



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: _____



1067031

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
---	---

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
-----------------------------------	-----------	---------	-------------	---------------	---------

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> _____ <i>(Submit ACO-4)</i>	PRODUCTION INTERVAL: _____ _____
---	--	--

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 33016
LOCATION Thomas #24
FOREMAN Fred Madar

DATE	10/26/11	CUSTOMER #	7532
WELL NAME & NUMBER	Thomas # 24	SECTION	NE 29
CUSTOMER	57 Petroleum	RANGE	22
CITY	Chanute	COUNTY	DA

MAILING ADDRESS	1500 Sunflower Rd	STATE	KS	ZIP CODE	66021
CITY	Chanute				
TRUCK #	506	DRIVER	FREMAID	TRUCK #	SAFETY
DRIVER	SAFETY	TRUCK #	CK	DRIVER	MD

JOB TYPE	Long string	HOLE SIZE	5 7/8	HOLE DEPTH	928'
CASING DEPTH	921'	DRILL PIPE	8 1/2" x 13'	TUBING	9 1/4"
CASING LEFT IN CASING	2 1/2" Plug x 10'	OTHER			
SLURRY WEIGHT		SLURRY VOL		WATER gals/k	
DISPLACEMENT	5.31 BBL	MIX PSI		RATE SBPM	

REMARKS: Establish circulation. Mix & Pump 100% Premium Gd Flush. Mix & Pump 140 Sls 50/50 for Mix Cement 2% Gd 1/4" Flt Seal per SKI. Cement to surface. Flush pump & lines clean. Displace 2 1/2" Rubber plug to Bottle w/ 5.31 BBL Fresh Water. Pressure to 800 WPSI. Release pressure to set flow valve. Shut in casing.

Hot Drilling
Fred Madar

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401	1	PUMP CHARGE	495	975.00
5406	30 mi	MILEAGE	495	1200.00
5402	924	Casing footage		NIC
5407	Mix: min	100 Miles		3300.00
5502	12 hrs	to BBL Vac Truck		1350.00
1124	140 SLS	50/50 For Mix Cement		1463.00
118B	335 #	Premium Gd		67.00
1107	35 #	Flt Seal		77.20
4402	1	2 1/2" Rubber Plug		28.00

SCANNED

4402

HAT DRILLING
 12371 KS HWY 7
 MOUND CITY, KS 66056
 LICENSE # 33734

Thomas A #24
 API # 15-091-23633-00-00
 SPUD DATE 10-25-11

Footage	Formation	Thickness	Set 21' of 7"
2	Topsoil	2	TD 928'
14	clay	12	Ran 924' of 2 7/8
60	shale	46	
82	lime	22	
92	shale	10	
100	lime	8	
107	shale	7	
126	lime	19	
141	shale	15	
163	lime	22	
168	shale	5	
222	lime	54	
243	shale	21	
252	lime	9	
267	shale	15	
275	lime	8	
282	shale	7	
289	lime	7	
331	shale	42	
360	lime	29	
367	shale	7	
390	lime	23	
394	shale	4	
408	lime	14	
580	shale	172	
583	lime	3	
618	shale	35	
622	lime	4	
860	shale	238	
872	sand	12	good odor, good bleed
924	shale	52	