



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: _____



1066500

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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Johnson County, KS
 Well: Thomas A-12
 Lease Owner: ST Petroleum

Town Oilfield Service, Inc.
 (913) 837-8400

Commenced Spudding:
 9/26/2011

WELL LOG

Thickness of Strata	Formation	Total Depth
0-10	Soil/Clay	10
36	Shale	46
25	Lime	71
11	Shale	82
9	Lime	91
5	Shale	96
19	Lime	115
17	Shale	132
20	Lime	152
6	Shale	158
55	Lime	213
20	Shale	233
18	Lime	251
8	Shale	259
7	Lime	266
8	Shale	274
7	Lime	281
43	Shale	324
28	Lime	352
6	Shale	358
27	Lime	385
2	Shale	387
15	Lime	402
178	Shale	580
4	Lime	584
4	Shale	588
8	Lime	596
15	Shale	611
3	Lime	614
46	Shale	660
22	Lime	682
54	Shale	736
2	Sand	738
20	Core	758
99	Shale	857
7	Sand	864
4	Sand	868
70	Shale	938-TD



CONSOLIDATED
Oil Well Services, LLC

TICKET NUMBER 32884
LOCATION Ottawa KS
FOREMAN Fred Mader

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
9/28/11	7532	Thomas # 12	SE 29	14	22	JO
CUSTOMER ST Petroleum			TRUCK #	DRIVER	TRUCK #	DRIVER
MAILING ADDRESS 15600 Sunflower Rd			506	FREMAD	Safety Mgr	
CITY Edgerton			495	HARBEC	JAD	
STATE KS			369	DERMAS	DM	
ZIP CODE 660			558	KEIDET	MD	

JOB TYPE Long Study HOLE SIZE 5 7/8 HOLE DEPTH 935 CASING SIZE & WEIGHT 2 3/8 EUE
 CASING DEPTH 931 DRILL PIPE Baffle@ TUBING 921' OTHER _____
 SLURRY WEIGHT _____ SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT in CASING 10' + Ply
 DISPLACEMENT _____ DISPLACEMENT PSI _____ MIX PSI _____ RATE 4BPM

REMARKS: Establish pump rate. Mix & Pump 100# Premium Gel Flush
 Mix + Pump 135 sks 50/50 Por Mix Cement 2 3/8 Gel 1/2"
 Flo Seal /sk. Cement to surface. Flush pump & lines clean
 Displace 2 1/2" Rubber plug to casing TD (Baffle) w/ BBL
 Fresh water. Pressure to 750# PSI. Release pressure to
 set float valve. Shut in casing

TOS Drilling Fred Mader

ACCOUNT CODE	QUANTITY OF UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401	1	PUMP CHARGE	495	975.00
5406	30mi	MILEAGE	495	12000
5402	931'	Casing footage		N/C
5407	minimum	Ton Miles	554	330.00
5502C	2hrs	80 BBL Vac Truck	369	180.00
1124	135sks	50/50 Por Mix Cement		1410.75
1118B	327#	Premium Gel		65.40
1107	34#	Flo Seal		75.48
4402	1	2 1/2" Rubber Plug		28.00
			7.5250	118.87
			SALES TAX	
			ESTIMATED	
			TOTAL	3303.50

24/690

Revin 3737 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