



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: _____



1087245

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 <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 # 250403

Invoice Date: 06/12/2012 Terms: 0/0/30,n/30

Page 1

SCOTT'S WELL SERVICE, INC.
P.O. BOX 136
ROXBURY KS 67476
(785)254-7828

SWISHER #7
34680
8-16S-1W
06-02-12
KS

Part Number	Description	Qty	Unit Price	Total
1126A	THICK SET CEMENT	75.00	19.2000	1440.00
1110A	KOL SEAL (50# BAG)	375.00	.4600	172.50
1107A	PHENOSEAL (M) 40# BAG)	75.00	1.2900	96.75
4104	CEMENT BASKET 5 1/2"	1.00	229.0000	229.00
4130	CENTRALIZER 5 1/2"	4.00	48.0000	192.00
4255	TYPE B BASKET SHOE 5 1/2	1.00	1320.0000	1320.00
4406	5 1/2" RUBBER PLUG	1.00	70.0000	70.00

Description	Hours	Unit Price	Total
520 CEMENT PUMP	1.00	1030.00	1030.00
520 EQUIPMENT MILEAGE (ONE WAY)	80.00	4.00	320.00
611 TON MILEAGE DELIVERY	330.40	1.34	442.74

Parts: 3520.25 Freight: .00 Tax: 256.98 AR 5569.97
 Labor: .00 Misc: .00 Total: 5569.97
 Sublt: .00 Supplies: .00 Change: .00

Signed Pd 6-14-12 ck# 7198 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 34680

LOCATION Fucyga

FOREMAN Rick Ledford

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

FIELD TICKET & TREATMENT REPORT

CEMENT

API # 15-169-20336

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY																
6-2-12	7922	Swisher #7	8	16S	1W	Saline																
CUSTOMER Scotts Production LLC			<table border="1"> <thead> <tr> <th>TRUCK #</th> <th>DRIVER</th> <th>TRUCK #</th> <th>DRIVER</th> </tr> </thead> <tbody> <tr> <td>520</td> <td>Allen B.</td> <td></td> <td></td> </tr> <tr> <td>611</td> <td>Chris M.</td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>				TRUCK #	DRIVER	TRUCK #	DRIVER	520	Allen B.			611	Chris M.						
TRUCK #	DRIVER	TRUCK #					DRIVER															
520	Allen B.																					
611	Chris M.																					
MAILING ADDRESS P.O. Box 136																						
CITY Roxbury	STATE KS	ZIP CODE 67476																				
C+G Oris Rig #2																						

JOB TYPE L/S 0 HOLE SIZE 7 7/8" HOLE DEPTH 2649' CASING SIZE & WEIGHT 5 1/2" 15.5# new
 CASING DEPTH 2643' DRILL PIPE _____ TUBING _____ OTHER _____
 SLURRY WEIGHT 13.6# SLURRY VOL 24 Bbl WATER gal/sk 9.0 CEMENT LEFT in CASING 2.5
 DISPLACEMENT 62.5 Bbl DISPLACEMENT PSI 600 ~~PSI 1000~~ Bump plug RATE 5 BPM

REMARKS: Safety meeting - Rig up to 5 1/2" casing. Set basket shoe @ 900 PSI. Pump 15 Bbl fresh water ahead. Mixed 75 sks thickset cement w/ 5" Kat-seal /sk + 1" phenaseal /sk @ 13.6# /gal. yield 1.75. shut down, washout pump + lines, release 5 1/2" rubber plug. Displace w/ 62.5 Bbl fresh water. Final pump pressure 600 PSI. Bump plug to 1000 PSI. wait 2 mins. release pressure, float + plug held. Good circulation @ all times while cementing. Job complete. Rig down.

