



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: _____



1076346

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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#6-16

PELICAN HILL O&G
NELSON RANCH 616

2211

WC

SE-SW-NW-NE

2203

16 115 21W

TREGO

KS

KB

INTEGRITY

8 5/8 @ 246'
TD 5 1/2

12-7-11

12-15-11

3857

3858

MICRO-COLIENL
DIL/SON/FRAC

3250

CHEM.

3200

TD

3200

TD

3200

TD

kb	formation	samples	samples S.S.	Elog	Elog SS	offset 516 SS	position
2211	Anhydrite	1667	544	1674	537	546	-7
2211	Base	1717	494	1712	499	501	2
2211	Topeka	3252	1041	3254	-1043	-1046	3
2211	Hbnr	3471	-1260	3473	-1262	-1255	-7
2211	Toronto	3491	-1280	3495	-1284	-1274	-10
2211	LKC	3508	-1297	3512	-1301	-1292	-9
2211	BKC	3750	-1539	3750	-1539	-1530	-9
2211	Marmaton	3767	-1556	3766	-1555		
2211	Cong.	3804	-1593	3809	-1598	-1588	-10
2211	Arbuckle	3837	-1626	nde	nde	-1622	-4

CASING RAN 5 1/2" TO TD TO TEST ZONE BEHIND PIPE BASE DON
OFFSET PRODUCTION, LOG RESERVES, SAMPLES AND LOCATE NUMBER
OF THE AREA IT WAS AGREED UPON BY ALL PARTIES INVOLVED TO
RAN PRODUCTION CASING TO TEST ZONE 2HP.

Chris Bell, July 12-15-11



CONSOLIDATED
Oil Well Services, LLC

PO Box 884, Chanute, KS 66720
620-431-9210 or 800-467-8676



FIELD TICKET & TREATMENT REPORT

CEMENT

TICKET NUMBER 33713
LOCATION Oakley
FOREMAN Kelly Gabel

KS

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
12-14-11	6352	Nelson #6-1b	1b	11S	21W	Trego
CUSTOMER Pelican Hill			R: 99 q: 2 w: 10			
MAILING ADDRESS			TRUCK #	DRIVER	TRUCK #	DRIVER
CITY			599	Damon M		
STATE			566	Cody R		
ZIP CODE			526-T127	Deerick G		

JOB TYPE DV-Prod HOLE SIZE 7 1/4 HOLE DEPTH 3858 CASING SIZE & WEIGHT 5 1/2 15.5 #
 CASING DEPTH 3857 DRILL PIPE _____ TUBING _____ OTHER _____
 SLURRY WEIGHT 14.7-11 # SLURRY VOL 1.45-2.3 WATER gal/sk 6.9-12.3 CEMENT LEFT in CASING 21 50
 DISPLACEMENT 9 1/4 DISPLACEMENT PSI _____ MIX PSI _____ RATE _____

REMARKS: Safety meeting. Rigged up on Integrity drilling. Pump 10 bbl KCl water + 500 gal mud flush. mix 175 sks OWC. Wash out pumps + lines. Drop plug & displaced with 40 bbl water 5 1/4 bbl mud. 200 # lift pressure plug landed @ 1400 #. Float held Drop DV Bomb wait 15 min to opened tool @ 1400 #. Circulated 3 hrs. Pumped 20 bbl KCl water + 500 gal mud flush. Mixed 30 sks in Cathole. Mixed 400 sks Lite 1/4 # Flo-seal. Washed pumps & lines. Dropped Plug & displaced plug with 4 1/2 bbl H2O @ 400 # lift. Plug landed at 1600 # approx 15 bbl to pit

*Thank You
Kelly & crew*

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401C	1	PUMP CHARGE	2850.00	2850.00
5406	40	MILEAGE	5.00	200.00
1126	175 sks	OWC	21.45	3752.25
1131	400 sks	60/40 Poz	14.35	5740.00
1118B	2752 #	Bentonite	1.24	660.48
1110A	800 #	Kal-seal	1.53	1026.00
1107	100 #	Flo-seal	2.66	266.00
1144 G	1000 gal	Mud-flush	1.00	1000.00
41159	1	AFU Float shoe 5 1/2	413.00	413.00
41130	10	5 1/2 cent.	58.00	580.00
41103	3	5 1/2 Basket	276.00	828.00
4283	1	DV Tool w/ latchdown	3850.00	3850.00
1142	4	KCl sub	39.10	156.40
5467A	17.2	Ton Mileage delivery	1.58	1087.20
43142	40	5 1/2 reciprocating Scratchers	78.00	3120.00
				25570.00
				2557.01
				23043.01
			SALES TAX	1311.69
			ESTIMATED TOTAL	24324.74

246558

Revin 3737

12:00 AM

AUTHORIZATION *[Signature]*

TITLE _____

DATE 12-14-11

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.