOCATION Ottawa KS
FOREMAN Fred Madar

DATE	9/9/11	CUSTOMER #	7532	WELL NAME & NUMBER	Thomas # 9
CUSTOMER	S I Petroleum				
MAILING ADDRESS	18800 S. Newer Rd				
CITY	Edgerton KS				

TRUCK #	502	DRIVER	FREMAN
TRUCK #	368	DRIVER	KENHAM
TRUCK #	370	DRIVER	ARMCD
TRUCK #	548	DRIVER	DERMAS

JOB TYPE	Longstring	HOLE SIZE	5 7/8	HOLE DEPTH	958'
CASING DEPTH	550'	DRILL PIPE	Baffle @ Tubing		
SLURRY WEIGHT	5.34 BBL/DISPLACEMENT PSI				
DISPLACEMENT	MIX + Pump 100# Premium Gold Flush				

REMARKS: Establish pump rate. Mix + Pump 100# Premium Gold Flush per sack. Cement to surface. Flush pump & lines clean. Displace 2 1/2" Rubber Plug to Baffle in casing w/ 5.34 BBL Fresh Water. Pressure to 800# PSI. Release pressure to set float valve. Shut in casing.

TOB Drilling
Fred Madar

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401	1	PUMP CHARGE	368	368.00
5406	30mi	MILEAGE	364	10920.00
5402	950'	Casino Footage	N/C	
5407	Minimum	Ten Miles	548	3300.00
5502G	2 hrs	80 BBL Vac Truck	320	1600.00
1184	135 SKS	50/50 Por Mix Cement		1410.75
1181B	327#	Premium Gold		6540.00
1107	34#	Flo Seal		754.80
1402	1	2 1/2" Rubber Plug		28.00
				118.87
				3803.55
				ESTIMATED
				TOTAL

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

Johnson County, KS Well: Thomas A #9 Lease Owner: ST Petroleum
 Town Oilfield Service, Inc. (913) 837-8400
 Commenced Spudding: 9/8/2011

WELL LOG

Thickness of Strata	Formation	Total Depth
0-20	Soil/Clay	20
10	Shale	30
1	Lime	31
38	Shale	69
4	Lime	73
4	Shale	77
15	Lime	92
10	Shale	102
8	Lime	110
8	Shale	118
21	Lime	139
14	Shale	153
21	Lime	174
7	Shale	181
55	Lime	236
19	Shale	255
9	Lime	264
20	Shale	284
8	Lime	292
5	Shale	297
8	Lime	305
33	Shale	338
1	Lime	339
11	Shale	350
25	Lime	375
7	Shale	382
24	Lime	406
4	Shale	410
5	Lime	415
4	Shale	419
7	Lime	426
169	Shale	595
3	Lime	598
6	Shale	604
3	Lime	607
5	Shale	612
11	Lime	623
12	Shale	635
4	Lime	639
5	Shale	644

