



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: _____



1079774

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)</i> <input type="checkbox"/> Other <i>(Specify)</i> _____ <input type="checkbox"/> Other <i>(Specify)</i> _____	PRODUCTION INTERVAL: _____ _____
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Lease Name: Morse	Spud Date: 4-10-2012	Surface Pipe Size: 7"	Depth: 21'	TD:1023
Operator: Gary Massey	Well # 14	Bit Diameter: 5 7/8"		
Footage taken	Sample type			
0_3	soil			
3_10	clay			
10_19	clay and gravel			
19_32	shale			
32_35	lime			
35_38	shale			
38_48	lime			
48_145	shale			
145_154	lime			
154_227	shale			
227_239	lime			
239_247	shale			
247_348	lime			
348_353	shale			
353_380	lime			
380_385	shale			
385_389	lime			
389_396	shale			
396_412	lime			
412_420	shale			
420_468	lime			
468_541	shale			
541_558	lime			
558_611	shale			
611_614	lime			
614_660	shale			
660_663	lime			
663_668	shale			
668_689	lime			
689_740	soft lime			
740_747	black shale			
747_753	lime			
753_835	shale			
835_837	lime			
837_839	black shale			
839_847	sandy shale			
847_900	shale			
900_909	sand oil			
909_912	dark sandy shale			
912_916	dark shale			
916_924	shale			
924_927	black shale			
927_933	dark shale some odor			
933_936	shale lighter			
936_942	free oil			
942_945	broken sand oil			
945_953	good oil			
953_957	darker sand oil			
957_962	sandy shale			
962_1023	shale			
	1023:TD			



CONSOLIDATED
Oil Well Services, LLC

ENTITLED

TICKET NUMBER 30401
LOCATION Eureka
FOREMAN Rick Leaford

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
4-11-12	5405	Morse # 14				Wilson
CUSTOMER Gary Massey - POI Oil			TRUCK #	DRIVER	TRUCK #	DRIVER
MAILING ADDRESS 1085 180 th St.			520	John		
CITY Eureka			515	Calin		
STATE KS			637	Chris B.		
ZIP CODE 67045						

JOB TYPE L/S 0 HOLE SIZE 5 7/8" HOLE DEPTH _____ CASING SIZE & WEIGHT _____
 CASING DEPTH 1013' DRILL PIPE _____ TUBING 2 7/8" OTHER _____
 SLURRY WEIGHT 136* SLURRY VOL 30 bbl WATER gal/sk 8.0 CEMENT LEFT in CASING 0'
 DISPLACEMENT 5.9 DISPLACEMENT PSI 700 RRK PSI 1100 Sup plus RATE _____

REMARKS: Safety meeting - Rig up to 2 7/8" tubing. Break circulation w/ 3 bbl fresh water. Pump 4 sks gel-flush, circulated gel to surface w/ pit water. Mixed 110 sks O.W.C cement w/ 1/2" phenoxal /sk @ 13.6*/gal. Washout pump + hoses, shut down, release latch down plug. Displace w/ 5.9 bbl fresh water. Final pump pressure 700 PSI. Pump plug to 110 PSI. release pressure, float + plug held. Good cement returns to surface = 5 bbl slurry to pit. Closed well in @ 0 PSI. Job complete. Rig down.

Note: Ran wireline tagged float shoe @ 1013'

Thank You

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401	1	PUMP CHARGE	1030.00	1030.00
5406	20	MILEAGE	4.00	80.00
1126	110 sks	O.W.C cement	18.80	2068.00
1187A	55"	1/2" phenoxal /sk	1.29	70.95
1118B	200*	gel-flush	.21	42.00
5407	5.72	ten mileage bulk tax	50/c	350.00
5502C	3 hrs	80 bbl vac. TRK	90.00	270.00
1123	3600 gals	city water	14.50/1000	49.50
<div style="border: 1px solid black; border-radius: 50%; padding: 10px; display: inline-block;"> 5% Discount <205.05> 3795.90 </div>				
			Subtotal	3960.95
			SALES TAX	140.52
			ESTIMATED TOTAL	4100.97

Ravin 3737

249005
TITLE Owner

AUTHORIZATION [Signature]

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