



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: _____



1081442

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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Rauch Farm: Franklin County
KS State: Well No. 6
 Elevation _____
 Commercial Spuding 9-28 20 11
 Finished Drilling 9-30 20 11
 Driller's Name Scott Kirkland
 Driller's Name Winton Town
 Driller's Name _____
 Tool Dresser's Name C. Ache Shay
 Tool Dresser's Name Clynton Turner
 Tool Dresser's Name _____
 Contractor's Name Town Oil Co
13 13 20
 (Section) (Township) (Range)
 Distance from _____ line _____ ft.
 Distance from _____ line _____ ft.

CASING AND TUBING RECORD

10" Set _____ 10" Pulled _____
 8" Set 20'-35' 1/2" 8" Pulled _____
 6 1/2" Set _____ 6 1/2" Pulled _____
 4" Set 760'-4 1/2" Pulled _____
 2" Set _____ 2" Pulled _____

CASING AND TUBING MEASUREMENTS

Feet	In	Feet	In	Feet	In

374

Rauch #6

Thickness of Strata	Formation	Total Depth	Remarks
6	soil & clay	6	
7	Lime	13	
3	shale	16	
9	Lime	25	
7	Shale	32	
26	Lime	58	
24	shale	82	
15	Sand	97	grey, no show
30	Lime	127	
80	Shale	207	
23	Lima	230	
6	shale	236	green, no show
15	shale	251	grey
16	Limestrills	267	
21	Shale	288	green
16	Lime	304	Drum
9	shale	313	
31	Lime	344	Barthony Falls
8	shale & slate	352	
19	Lime	371	Winterset
4	shale & slate	375	
4	Lime	379	K.C.
2	shale & slate	381	
6	Lime	387	Hartley
147	shale & slate	534	
8	shale & shells	542	
12	Lime	554	

357
298
655

Rauch #6

554

Thickness of Strata	Formation	Total Depth	Remarks
4	shale	558	
4	Lime	562	
18	shale	580	
3	Sand	583	gray / no show
4	Shale	587	
13	Sand	600	gray / no show
8	shale	608	
3	Lime	611	
12	shale	623	
3	Lime	626	
11	shale & slate	637	
3	Lime	640	
18	shale	658	
4	Lime	655	
7	shale	662	
3	sand oil	665	Broken slight odor & bleed
40	sandy shale	705	gray no show
5	sand	710	Broken ok show & odor
8	sandy shale	718	
7	sand	725	Broken good odor & show
45	sandy shale	770	T.D.



CONSOLIDATED
Oil Well Services, LLC

TICKET NUMBER 32887

LOCATION Ottawa KS

FOREMAN Fred Maden

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
9/30/11	1564	Rauch # 6	SW 12	18	20	FR
CUSTOMER						
MAILING ADDRESS						
CITY			TRUCK #	DRIVER	TRUCK #	DRIVER
STATE			506	FREMAD	Safety	MK
ZIP CODE			495	CASKEN	CKO	J
CITY			558	KEIDET	KD	
STATE						
ZIP CODE						
CITY						
STATE						
ZIP CODE						
CITY						

JOB TYPE Long string HOLE SIZE 6 3/4 HOLE DEPTH 770 CASING SIZE & WEIGHT 4 1/2
 CASING DEPTH 760 DRILL PIPE _____ TUBING _____ OTHER _____
 SLURRY WEIGHT _____ SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT in CASING 4" Plug
 DISPLACEMENT 12.06 DISPLACEMENT PSI _____ MIX PSI _____ RATE 5 BPM

REMARKS: Establish rate. Mix + Pump 100# Premium Gel Flush. Mix + Pump 8.5 BBL Teal dye, Mix + Pump 50/50 Por Mix Cement 270 Gal 1/2 # Phenoseal/sk. Flush pump + lines clean. Displace 1/2" Rubber plug to casing TD w/ 12.06 BBL Fresh water. Pressure to 700# PSI. Release pressure to set float valve. Chuck plug depth w/ wire line. Circulated 4 BBL Slurry to pit.

Rig water. Town Oil Co. *Fred Maden*

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401	1	PUMP CHARGE		975 ⁰⁰
5406	15 mi	MILEAGE		60 ⁰⁰
5402	760'	Casing footage		N/C
5407	Minimum	Ton Miles		330 ⁰⁰
1124	106 SKS	50/50 Por Mix Cement		1107 ²⁰
118B	385#	Premium Gel		77 ⁰⁰
1107A	53#	Pheno Seal		64 ⁶⁶
4404	1	4 1/2" Rubber Plug		42 ⁰⁰
<i>244733</i>				
		7.8%	SALES TAX	100 ⁷³
			ESTIMATED TOTAL	2757 ⁰⁹

AUTHORIZATION *[Signature]* 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.