



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: _____



1084231

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
---	---

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
-----------------------------------	-----------	---------	-------------	---------------	---------

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: _____ _____
---	---	--

Query Farm: Linn County

KS State; Well No. Q-11

Elevation 809

Commenced Spuding Dec 29 20 11

Finished Drilling Dec 30 20 11

Driller's Name Wesley Dollard

Driller's Name Chad Weaver

Driller's Name

Tool Dresser's Name Lance Town

Tool Dresser's Name Steven Scott

Tool Dresser's Name

Contractor's Name TOS

35 19 24

(Section) (Township) (Range)

Distance from S line, 1820 ft.

Distance from E line, 3335 ft.

4 hrs

CASING AND TUBING

RECORD

2 sacks

10" Set _____ 10" Pulled _____

8" Set _____ 8" Pulled _____

7 1/2" Set 21 6 1/2" Pulled _____

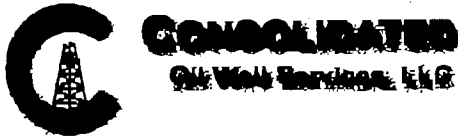
4" Set _____ 4" Pulled _____

2" Set _____ 2" Pulled _____

CASING AND TUBING MEASUREMENTS

Table with 6 columns: Feet, In., Feet, In., Feet, In. Handwritten data: 218, FLOAT, 2 7/8.

Thickness of Strata	Formation	Total Depth	Remarks
0-24	Soil-clay	24	
22	Shale-clay?	46	water - some gravel
5	Lime	51	
5	Shale	56	
9	Lime	65	
11	Shale	76	
7	Lime	83	
14	Shale	97	
5	Lime	102	
7	Shale	109	
3	Lime	112	
6	Shale	118	
23	Lime	141	
34	Shale	175	
1	Lime	176	
3	Shale	179	
5	Sand	184	shaly - no Oil
8	Sand	193	solid Oil
57	Shale	250	
9	sandy lime	259	TD



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 • 1-800/487-8676
 Fax 620/431-0012

INVOICE

Invoice # **246842**

Invoice Date: 12/31/2011 Terms: 0/0/30,n/30

Page **1**

TOWN OILFIELD SERVICES
 P.O. BOX 339
 LOUISBURG KS 66053-0339
 (913) 837-8400

QUERY 11
 36776
 SW 35 19 24 LN
 12/30/11
 KS

Part Number	Description	Qty	Unit Price	Total
1124	50/50 POZ CEMENT MIX	45.00	10.9500	492.75
1118B	PREMIUM GEL / BENTONITE	126.00	.2100	26.46
4402	2 1/2" RUBBER PLUG	1.00	28.0000	28.00
Description		Hours	Unit Price	Total
369	80 BBL VACUUM TRUCK (CEMENT)	1.50	90.00	135.00
495	CEMENT PUMP	1.00	1030.00	1030.00
495	EQUIPMENT MILEAGE (ONE WAY)	.00	4.00	.00
495	CASING FOOTAGE	219.00	.00	.00
510	TON MILEAGE DELIVERY	122.85	1.26	154.79

Parts:	547.21	Freight:	.00	Tax:	34.47	AR	1901.47
Labor:	.00	Misc:	.00	Total:	1901.47		
Sublt:	.00	Supplies:	.00	Change:	.00		

Signed _____

Date _____

BARTLESVILLE, OK
818/338-0808

EL DORADO, KS
315/322-7022

EUREKA, KS
620/683-7884

PONCA CITY, OK
580/762-2303

OAKLEY, KS
785/872-2227

OTTAWA, KS
785/242-4044

THAYER, KS
620/839-5289

GILLETTE, WY
307/688-4814



CONSOLIDATED
Oil Well Services, LLC

TICKET NUMBER 36776

LOCATION Ottawa, KS

FOREMAN Fred Maden

PO Box 884, Chanute, KS 65720
620-431-9210 or 800-467-8676

FIELD TICKET & TREATMENT REPORT CEMENT

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
12/30/11	7984	Quarry # 11	S4335	T17	R24	LN
CUSTOMER	TOWN OIL Field Services		TRUCK#	DRIVER	TRUCK#	DRIVER
MAILING ADDRESS	P.O. Box 339		506	FREMAN	Safety	
CITY	STATE	ZIP CODE	495	HARBEC	HJB	
Louisburg	KS	66053	369	DEE RAS	DM	
			510	KELCAR	KC	

JOB TYPE Long string HOLE SIZE 5 7/8" HOLE DEPTH 355' CASING SIZE & WEIGHT 2 7/8 EUE
 CASING DEPTH 219' DRILL PIPE _____ TUBING _____ OTHER _____
 SLURRY WEIGHT _____ SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT IN CASING 2 1/2" Plug
 DISPLACEMENT 127 BB DISPLACEMENT PSI _____ MIX PSI _____ RATE 4 BPM

REMARKS: Establish circulation. Mkt Pump 50' Premium Col Flush.
Circulate from pit. Mkt Pump 45 SKS 50/50 Por Mix
Cement 270 gal. Cement to surface. Flush pump 4 times
clean. Displace 2 1/2" Rubber plug to casing TD w/ 127 BB
Fresh water. Pressure to 600 PSI. Release pressure to
set float valve. Shut in casing.

Fred Maden

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401	1	PUMP CHARGE	1030.00	1030.00
5406	0-	MILEAGE		0.00
5402	219'	Casing Footage		121.00
5407A	122.85	TON Miles	510	154.72
5502C	1 1/2 hrs	80 BBL Vac Truck	369	135.00
1124	45 SKS	50/50 Por Mix Cement		492.75
118B	126#	Premium Col		26.46
4402	1	2 1/2" Rubber Plug		28.00
<i>2/16/12</i>			6.3%	SALES TAX
				34.27
			ESTIMATED TOTAL	1901.47

RAVIN 2727 AUTHORIZATION Stephen Souta 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.