



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: _____



1079237

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				

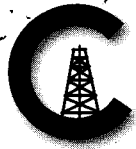
Shots Per Foot	PERFORATION RECORD - Bridge Plugs Set/Type Specify Footage of Each Interval Perforated	Acid, Fracture, Shot, Cement Squeeze Record <i>(Amount and Kind of Material Used)</i>	Depth

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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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 # 246375

Invoice Date: 12/09/2011 Terms:

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

ROSSILLION #5
33466
24-21S-10E
12-04-11
KS

Part Number	Description	Qty	Unit Price	Total
1126A	THICK SET CEMENT	125.00	19.2000	2400.00
1110A	KOL SEAL (50# BAG)	625.00	.4600	287.50
1107A	PHENOSEAL (M) 40# BAG)	30.00	1.2900	38.70
1103	CAUSTIC SODA	100.00	1.6100	161.00
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	1030.00	1030.00
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	350.00	350.00

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Parts: 4002.20 Freight: .00 Tax: 292.16 AR 5894.36
Labor: .00 Misc: .00 Total: 5894.36
Sublt: .00 Supplies: .00 Change: .00
=====

Signed _____ Date _____



CONSOLIDATED
Oil Well Services, LLC



ENTERED

TICKET NUMBER 33466

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 #

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
12-4-11	7842	Rossillon #5	24	215	10E	Lyon
CUSTOMER Trimble MacLasky Oil LLC			Gulick DRL6			
MAILING ADDRESS P.O. Box 171						
CITY Gridley	STATE KS	ZIP CODE 66852				
TRUCK #						
			445	Dave G		
			667	Allen B		
			Extra Hand	Chris B.		

JOB TYPE Long String HOLE SIZE 7 7/8" HOLE DEPTH 2675" CASING SIZE & WEIGHT 5 1/2 @ 17#
 CASING DEPTH 2675.86 DRILL PIPE _____ TUBING _____ OTHER _____
 SLURRY WEIGHT 13.7 # SLURRY VOL 42 Bbl WATER gal/sk 9.0 CEMENT LEFT in CASING NONE
 DISPLACEMENT 63 1/4 DISPLACEMENT PSI 900 ^{Bump Plug} 1300 RATE 5BPM

REMARKS: Rig up to 5 1/2 casing with rotating head, Break Circulation with 5 Bbl water. Mixed 12 Bbl Caustic soda pre flush. 5 Bbl water spacer. Mixed 125 SKS Thickset Cement with 5 # Kolseal/sk & 1/4 # Phenoseal/sk @ 13.7 #/gal. Shut down wash out pump & lines & displace with 63 1/4 Bbl. Final pumping pressure of 900psi, bumped plug to 1300psi, Good circulation @ all times. Wait two minutes & release pressure. Float & Plug held good. Job complete. Ran centralizers on 1, 2, 3, 5, 10 & 15. & Ran a basket on # 8.

"Thanks Shannon & Crew"

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401	1	PUMP CHARGE	1030.00	1030.00
5406	30	MILEAGE	4.00	120.00
1126 A	125 SKS	Thickset Cement	19.20	2400.00
1110 A	625 #	Kol-seal @ 5#/SK	.46	287.50
1107 A	30 #	Phenoseal @ 1/4#/SK	1.29	38.70
1103	100 #	Caustic Soda pre Flush (12 Bbl)	1.61	161.00
5407	6.87 Tons	Ton mileage bulk truck	M/C	350.00
4159	1	5 1/2 AFV 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		5602.20
		7.3% SALES TAX		408.16
		ESTIMATED TOTAL		6010.36

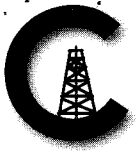
Ravin 3737

AUTHORIZATION _____

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

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

INVOICE

Invoice # 246335

Invoice Date: 12/09/2011 Terms:

Page 1

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

ROSSILLION #5
33446
24-21S-10E
12-01-11
KS

Part Number	Description	Qty	Unit Price	Total
1104S	CLASS "A" CEMENT (SALE)	90.00	14.9500	1345.50
1102	CALCIUM CHLORIDE (50#)	255.00	.7400	188.70
1118B	PREMIUM GEL / BENTONITE	170.00	.2100	35.70
1107	FLO-SEAL (25#)	22.00	2.3500	51.70
Description		Hours	Unit Price	Total
479	MIN. BULK DELIVERY	1.00	350.00	350.00
485	CEMENT PUMP (SURFACE)	1.00	825.00	825.00
485	EQUIPMENT MILEAGE (ONE WAY)	30.00	4.00	120.00

=====
Parts: 1621.60 Freight: .00 Tax: 118.38 AR 3034.98
Labor: .00 Misc: .00 Total: 3034.98
Sublt: .00 Supplies: .00 Change: .00
=====

Signed _____ Date _____



CONSOLIDATED
Oil Well Services, LLC

ENTERED

TICKET NUMBER 33446

LOCATION Eureka

FOREMAN Steve Mac

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
12-1-11	17842	Rossillon #5	24	215	10E	Leon
CUSTOMER Trimble MacLuskey Oil LLC						
MAILING ADDRESS Box 171						
CITY Gridley		STATE Ks	ZIP CODE 66852			
			TRUCK #	DRIVER	TRUCK #	DRIVER
			485	Alan M.		
			479	Merle		

JOB TYPE Surface 0 HOLE SIZE 12 1/4 HOLE DEPTH 126' CASING SIZE & WEIGHT 5 3/8
 CASING DEPTH 114' DRILL PIPE _____ TUBING _____ OTHER _____
 SLURRY WEIGHT 14.6# SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT in CASING 25'
 DISPLACEMENT 6 3/4 bbls DISPLACEMENT PSI _____ MIX PSI _____ RATE _____

REMARKS: Safety Meeting. Rig up to 8 3/8 casing. Break circulation w/ 5 bbls Freshwater. Mix 90sk Class A Cement w/ 3% Cacl2, 2% Gel & 1/2" Flo-Gel per/sk At 14.6#. Displace with 6 3/4 bbls Fresh Water shut well in. Good Cement Returns to surface. 6 bbls 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	825.00	825.00
5406	30	MILEAGE	4.00	120.00
11045	90sk	Class A Cement	14.95	1345.50
1102	255#	Cacl2 3%	.74	188.70
1118B	170#	Gel 2%	.21	35.70
1107	22#	1/2" Flo-Gel per/sk	2.35	51.70
5407	4.23	Ten mileage Bulk Truck	mic	350.00
			Sub Total	2916.60
			SALES TAX 2.3%	118.38
			ESTIMATED TOTAL	3034.98

Ravin 3737

AUTHORIZATION [Signature]

TITLE Driller

DATE 12-1-11

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.