



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: _____



1073348

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 **33133**

LOCATION D-Hawa KS

FOREMAN Fred Mader

**FIELD TICKET & TREATMENT REPORT
CEMENT**

DATE	CUSTOMER #	WELL NAME & NUMBER		SECTION	TOWNSHIP	RANGE	COUNTY
12/11/11	7823	Kitchum #	6 W	NE B3	18	B1	MI
CUSTOMER	Town Oil Co						
MAILING ADDRESS		TRUCK #	DRIVER	TRUCK #	DRIVER		
16205 W. 287th		506	FREMAD	Safety	MAY		
CITY	STATE	ZIP CODE	368	ARLMCD	WPMY		
Paola	KS	66021	570	KEICAR	KCL		

JOB TYPE Long string HOLE SIZE 5 7/8 HOLE DEPTH 556 CASING SIZE & WEIGHT 2 7/8 EUE

CASING DEPTH 550 DRILL PIPE P.M.O TUBING 5 1/2 OTHER _____

SLURRY WEIGHT _____ WATER gal/sk _____ CEMENT LEFT IN CASING 2 1/2 P/4 x 5'

DISPLACEMENT 3.17 DISPLACEMENT PSI _____ RATE 4.8 PM

REMARKS: Establish circulation. Mix Pump 100 # Premium Gel Flush.
Mix + Pump 75 sks 50/50 for Mix Cement 270 gal. Cement
to surface. Flush pump + lines clean. Displace 2 1/2" Rubber
plug to pin in casing w/ 3.17 BBL Fresh water. Pressure
to 650 # PSI. Hold pressure for 30 min MIT. Shot
in casing.

Scotty Kirkland Fred Mader

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401	1	PUMP CHARGE	368	1080 ⁰⁰
5406	25	MILEAGE	368	100 ⁰⁰
5402	550	Casing footage	N/C	N/C
5407	Minimum	Ten Miles		350 ⁰⁰
1124	75 sks	50/50 Por Mix Cement		821 ²⁵
1118B	226	Premium Gel		47 ⁹¹
4407	1	2 1/2" Rubber Plug		28 ⁰⁰
SALES TAX 7.55%				69 ⁷⁵
ESTIMATED TOTAL				2444 ⁹⁰

RAVIN 8787

AUTHORIZATION Scott Kirkland TITLE _____ DATE _____

246269

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 fo

Miami County, KS
Well: Kitchen 6-W
Lease Owner: TOC

Town Oil Company, Inc.
(913) 294-2125

Commenced Spudding:
11/29/2011

WELL LOG

Thickness of Strata	Formation	Total Depth
15	Soil-Caly	15
23	Lime	38
18	Shale	56
3	Lime	59
1	Shale	60
5	Lime	65
26	Shale	91
3	Lime	64
5	Shale	99
2	Lime	101
4	Shale	105
14	Lime	119
11	Shale	130
28	Lime	158
9	Shale & Slate	167
22	Lime	189
5	Shale & Slate	194
3	Lime	197
1	Shale & Slate	198
7	Lime	205
19	Shale & Slate	224
9	Sand	233
137	Sandy Shale	370
10	Lime	380
4	Shale	384
3	Lime	387
6	Shale	393
7	Sand	399
29	Sandy Shale	428
6	Lime	434
14	Shale	448
2	Lime	450
16	Shale	466
8	Lime	474
26	Shale	502
6	Lime	506
5	Shale	511
2	Sand	513
10	Sand	523
33	Sandy Shale	556-TD

