



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: _____



1071684

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

TICKET NUMBER 33107

LOCATION Ottawa KS

FOREMAN Fred Maden

FIELD TICKET & TREATMENT REPORT
CEMENT

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
11/17/11	1564	Saylor # 4	SW 1	16	20	FR

CUSTOMER
B G S Inc.

MAILING ADDRESS
3939 Ellis Rd

CITY Rantoul **STATE** KS **ZIP CODE** 66079

TRUCK #	DRIVER	TRUCK #	DRIVER
506	FREMAN	Safety	MK
* 368	ARLMCD	ARM	
369	DERMAS	DM	
548	CASKEN	CL	

JOB TYPE log string **HOLE SIZE** 6 3/4 **HOLE DEPTH** 765' **CASING SIZE & WEIGHT** 4 1/2"

CASING DEPTH 754' **DRILL PIPE** **TUBING** **OTHER**

SLURRY WEIGHT **SLURRY VOL** **WATER gal/sk** **CEMENT LEFT in CASING** 4 1/2" Plug

DISPLACEMENT 11.97 **DISPLACEMENT PSI** **MIX PSI** **RATE** 4 BPM

REMARKS: Establish pump rate. Mix + Pump 100# Premium Gel Flush
 Mix + Pump 7 BBL Telltale dye. Mix + Pump 125 S/KS
 50/50 Poz Mix Cement 2% Gel 1/2" Pheno Seal. Flush pump
 + lines clean. Displace 4" Rubber Plug to casing TD w/ 11.97 BBL
 Fresh Water. Pressure to 750# PSI. Release pressure to set
 Float Valve. Check plug depth w/ wireline.

705 - Drilling (Jeff)

Fred Maden

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401	1	PUMP CHARGE		
5406	15 mi	MILEAGE	368	975.00
5402	754	Casing footage	368	60.00
5407	Minimum	Ton Miles	548	N/C
5502C	2	80 BBL Vac Truck	369	330.00
1124	125 sks	50/50 Poz Mix Cement		1306.25
115B	310#	Premium Gel		62.00
1107A	63#	Pheno Seal		76.56
4404	1	4 1/2" Rubber Plug	400.00	70.00
			<u>7.5%</u>	
SALES TAX ESTIMATED TOTAL				116.00
				3148.12

246057

Form 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 account records, at our office, and conditions of service on the back of this form are in effect for services identified on this form.

Franklin County, KS
Well: Seyler # 4
Lease Owner: BG-5

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

Commenced Spudding:
11/15/2011

WELL LOG

Thickness of Strata	Formation	Total Depth
0-31	Soil-Clay	31
12	Shale	43
4	Lime	47
5	Shale	52
15	Lime	67
6	Shale	73
9	Lime	84
7	Shale	91
17	Lime	108
42	Shale	150
30	Lime	180
64	Shale	244
23	Lime	267
15	Shale	282
6	Lime	288
26	Shale	314
8	Lime	322
11	Shale	333
2	Lime	335
13	Shale	348
12	Lime	360
2	Shale	362
8	Lime	370
7	Shale	377
25	Lime	402
3	Shale	405
11	Lime	416
12	Shale	428
12	Sandy Shale	448
135	Shale	575
2	Sand	592
15	Shale	595
3	Lime	616
21	Shale	619
3	Lime	637
18	Shale	639
2	Lime	654
15	Shale	658
4	Lime	679
21	Shale	688

