



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: _____



1072025

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> _____ <i>(Submit ACO-4)</i>	PRODUCTION INTERVAL: _____ _____
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Franklin County, KS
Well: Ferguson # 7
Lease Owner: BG-5

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

Commenced Spudding:
12/1/2011

WELL LOG

Thickness of Strata	Formation	Total Depth
45	Soil/Clay	45
19	Shale	64
6	Lime	70
2	Shale	72
17	Lime	89
6	Shale	95
12	Lime	107
7	Shale	114
18	Lime	132
31	Shale	163
2	Lime	165
11	Shale	176
27	Lime	203
7	Shale	210
2	Lime	212
57	Shale	269
24	Lime	293
13	Shale	306
6	Lime	312
25	Shale	337
23	Lime	360
15	Lime	375
9	Shale	384
2	Lime	386
2	Shale	388
8	Lime	396
2	Shale	398
3	Lime	401
10	Shale	411
1	Lime	412
3	Shale	415
18	Lime	433
4	Shale	437
4	Lime	441
2	Shale	443
5	Lime	448
132	Shale	580
16	Lime	596
5	Shale	601
16	Lime	617



CONSOLIDATED
Oil Well Services, LLC

TICKET NUMBER 33167

LOCATION Ottawa KS

FOREMAN Fred Mohr

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
12/2/14	1564	Ferguson #7	SW 1	16	20	FR
CUSTOMER			TRUCK #	DRIVER	TRUCK #	DRIVER
B G S Inc.			506	FREMAN	Safety Mtg	
MAILING ADDRESS			495	HARBEC	NOB	
3939 Ellis Rd			370	GARMOD	GM	
CITY	STATE	ZIP CODE	503	HEIDET	RYACIN KD	RC
Rantoul	KS	66019				

JOB TYPE long string HOLE SIZE 6 3/4 HOLE DEPTH 720 CASING SIZE & WEIGHT 4 1/2
CASING DEPTH 759 BRILL PIPE 756 TUBING _____ OTHER _____
SLURRY WEIGHT 759 SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT in CASING 4 1/2" Plug
DISPLACEMENT 12 DISPLACEMENT PSI _____ MIX PSI _____ RATE 5 BPM

REMARKS: Establish pump rate. Mix + Pump 100# Premium Gel Flush.
Mix + Pump 7 BBL Tell tale dye. Mix + Pump 130 sks
50/50 Por Mix Cement 2% Gel 1/2# Pheno Seal/sk. Flush pump +
lines clean. Displace 4 1/2" Rubber Plug to casing TD w/ 12 BBS
Fresh water. Pressure to 800# PSI. Release pressure to
Set float value. Shot in casing

TOS Drilling (Chad) Fred Mohr

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401	1	PUMP CHARGE	495	1030.00
5406	15	MILEAGE	495	60.00
5402	759	Casing Footage		N/C
6407	Minimum	Tax Miles	503	350.00
5502c	3 hrs	80 BBL Vac Truck	370	270.00
1124	130 sks	50/50 Por Mix Cement		1428.50
1118B	319#	Premium Gel		66.99
1107A	65#	Pheno Seal		83.00
4404	1	4 1/2" Rubber Plug		45.00
				7.80
SALES TAX				126.31
ESTIMATED TOTAL				3455.65

246339

SCANNED

Ravin 9737

AUTHORIZATION Jim Potts 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 for