



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: _____



1067051

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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CONSOLIDATED
Oil Well Services, LLC



ENTERED

TICKET NUMBER 30700
LOCATION Eureka
FOREMAN Rick Ladford

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

FIELD TICKET & TREATMENT REPORT

CEMENT

API # 15-035-24383

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
6-30-11	2144	Vogele #1	28	34	3E	Lawley
CUSTOMER			TRUCK #	DRIVER	TRUCK #	DRIVER
Creco			520	Cliff		
MAILING ADDRESS			491	Mark (Eldorado) (Griffith)		
210 Park Ave ste 1140			611	Chris M		
CITY	STATE	ZIP CODE	437	Jim M		
Oklahoma City	OK	73102				

JOB TYPE L/S 0 HOLE SIZE 8 3/4" HOLE DEPTH 3840' CASING SIZE & WEIGHT 7" 23# REG
 CASING DEPTH 3823' DRILL PIPE _____ TUBING _____ OTHER 3280' PSTD
 SLURRY WEIGHT 12.8-13.6" SLURRY VOL. 68 Bbl WATER gal/sk 7.0-8.0 CEMENT LEFT in CASING 40' 5"
 DISPLACEMENT 148 1/2 Bbl DISPLACEMENT PSI 1500 PSI 2000 Bump plug RATE _____

REMARKS: Safety meeting - Rig up to 7" casing. Mixed 125 sks 60/40 Perm mix cement w/ 16% gel 1/4% CFL-115, 1/4% CDI-26 + 1/4% CAF-38 @ 12.8#/gal yield 1.53. Tail in w/ 125 sks O.V.C. cement w/ 5# Kol-sal/sk + 1/4% CFL-115 @ 12.8#/gal yield 1.53. Washout pump + lines, release 7" plug. Displace w/ 148 1/2 Bbl water. Final pump pressure 1500 PSI. Bump plug to 2000 PSI. (C) case pressure float + plug held. Good circulation @ all times while cementing. Job complete. Rig down.

Plug down @ 9:10 A.M.

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401	1	PUMP CHARGE	975.00	975.00
5406	70	MILEAGE	4.00	280.00
5402	3823'	Casing footage	.21	802.83
1131	125 sks	60/40 Perm mix cement	11.95	1493.75
1118B	645#	6% gel	.20	129.00
1135A	31#	CFL-115 1/4% <u>lead cement</u>	9.95	308.45
1137	31#	CDI-26 1/4%	7.62	236.22
1146	31#	CAF-38 1/4%	8.10	251.10
1126	125 sks	O.V.C. cement	17.90	2237.50
1110A	625#	5# Kol-sal/sk <u>tail cement</u>	.44	275.00
1135A	31#	CFL-115 1/4%	9.95	308.45
5407A	11.88	tax mileage bulk trk	1.26	1047.82
5502C	8 hrs	80 Bbl vac. TRK	90.00	720.00
1123	3000 gals	city water	15.60/1000	46.80
4107	2	7" cement baskets	320.00	640.00
4131	6	7" centralizers	58.00	348.00
4187	1	7" float collar w/ AFU	525.00	525.00
4206	1	7" Guide shoe	253.00	253.00
4409	1	7" Rubber plug	82.00	82.00

Flavin 8797

242398

11446.03

Tax ESTIMATED TOTAL 10939.95

AUTHORIZATION _____

TITLE _____

DATE 6-30-11

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 service on the back of this form are in effect for services identified on this form.



CONSOLIDATED
Oil Well Services, LLC



ENTERED

TICKET NUMBER 30678

LOCATION Eureka

FOREMAN Steve Mead

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

FIELD TICKET & TREATMENT REPORT

CEMENT API 15-035-24383

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
6-24-11	2144	Voegele # 1-28	28	34S	2E	Cowley
CUSTOMER <u>CARCO</u>			TRUCK #		DRIVER	
MAILING ADDRESS <u>210 Park Ave. Ste. 1140</u>			445		Dave	
CITY <u>Oklahoma City</u>			479		Joe Y	
STATE <u>OK</u>			ZIP CODE <u>73102</u>			
JOB TYPE <u>Surface</u>	HOLE SIZE <u>12 1/4</u>	HOLE DEPTH <u>340'</u>	CASING SIZE & WEIGHT <u>9 5/8 36"</u>			
CASING DEPTH <u>335'</u>	DRILL PIPE	TUBING	OTHER			
SLURRY WEIGHT <u>14.7#</u>	SLURRY VOL	WATER gal/sk	CEMENT LEFT In CASING <u>20'</u>			
DISPLACEMENT <u>24 3/4</u>	DISPLACEMENT PSI	MIX PSI	RATE			
REMARKS: <u>SAFETY Meeting: Rig up to 9 5/8 casing. Break circulation w/ Fresh water. Pump 13 bbls ahead. Mix 200 SKS Class A Cement with 3% CaCl2 + 2% Gel, 1/4" Flo-Cele per/sk at 14.7# per/sk. Release plug. Displace 24 3/4 bbls Fresh water. Did not Circulate Cement. Wait 1 hour. Run string line Tag Cement 2' down.</u>						

Job Complete Rig down

Thank you

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
54015	1	PUMP CHARGE	775.00	775.00
5406	70	MILEAGE	4.00	280.00
11045	200 SKS	Class A Cement	14.25	2850.00
1102	560*	CaCl2 3%	.70	392.00
1118B	375*	Gel 2%	.20	75.00
1107	50*	Flo-Cele 1/4" per/sk	2.22	111.00
5407A	9.4 Tons	Ton Mileage BULK TRUCK	1.26	829.08
4433	1	9 5/8 Wooden Plug	92.00	92.00
			Subtotal	5404.08
			SALES TAX <u>6.8%</u>	239.37
			ESTIMATED TOTAL	5643.45

Ravin 3737

AUTHORIZATION Jerry D. Allen

TITLE 042296

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 service on the back of this form are in effect for services identified on this form