



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: _____



1079235

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				

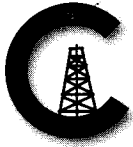
Shots Per Foot	PERFORATION RECORD - Bridge Plugs Set/Type Specify Footage of Each Interval Perforated	Acid, Fracture, Shot, Cement Squeeze Record <i>(Amount and Kind of Material Used)</i>	Depth

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

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 # 246248

Invoice Date: 11/30/2011 Terms:

Page 1

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

ROSSILLION #4
33384
24-21S-10E
11-30-11
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
667 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

ENTERED

TICKET NUMBER 33384
LOCATION Eureka, KS
FOREMAN Shannon Feck

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

FIELD TICKET & TREATMENT REPORT

CEMENT API # 15-111-20443

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
11-30-11	7842	Rossillon #4	24	215	10E	Lyon
CUSTOMER Trimble + MacClaskey oil LLC			Gulick DRLG			
MAILING ADDRESS 110 South St P.O. Box 171						
CITY Gridley	STATE KS	ZIP CODE 66852				
TRUCK # DRIVER TRUCK # DRIVER						
			445	John S		
			667	Allen B		

JOB TYPE Longstring HOLE SIZE 7 7/8" HOLE DEPTH 2660' CASING SIZE & WEIGHT 5 1/2" @
 CASING DEPTH 2662.63 KB DRILL PIPE _____ TUBING _____ OTHER _____
 SLURRY WEIGHT 13.7 # SLURRY VOL 42 Bbl WATER gal/sk 9.0 CEMENT LEFT in CASING None
 DISPLACEMENT 62 1/2 Bbl DISPLACEMENT PSI 900 Bumped plug to 1300 RATE 5 BPM

REMARKS: Rig up to 5 1/2 Casing with rotating head, Break circulation with 5 Bbl water. Mixed 12 Bbl Caustic Soda pre flush, followed by a 5 Bbl water spacer. Mixed 125 SKS Thickset Cement with 5# Kol-seal/sk + 1/4# Phenoseal/sk @ 13.7#/gal. Shut down wash out pump & lines, and release 5 1/2" Latch down plug and displace with 62 1/2 Bbl water. Good circulation @ all times. Final pumping pressure of 900 psi, bumped plug to 1300psi. Wait two minutes + release pressure. Plug & float held good. Job Complete. Ran Centralizers on 1, 2, 3, 5, 10, + 15 with a Basket on # 8.

!! Thanks Shannon + crew !!

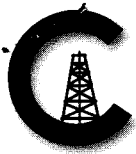
ACCOUNT CODE	QUANTITY of UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401	1	PUMP CHARGE	975.00	975.00
5406	30	MILEAGE	4.00	120.00
1126 A	125 SKS	Thick set cement	18.30	2287.50
1110 A	625#	Kol-seal @ 5#/sk	.44	275.00
1107 A	30#	Phenoseal @ 1/4#/sk	1.22	36.60
1103	100#	Caustic Soda pre flush (12 Bbl)	1.52	152.00
5407	6.87 Tons	Ton mileage bulk truck	M/C	330.00
4159	1	5 1/2 AFU Float Shoe	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

Ravin 3737

046048

AUTHORIZATION Ken MC 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



CONSOLIDATED
Oil Well Services, LLC

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

pd 12/8
5448

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

INVOICE

Invoice # 246105

Invoice Date: 11/28/2011 Terms:

Page 1

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

ROSSILLION #4
33357
24-21S-10E
11-21-11
KS

Part Number	Description	Qty	Unit Price	Total
1104S	CLASS "A" CEMENT (SALE)	90.00	14.2500	1282.50
1102	CALCIUM CHLORIDE (50#)	255.00	.7000	178.50
1118B	PREMIUM GEL / BENTONITE	170.00	.2000	34.00
1107	FLO-SEAL (25#)	22.00	2.2200	48.84
Description		Hours	Unit Price	Total
479	MIN. BULK DELIVERY	1.00	330.00	330.00
520	CEMENT PUMP (SURFACE)	1.00	775.00	775.00
520	EQUIPMENT MILEAGE (ONE WAY)	30.00	4.00	120.00

Parts:	1543.84	Freight:	.00	Tax:	112.70	AR	2881.54
Labor:	.00	Misc:	.00	Total:	2881.54		
Sublt:	.00	Supplies:	.00	Change:	.00		

Signed _____ Date _____



CONSOLIDATED
Oil Well Services, LLC



ENTERED

TICKET NUMBER 33357
LOCATION Forex
FOREMAN Rick Ledford

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

FIELD TICKET & TREATMENT REPORT

CEMENT

API# 15-111-20443

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
11/21/11	7842	Rossillon # 4	24	215	10E	Lyon
CUSTOMER <u>Trumble McCloskey Oil LLC</u>			Culbert drls			
MAILING ADDRESS <u>Box 171</u>						
CITY <u>Gridley</u>	STATE <u>Ks</u>	ZIP CODE <u>666852</u>	TRUCK #	DRIVER	TRUCK #	DRIVER
			<u>520</u>	<u>John</u>		
			<u>479</u>	<u>Chris M</u>		

JOB TYPE surface 0 HOLE SIZE 12 1/4" HOLE DEPTH 126' CASING SIZE & WEIGHT 8 5/8"
CASING DEPTH _____ DRILL PIPE _____ TUBING _____ OTHER _____
SLURRY WEIGHT 15* SLURRY VOL 22 Bbl WATER gal/sk 6.5 CEMENT LEFT in CASING 20'
DISPLACEMENT 6 3/4 Bbl DISPLACEMENT PSI _____ MIX PSI _____ RATE _____

REMARKS: Safety meeting- Rig up to 8 5/8" casing. Break circulation w/ 5 Bbl fresh water. Mixed 90 sacks class A cement w/ 3% cacl2, 22 gal + 1/4" flocculant @ 15*/gal. Displace w/ 6 3/4 Bbl fresh water. Shut casing in w/ good cement returns to surface = 7 Bbl slurry to pit. Job complete Rig down.

"Thank You"

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
54015	1	PUMP CHARGE	775.00	775.00
5406	30	MILEAGE	4.00	120.00
11043	90 sacks	class A cement	14.25	1282.50
1102	255*	3% cacl2	.70	178.50
11188	170*	22 gal	.20	34.00
1107	22*	1/4" flocculant	2.22	48.84
5407	4.23	tax mileage bux tax	m/c	330.00
			Subtotal	2768.84
			7.3% SALES TAX	112.10
			ESTIMATED TOTAL	2881.54

Ravin 3737

AUTHORIZATION Harc

TITLE 2046105

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.