



**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: \_\_\_\_\_



1079229

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				

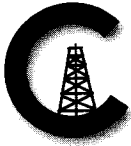
Shots Per Foot	PERFORATION RECORD - Bridge Plugs Set/Type Specify Footage of Each Interval Perforated	Acid, Fracture, Shot, Cement Squeeze Record <i>(Amount and Kind of Material Used)</i>	Depth

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 Bbbs.	Gas Mcf	Water Bbbs.	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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**CONSOLIDATED**  
Oil Well Services, LLC

**REMIT TO**  
Consolidated Oil Well Services, LLC  
Dept. 970  
P.O. Box 4346  
Houston, TX 77210-4346

**MAIN OFFICE**  
P.O. Box 884  
Chanute, KS 66720  
620/431-9210 • 1-800/467-8676  
Fax 620/431-0012

INVOICE

Invoice # 245934

Invoice Date: 11/21/2011 Terms:

Page 1

TRIMBLE & MACLASKEY OIL LLC  
BOX 171  
GRIDLEY KS 66852  
( ) -

*vsu*

BABINGER #3  
33378  
24-21S-10E  
11-16-11  
KS

Part Number	Description	Qty	Unit Price	Total
1126A	THICK SET CEMENT	125.00	18.3000	2287.50
1110A	KOL SEAL (50# BAG)	625.00	.4400	275.00
1107A	PHENOSEAL (M) 40# BAG)	30.00	1.2200	36.60
1103	CAUSTIC SODA	100.00	1.5200	152.00
4159	FLOAT SHOE AFU 5 1/2"	1.00	344.0000	344.00
4104	CEMENT BASKET 5 1/2"	1.00	229.0000	229.00
4130	CENTRALIZER 5 1/2"	6.00	48.0000	288.00
4454	5 1/2" LATCH DOWN PLUG	1.00	254.0000	254.00

Description	Hours	Unit Price	Total
445 CEMENT PUMP	1.00	975.00	975.00
445 EQUIPMENT MILEAGE (ONE WAY)	30.00	4.00	120.00
WASH- WASH OR SWIVEL HEAD	1.00	100.00	100.00
479 MIN. BULK DELIVERY	1.00	330.00	330.00

Parts:	3866.10	Freight:	.00	Tax:	282.23	AR	5673.33
Labor:	.00	Misc:	.00	Total:	5673.33		
Sublt:	.00	Supplies:	.00	Change:	.00		

Signed \_\_\_\_\_

Date \_\_\_\_\_

BARTLESVILLE, OK 918/338-0808    EL DORADO, KS 316/322-7022    EUREKA, KS 620/583-7664    PONCA CITY, OK 580/762-2303    OAKLEY, KS 785/672-2227    OTTAWA, KS 785/242-4044    THAYER, KS 620/839-5269    GILLETTE, WY 307/686-4914



**CONSOLIDATED**  
Oil Well Services, LLC

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



**ENTERED**

TICKET NUMBER 33378

LOCATION Eureka, KS

FOREMAN Shannon Feck

**FIELD TICKET & TREATMENT REPORT**

CEMENT API # 15-111-20439

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
11-16-11	7842	Babinger #3	24	215	10E	Lyon
CUSTOMER			TRUCK #	DRIVER	TRUCK #	DRIVER
Trimble & McClaskey oil LLC			445	Dave		
MAILING ADDRESS			479	Allen B		
110 South St P.O. Box 171						
CITY	STATE	ZIP CODE				
Gridley	KS	66852				

Gulick  
DRLL

JOB TYPE Longstring HOLE SIZE 7 7/8" HOLE DEPTH 2663' CASING SIZE & WEIGHT 5 1/2" @ 17#  
 CASING DEPTH 2660.92 k.o. DRILL PIPE --- TUBING --- OTHER ---  
 SLURRY WEIGHT 13.7 SLURRY VOL 42 Bbl WATER gal/sk 9.0 CEMENT LEFT in CASING NONE  
 DISPLACEMENT 62 1/4 DISPLACEMENT PSI 900 MP PSI bumped plug 1300 RATE 5-5 1/2 Bpm

REMARKS: Tag Bottom. Rig up to 5 1/2 casing with rotating head. Break  
Circulation with 5 Bbl water. Pumped 12 Bbl caustic soda pre flush  
Followed by 5 Bbl water spacer. Mixed 125 SKS Thick set Cement with  
5 # Kol-seal/sk & 1/4" pheno seal/sk @ 13.7#/gal. Shut down wash out  
pump & lines, release 5 1/2" latch down plug & displace with 62 1/4 Bbl  
water. wait two minutes & release pressure, plug & float held good.  
Final pumping pressure of 900 psi, bumped plug to 1300psi. Good  
circulation @ all times during cementing. Job Complete. Ran  
Centralizer on Joints 1, 2, 3, 5, 10, 15 & a basket on Joint # 8  
"Thanks Shannon & crew"

