



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: _____



1073838

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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Johnson County, KS
Well: Thomas A-32
Lease Owner: ST
Petroleum

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

Commenced Spudding:
1/25/2012

WELL LOG

Thickness of Strata	Formation	Total Depth
0-21	Soil-Clay	21
11	Shale	32
4	Lime	36
22	Shale	58
6	Lime	64
2	Shale	66
17	Lime	83
9	Shale	92
8	Lime	100
7	Shale	107
18	Lime	125
15	Shale	140
19	Lime	159
8	Shale	167
56	Lime	223
22	Shale	245
8	Lime	253
19	Shale	272
6	Lime	278
6	Shale	284
9	Lime	293
33	Shale	326
2	Lime	328
9	Shale	337
26	Lime	363
6	Shale	369
24	Lime	393
4	Shale	397
6	Lime	403
4	Shale	407
5	Lime	412
6	Shale	418
1	Lime	419
24	Shale	443
8	Sand	451
133	Shale	584
3	Lime	587
4	Shale	591
5	Lime	596
5	Shale	601

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1/25/2012

7	Lime	608
16	Shale	624
3	Lime	627
138	Shale	765
6	Sand	771
98	Shale	869
3	Sand	872
6	Sand	878
2	Sand	880
4	Sandy Shale	884
2	Sandy Shale	886
53	Shale	939-TD

CASING AND TUBING
RECORD



CONSOLIDATED
Oil Well Services, LLC

TICKET NUMBER 36876

LOCATION *Ottawa KS*

FOREMAN *Fred Maden*

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
1/26/12	7532	Thomas A - 32	NE 29	14	22	JO

CUSTOMER		TRUCK #		DRIVER	
<i>S-T Petroleum</i>		<i>506</i>	<i>FREMAD</i>	<i>Safety</i>	<i>Mty</i>
MAILING ADDRESS		<i>495</i>	<i>CASHEN</i>	<i>CIC</i>	<i>g</i>
<i>18800 Sunflower Rd</i>		<i>369</i>	<i>DERMAS</i>	<i>DM</i>	
CITY	STATE	ZIP CODE			
<i>Edgerton</i>	<i>KS</i>	<i>66021</i>	<i>510</i>	<i>ASAMIC</i>	<i>AM</i>

JOB TYPE *long string* HOLE SIZE *5 7/8* HOLE DEPTH *940* CASING SIZE & WEIGHT *2 3/4" EUE*
 CASING DEPTH *922* DRILL PIPE *Baffle in* TUBING @ *912* OTHER _____
 SLURRY WEIGHT _____ SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT in CASING *10' + Aug*
 DISPLACEMENT *5.3 BBL* DISPLACEMENT PSI _____ MIX PSI _____ RATE *5 BPM*

REMARKS: *Establish pump rate. Mixt Pump 100 # Premium Gel Flush. Mix + Pump 138 SKS 50/50 Por Mix Cement 2 3/4 Gel. 1/4" Flo Seal/sk. Cement to surface. Flush pump + lines clean. Displace 2 1/2" Rubber plug to Baffle in casing. Pressure to 800# PSI. Release pressure to set float valve. Shut in casing*

TOS Drilling (wes)

Fred Maden

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401	1	PUMP CHARGE	495	1030 ⁰⁰
5406	1	MILEAGE		N/C
5402	922'	Casing footage		N/C
5407	<i>Minimum</i>	<i>Ten Miles</i>	510	350 ⁰⁰
5502c	2 hrs	80 BBL Voe Truck	369	180 ⁰⁰
1124	138 SKS	50/50 Por Mix Cement		1511 ¹⁰
118B	332 #	Premium Gel		69 ⁷²
1107	35 #	Flo Seal		82 ²⁵
4402	1	2 1/2" Rubber Plug		28 ⁰⁰
			7.525%	
			SALES TAX	127 ²⁵
			ESTIMATED TOTAL	3378 ³³

SCANNED

247597

Revin 8737

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.