



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: _____



1068783

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> <i>(Submit ACO-4)</i> <input type="checkbox"/> Other (Specify) _____	PRODUCTION INTERVAL: _____ _____
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CONSOLIDATED
Oil Well Services, LLC

ENTERED

TICKET NUMBER 31484
LOCATION Eureka KS
FOREMAN Steve Mead

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

FIELD TICKET & TREATMENT REPORT

CEMENT APT 15-035-24441

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
8-20-11	21441	TRACT #1	15	34S	3E	Cowley
CUSTOMER <u>Cresco</u>			TRUCK #	DRIVER	TRUCK #	DRIVER
MAILING ADDRESS <u>210 Poplar Ave. Ste. 1140</u>			<u>485</u>	<u>Alan m.</u>		
CITY <u>Oklahoma</u>			<u>479</u>	<u>J.P.</u>		
STATE <u>OK</u>		ZIP CODE <u>73102</u>				

JOB TYPE Conductor HOLE SIZE 30" HOLE DEPTH 45' CASING SIZE & WEIGHT 20"
CASING DEPTH 45' DRILL PIPE _____ TUBING _____ OTHER _____
SLURRY WEIGHT 14.2 SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT in CASING _____
DISPLACEMENT 12 1/2 bbls DISPLACEMENT PSI _____ MIX PSI _____ RATE _____

REMARKS: SAFETY Meeting: Rig up to 20" casing. Pump 2 bbls Fresh water ahead. Mix 125 sks Class A Cement w/ 3% Cacl2, 2% Gel & 1/4" Flo Celc per/sk AT 14" Displace with 12 1/2 bbls Freshwater. Good cement Return to surface 12 bbls slurry. Shut well in. 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	125 sks	Class A Cement	14.25	1781.25
1102	350#	Cacl2 3%	.70	245.00
118B	230#	Gel 2%	.20	46.00
1107	30#	Flo Celc 1/4" per/sk	2.22	66.60
5407A	5.87 Tons	Ton Mileage Bulk Truck	1.26	517.73
			Sub Total	3711.58
			SALES TAX <u>6.8%</u>	145.45
			ESTIMATED TOTAL	3857.03

Ravin 3737

[Signature]

243118

AUTHORIZATION _____ TITLE _____ 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.



CONSOLIDATED
Oil Well Services, LLC

ENTERED

TICKET NUMBER 31518
LOCATION Eureka
FOREMAN Rick Ledford

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

FIELD TICKET & TREATMENT REPORT

CEMENT API# 15-035-2441

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
8-26-11	2144	Traci #1	15	343	3E	Cowley
CUSTOMER			TRUCK #		DRIVER	
MAILING ADDRESS			TRUCK #		DRIVER	
CITY			TRUCK #		DRIVER	
STATE			TRUCK #		DRIVER	
ZIP CODE			TRUCK #		DRIVER	

JOB TYPE Surface 0 HOLE SIZE 13 1/2" HOLE DEPTH 308' CASING SIZE & WEIGHT 10 3/4 40.5# REG
 CASING DEPTH 314' DRILL PIPE _____ TUBING _____ OTHER _____
 SLURRY WEIGHT 15# SLURRY VOL 60 Bbl WATER gal/sk 65 CEMENT LEFT in CASING 20'
 DISPLACEMENT 29 Bbl DISPLACEMENT PSI _____ MIX PSI _____ RATE _____

REMARKS: Safety meeting- Rig up to 10 3/4" casing. Pump 5 Bbl water ahead. Mixed 250
SRS class A cement w/ 370 cacl2, 290 gal & 1/4" flared 1/4" @ 15#/gal Displac w/
29 Bbl water. shut casing in w/ good cement returns to surface = 28 Bbl slurry to
pit. Job complete Rig down

.. Thank You ..

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
54013	1	PUMP CHARGE	775.00	775.00
5406	70	MILEAGE	4.00	280.00
11045	250 SRS	class A cement	14.25	3562.50
1102	705#	370 cacl2	.70	493.50
11188	470#	290 gal	.20	94.00
1107	60#	1/4" flared 1/4"	2.22	133.20
5407A	11.75	tan mileage bulk tax	1.26	1036.35
			Subtotal	6374.55
			SALES TAX	291.26
			ESTIMATED TOTAL	6665.81

Revin 9737

[Signature]

043809

AUTHORIZATION _____ TITLE _____ 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



CONSOLIDATED
Oil Well Services, LLC



ENTERED

TICKET NUMBER 31548
LOCATION EUREKA
FOREMAN Kevin McCoy

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

FIELD TICKET & TREATMENT REPORT

CEMENT API #15-035-24441

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DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
9-3-11	2144	TRaci # 1	15	345	3E	Cowley
CUSTOMER			TRUCK # DRIVER TRUCK # DRIVER			
CRECO Operating, LLC			520	ALAN M.		
MAILING ADDRESS			515	JIM M		
210 PARK AVE, STE 1140			611	Ed S.		
CITY	STATE	ZIP CODE				
OKlahoma City	OK	73102				

HORIZON
ENERGY
SERVICE
Rig #4

JOB TYPE Longstring O HOLE SIZE 9 1/2" HOLE DEPTH 3480' CASING SIZE & WEIGHT 7" 23" New
 CASING DEPTH 3463' DRILL PIPE _____ TUBING _____ OTHER _____
 SLURRY WEIGHT 12.6 - 13.5 SLURRY VOL 105 BBL WATER gal/sk 9.0 CEMENT LEFT in CASING 2'
 DISPLACEMENT 136.5 BBL DISPLACEMENT PSI 1000 ~~MAX~~ PSI 1500 Bump Plug RATE 5 BPM

REMARKS: Safety Meeting: Rig up to 7" casing, Break Circulation w/ 20 BBL fresh water. Mixed 165 SKS 60/40 Pozmix Cement w/ 8% Gel, 1" PhenoSeal /SK @ 12.6" /GAL, yield 1.80. TAIL in w/ 150 SKS Thick Set Cement w/ 5" Kol-Seal /SK, 1/2" PhenoSeal /SK, 1/4" CFL-115, @ 13.5" /GAL, yield 1.75. Shut down. wash out Pump & Lines. Release Plug. Displace Plug to Seat w/ 136.5 BBL 4% KCL water. Final Pumping Pressure 1000 PSI. Bump Plug to 1500 PSI. wait 2 minutes. Release Pressure. Float Held. Good Circulation @ ALL times while Cementing. Job Complete. Rig down.

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	3463'	Footage Charge	.21'	727.23
1131	165 SKS	60/40 Pozmix Cement	11.95	1971.75
1118 B	1135 *	Gel 8%	.20	227.00
1107 A	165 *	PhenoSeal 1" /SK	1.22	201.30
1126 A	150 SKS	Thick Set Cement	18.30	2745.00
1110 A	750 *	Kol-Seal 5" /SK	.44	330.00
1107 A	75 *	PhenoSeal 1/2" /SK	1.22	91.50
1135 A	35 *	CFL-115 1/4"	9.95	348.25
5407 A	15.35 TONS	70 miles Bulk Delv.	1.26	1353.87
4409	1	7" Top Rubber Plug	82.00	82.00
4206	1	7" Guide Shoe	253.00	253.00
4187	1	7" AFU Float Collar	525.00	525.00
3172	28 GALS	KCL (Mixed w/ Displacement water)	33.50	938.00
			Sub Total	11,048.91
			SALES TAX 6.8%	460.69
			ESTIMATED TOTAL	11,509.60

Ravin 3737

THANK YOU
244016

AUTHORIZATION Brett C. Meull TITLE _____ 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