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401	1	PUMP CHARGE	975.00	975.00
5406	30	MILEAGE	4.00	120.00
1126 A	125 SKS	Thick set Cement	18.30	2287.50
1110 A	625 #	Kol-seal @ 5#/sk	.44	275.00
1107 A	30 #	Pheno seal @ 1/4 #/sk	1.22	36.60
1103	100 #	Caustic Soda pre flush (12 Bbl)	1.52	152.00
5407	6.87 Tons	Ton mileage bulk truck	M/C	330.00
4159	1	5 1/2 AFV Float Shop	344.00	344.00
4104	1	5 1/2 cement Basket	229.00	229.00
4130	6	5 1/2 x 7 7/8 Centralizers	48.00	288.00
4454	1	5 1/2 Latch down plug	254.00	254.00
5611	1	Rental on Rotating head	100.00	100.00
		Sub total		5391.10
		7.3% SALES TAX		282.23
		ESTIMATED TOTAL		5673.33

245934

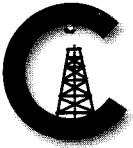
AUTHORIZATION by Russell McCoy

TITLE Consolidated / Rep

DATE 11-16-2011

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

Revin 3737



**CONSOLIDATED**  
Oil Well Services, LLC

**REMIT TO**  
Consolidated Oil Well Services, LLC  
Dept. 970  
P.O. Box 4346  
Houston, TX 77210-4346

**MAIN OFFICE**  
P.O. Box 884  
Chanute, KS 66720  
620/431-9210 • 1-800/467-8676  
Fax 620/431-0012

INVOICE

Invoice # 245794

Invoice Date: 11/15/2011 Terms:

Page 1

TRIMBLE & MACLASKEY OIL LLC  
BOX 171  
GRIDLEY KS 66852  
( ) -

*✓ SW*

BABINGER #3  
33405  
24-21S-10E  
11-12-11  
KS

Part Number	Description	Qty	Unit Price	Total
1104S	CLASS "A" CEMENT (SALE)	90.00	14.2500	1282.50
1102	CALCIUM CHLORIDE (50#)	270.00	.7000	189.00
1118B	PREMIUM GEL / BENTONITE	170.00	.2000	34.00
1107	FLO-SEAL (25#)	23.00	2.2200	51.06
Description		Hours	Unit Price	Total
485	CEMENT PUMP (SURFACE)	1.00	775.00	775.00
485	EQUIPMENT MILEAGE (ONE WAY)	35.00	4.00	140.00
611	MIN. BULK DELIVERY	1.00	330.00	330.00

Parts: 1556.56 Freight: .00 Tax: 113.63 AR 2915.19  
Labor: .00 Misc: .00 Total: 2915.19  
Sublt: .00 Supplies: .00 Change: .00

Signed \_\_\_\_\_

Date \_\_\_\_\_

BARTLESVILLE, OK  
918/338-0808

EL DORADO, KS  
316/322-7022

EUREKA, KS  
620/583-7664

PONCA CITY, OK  
580/762-2303

OAKLEY, KS  
785/672-2227

OTTAWA, KS  
785/242-4044

THAYER, KS  
620/839-5269

GILLETTE, WY  
307/686-4914



**CONSOLIDATED**  
Oil Well Services, LLC

**ENTERED**

TICKET NUMBER 33405

LOCATION Eureka

FOREMAN Steve Mead

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

**FIELD TICKET & TREATMENT REPORT**

**CEMENT APT 15-111-20439**

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
11-12-11	7842	Babinger #3	24	21S	106	Leon
CUSTOMER <u>Trimble &amp; MacLuskey Oil LLC</u>			TRUCK #			
MAILING ADDRESS <u>110 South St. P.O. Box 171</u>			DRIVER			
CITY <u>Gridley</u>			TRUCK #			
STATE <u>Ks</u>			DRIVER			
ZIP CODE <u>66852</u>			TRUCK #			
			DRIVER			

JOB TYPE Surface O HOLE SIZE 12 1/4 HOLE DEPTH 126' CASING SIZE & WEIGHT 8 3/4  
 CASING DEPTH 125' DRILL PIPE \_\_\_\_\_ TUBING \_\_\_\_\_ OTHER \_\_\_\_\_  
 SLURRY WEIGHT 14.5# SLURRY VOL \_\_\_\_\_ WATER gal/sk \_\_\_\_\_ CEMENT LEFT in CASING 15'  
 DISPLACEMENT 7 bbls DISPLACEMENT PSI \_\_\_\_\_ MIX PSI \_\_\_\_\_ RATE \_\_\_\_\_

REMARKS: Safety Meeting: Rig up to 8 3/4 casing. Break circulation with 5 bbls fresh water. Mix 90 sks Class A cement w/ 3% caclz, 2% gel & 3/4" flo-cel per/sk. Displace with 7 bbls fresh water. Shut casing in. Good cement returns to surface. 5 bbl slurry. Job complete. Rig down.

*Thank you*

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5405	1	PUMP CHARGE	775.00	775.00
5406	35	MILEAGE	4.00	140.00
11045	90 sks	Class A Cement	14.33	1282.50
1102	270 #	Caclz 3%	.70	189.00
1118B	170 #	Gel 2%	.20	34.00
1107	23 #	Flo-Cel 3/4" per/sk	2.22	51.06
5407		1000 Mileage Bulk Truck	m/c	330.00
			<b>Subtotal</b>	<b>2861.56</b>
			SALES TAX <u>7.3%</u>	<b>113.63</b>
			ESTIMATED TOTAL	<b>2915.19</b>

Flavin 3737

2457924

AUTHORIZATION M Mead

TITLE Tool Pusher

DATE 11-12-11

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.