



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: _____



1074722

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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Lease Name: Morse	Spud Date: 6-15-11	Surface Pipe Size: 7"	Depth: 20'	TD: 1032
Operator: Gary Massey	Well # 11	Bit Diameter: 5 7/8"		
Footage taken	Sample type			
0_4	soil			
4_12	clay			
12_16	sand			
16_45	shale			
45_75	lime			
75_156	shale			
156_164	lime			
164_215	shale			
215_225	black shale			
225_262	shale			
262_401	lime			
401_448	shale			
448_484	lime			
484_556	shale			
556_566	lime			
566_574	shale			
574_585	lime			
585_667	shale			
667_689	lime			
689_678	shale			
678_685	lime			
685_689	shale			
689_702	lime			
702_731	shale			
731_750	lime			
750_754	shale			
754_760	lime			
760_773	shale			
773_779	lime			
779_827	shale			
827_828	lime			
828_830	shale			
830_831	lime			
831_842	shale			
842_848	lime			
848_915	shale			
915_920	some sand with odor			
920_927	mostly shale, some odor			
927_934	shale			
934_937	shale, faint odor			
937_940	black shale			
940_948	shale			
948_949	sandy shale, no oil			
949_953	mostly sand free oil			
953_962	good oil sand			
962_968	black sand, not a lot of oil			
968_1010	shale			
1010_1023	broken sand, some odor			
1023_1032	shale			
	1032: TD			



CONSOLIDATED
Oil Well Services, LLC

PO Box 884, Chanute, KS 68720
620-431-9210 or 800-467-9676

FIELD TICKET & TREATMENT REPORT

CEMENT

AP# 15-205-27949

TICKET NUMBER _____
LOCATION Eureka
FOREMAN Ricky Ledford

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
6-16-11	5405	Morse #11	13	285	15E	Wilson
CUSTOMER <u>Gary Massey - POI 011</u>			TRUCK #	DRIVER	TRUCK #	DRIVER
MAILING ADDRESS <u>1085 180th St.</u>			<u>445</u>	<u>Dave</u>		
CITY <u>Eureka</u>			<u>479</u>	<u>Joey</u>		
STATE <u>KS</u>		ZIP CODE <u>67095</u>				

JOB TYPE Logging HOLE SIZE 5 7/8" HOLE DEPTH 1012' CASING SIZE & WEIGHT _____
CASING DEPTH 1009' DRILL PIPE _____ TUBING 2 7/8" OTHER _____
SLURRY WEIGHT 13.6" SLURRY VOL 27 cu WATER gal/blk 80 CEMENT LEFT IN CASING 0'
DISPLACEMENT 5.8 Bbl DISPLACEMENT PSI 600 ~~PSI~~ 1000 Buy plug RATE _____

REMARKS: Safety meeting - Rig up to 2 7/8" tubing. Break circulation w/ 5 Bbl fresh water. Pump 4 sacks gel-flush. Brought gel to surface w/ pt water. Circum 110 sacks O.W.C cement w/ 1/2" phenosan/sk @ 13.6"/gal. Washout pump + lines. Release 2 plugs. Displace w/ 5.8 Bbl fresh water. Final pump pressure 1000 PSI. Pump plug to 1000 PSI. Closed well in @ 250 PSI. Good cement returns to surface = 6 Bbl slurry to pit. Job complete. Rig down.

"Thank You"

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401	1	PUMP CHARGE	975.00	975.00
5406	20	MILEAGE	4.00	80.00
1126	110 sacks	O.W.C cement	17.90	1969.00
1107A	55"	1/2" phenosan/sk	1.22	67.10
1118A	200"	gel-flush	.20	40.00
5407	5.72	tax mileage bulk tax	n/c	330.00
4402	2	2 7/8" top rubber plugs	28.00	56.00
4127	2	2 7/8" centralizers	40.00	80.00
4152	1	2 7/8" float shoe	147.00	147.00
<u>5% Discount</u> <u><194.104></u>				
<u>3698.09</u>			Subtotal	3744.10
			SALES TAX	148.63
			ESTIMATED TOTAL	3892.73

AUTHORIZATION [Signature] TITLE OWNER DATE 6-16-11

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.