Note: Welded basket shoe to 1st joint centralizers on #1, 4, 7, 10 basket on jt #2 "THANK YOU"

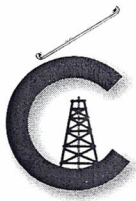
ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401	1	PUMP CHARGE	1030.00	1030.00
5406	80	MILEAGE	4.00	320.00
1126A	75 sks	thickset cement	19.20	1440.00
1110A	375#	5" Kat-seal /sk	.46	172.50
1107A	75#	1" phenaseal /sk	1.29	96.75
5407A	4.13	ton mileage bulk trk	1.34	442.74
4104	1	5 1/2" cement basket	229.00	229.00
4130	4	5 1/2" x 7 7/8" centralizers	48.00	192.00
4255	1	5 1/2" Type B basket shoe w/ float	1320.00	1320.00
4406	1	5 1/2" top rubber plug	70.00	70.00
			subtotal	5312.99
			7.3% SALES TAX	256.98
			ESTIMATED TOTAL	5569.97

Ravin 3737

250403

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.



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 # 250853

Invoice Date: 06/27/2012 Terms: 0/0/30,n/30 Page 1

SCOTT'S WELL SERVICE, INC.
P.O. BOX 136
ROXBURY KS 67476
(785) 254-7828

SWISHER #7
34862
8-16S-1W
06-25-12
KS

Part Number	Description	Qty	Unit Price	Total
3107	15% HCL	250.00	2.1000	525.00
3122	AMMONIUM BIFLORIDE (CRYS	50.00	3.7000	185.00
3134	SURFACE TENSION REDUCER	1.00	36.0000	36.00
3166	ACID INHIBITOR	1.00	50.0000	50.00
3171	IRON CONTROL	1.00	40.0000	40.00
3175	NON-IONIC NON EMUL	1.00	33.0000	33.00
	Description	Hours	Unit Price	Total
443	ACID PUMP CHARGE (1500 GALLON)	1.00	840.00	840.00
443	ACID EQUIPMENT MILEAGE	80.00	4.00	320.00

Parts: 869.00 Freight: .00 Tax: .00 AR 2029.00
Labor: .00 Misc: .00 Total: 2029.00
Sublt: .00 Supplies: .00 Change: .00

Signed Pd 7-2-12 ck# 7222 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

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
6-25-12	7922	Swisher # 7	8	16 S	1 W	Saline
CUSTOMER			TRUCK #	DRIVER	TRUCK #	DRIVER
Scotts Production LLC			443	Chris M		
MAILING ADDRESS						
P.O. Box 136						
CITY	STATE	ZIP CODE				
Roxbury	Ks	67476				

JOB TYPE acid HOLE SIZE _____ HOLE DEPTH 2649' CASING SIZE & WEIGHT 5 1/2"
 CASING DEPTH 2643' DRILL PIPE _____ TUBING _____ OTHER open hole
 SLURRY WEIGHT _____ SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT in CASING _____
 DISPLACEMENT 5 bbls over DISPLACEMENT PSI 275# MIX PSI _____ RATE 1/4 to 1/2 bpm

REMARKS: rig up on 5 1/2 casing pumped 250gals mud acid & lease water. well loaded 2 bbls early stage pressure up to 625# well start to feed at 1/3 bpm pressure fell to 350#, acid in open hole increased rate to 1/2 bpm 275# pumped 5 bbls over casing vol. ISDP 50#, 2 mins on vacuum rig down job complete

Thank you.

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5303	1	PUMP CHARGE	840.00	840.00
5306	80	MILEAGE	4.00	320.00
3107	250gals	15% HCL acid	2.10	525.00
3122	50#	Ammonium Bifloride (mudacid)	3.70	185.00
3134	1gal	surface Tension reducer	36.00	36.00
3166	1gal	Inhibitor	50.00	50.00
3171	1gal	Iron Control	40.00	40.00
3175	1gal	non-Emuls.	33.00	33.00
			sub total	2039.00
			SALES TAX	0
			ESTIMATED TOTAL	2039.00

Ravin 3737

250803

AUTHORIZATION Mr Scott TITLE _____ DATE 6-25-12

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 for