



**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: \_\_\_\_\_



1090614

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				

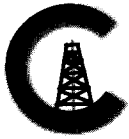
Shots Per Foot	PERFORATION RECORD - Bridge Plugs Set/Type Specify Footage of Each Interval Perforated	Acid, Fracture, Shot, Cement Squeeze Record <i>(Amount and Kind of Material Used)</i>	Depth

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> <input type="checkbox"/> Other <i>(Specify)</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

*V  
Saw*

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

INVOICE

Invoice # 234442

Invoice Date: 05/27/2010 Terms:

Page 1

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

BABINGER #A1D  
28772  
05-26-10

Part Number	Description	Qty	Unit Price	Total
1131	60/40 POZ MIX	165.00	11.0000	1815.00
1118A	S-5 GEL/ BENTONITE (50#)	570.00	.1700	96.90
1123	CITY WATER	3000.00	.0145	43.50
4404	4 1/2" RUBBER PLUG	1.00	44.0000	44.00
Description		Hours	Unit Price	Total
437	80 BBL VACUUM TRUCK (CEMENT)	4.00	96.00	384.00
445	CEMENT PUMP	1.00	900.00	900.00
445	EQUIPMENT MILEAGE (ONE WAY)	30.00	3.55	106.50
543	MIN. BULK DELIVERY	1.00	305.00	305.00

=====  
Parts: 1999.40 Freight: .00 Tax: 135.96 AR 3830.86  
Labor: .00 Misc: .00 Total: 3830.86  
Sublt: .00 Supplies: .00 Change: .00  
=====

Signed \_\_\_\_\_

Date \_\_\_\_\_

BARTLESVILLE, OK  
918/338-0808

ELDORADO, KS  
316/322-7022

EUREKA, KS  
620/583-7664

GILLETTE, WY  
307/686-4914

MCALISTER, OK  
918/426-7667

OTTAWA, KS  
785/242-4044

THAYER, KS  
620/839-5269

WORLAND, WY  
307/347-4577



**CONSOLIDATED**  
Oil Well Services, LLC

**ENTERED**

TICKET NUMBER 28772  
LOCATION EUREKA  
FOREMAN Kevin McCoy

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
5-26-10	7842	Babinger # A1 D	24	215	10E	LYON
CUSTOMER <u>Trimble &amp; MacLuskey</u>			TRUCK #	DRIVER	TRUCK #	DRIVER
MAILING ADDRESS <u>P.O. Box 171</u>			<u>445</u>	<u>Justin</u>		
CITY <u>Gridley</u>			<u>543</u>	<u>DAVE</u>		
STATE <u>Ks</u>			<u>437</u>	<u>JIM</u>		
ZIP CODE <u>66852</u>						

JOB TYPE Squeeze HOLE SIZE 7" Casing HOLE DEPTH 2946 CASING SIZE & WEIGHT 4 1/2  
 CASING DEPTH 2722' DRILL PIPE \_\_\_\_\_ TUBING \_\_\_\_\_ OTHER \_\_\_\_\_  
 SLURRY WEIGHT 13.5\* SLURRY VOL 42 BBL WATER gal/sk 7.0 CEMENT LEFT in CASING 20'  
 DISPLACEMENT 17.75 BBL DISPLACEMENT PSI 550 MMR PSI 300 Shut in RATE \_\_\_\_\_

REMARKS: Safety Meeting: TOC @ 1130' on annulus of 4 1/2. PERFORATE 4 Squeeze holes @ 1120-1121'. Rig up to 4 1/2 casing. Break Circulation w/ 20 BBL fresh water. Mixed 165 sks 60/40 Pozmix Cement w/ 4% Gel @ 13.5\*/gal, yield 1.43. Good Cement to surface. Shut down. wash out Pump & Lines. Release Plug. Displace w/ 17.75 BBL fresh water. Final Pumping Pressure 550 psi. Shut in @ 300 psi. Ran wire line, stop Plug @ 1100' G.L. measurement. Job Complete. Rig down.

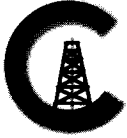
ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401	1	PUMP CHARGE	900.00	900.00
5406	30	MILEAGE	3.55	106.50
1131	165 sks	60/40 Pozmix Cement	11.00	1815.00
1118 A	570 *	Gel 4%	.17	96.90
5407	7.1 Tons	Ton Mileage BULK TRUCK	M/C	305.00
5502 C	4 HRS	80 BBL VAC TRUCK	96.00	384.00
1123	3000 gals	City water	14.50/1000	43.50
4404	1	4 1/2 Top Rubber Plug	44.00	44.00
			Sub Total	3694.90
			SALES TAX 6.8%	135.96
			ESTIMATED TOTAL	3830.86

Revin 3737

THANK YOU 034440

AUTHORIZATION Witnessed By Randy Tremble TITLE Partner DATE 5-26-10

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

*VSW*

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

**INVOICE**

Invoice # 234310

Invoice Date: 05/19/2010 Terms:

Page 1

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

BABINGER #A1D  
28728  
05-18-10

Part Number	Description	Qty	Unit Price	Total
1131	60/40 POZ MIX	175.00	11.0000	1925.00
1110A	KOL SEAL (50# BAG)	700.00	.4000	280.00
1118A	S-5 GEL/ BENTONITE (50#)	600.00	.1700	102.00
1137	CDI-26	20.00	7.0000	140.00
1146	CAF - 38	30.00	7.5000	225.00
4404	4 1/2" RUBBER PLUG	1.00	44.0000	44.00
4251	TYPE A PACKER SHOE61/8X6	1.00	1275.0000	1275.00
	Description	Hours	Unit Price	Total
445	CEMENT PUMP	1.00	900.00	900.00
445	EQUIPMENT MILEAGE (ONE WAY)	30.00	3.55	106.50
515	MIN. BULK DELIVERY	1.00	305.00	305.00

Parts: 3991.00 Freight: .00 Tax: 271.39 AR 5573.89  
Labor: .00 Misc: .00 Total: 5573.89  
Sublt: .00 Supplies: .00 Change: .00

Signed \_\_\_\_\_ Date \_\_\_\_\_

BARTLESVILLE, OK  
918/338-0808

ELDORADO, KS  
316/322-7022

EUREKA, KS  
620/583-7664

GILLETTE, WY  
307/686-4914

MCALESTER, OK  
918/426-7667

OTTAWA, KS  
785/242-4044

THAYER, KS  
620/839-5269

WORLAND, WY  
307/347-4577



**CONSOLIDATED**  
Oil Well Services, LLC

**ENTERED**

TICKET NUMBER 28728

LOCATION EUREKA

FOREMAN Rick Ledford

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
5-18-10	7842	Babinger # A10	24	21	10E	Lyon
CUSTOMER Trimble - Madraskey			Rig 6			
MAILING ADDRESS P.O. Box 171			TRUCK #	DRIVER	TRUCK #	DRIVER
CITY Gridley			445	Justin		
STATE KS			515	Chris		
ZIP CODE 66852						

JOB TYPE longstring Owd HOLE SIZE 6 1/2" HOLE DEPTH 2946 CASING SIZE & WEIGHT 4 1/2" 10.5"  
 CASING DEPTH 2722 G.L. DRILL PIPE \_\_\_\_\_ TUBING \_\_\_\_\_ OTHER P.S. @ 2722' G.L.  
 SLURRY WEIGHT 13.8" SLURRY VOL 45 bbl WATER gal/sk 7.0 CEMENT LEFT in CASING 0'  
 DISPLACEMENT 43 1/2 bbl DISPLACEMENT PSI 1000 ~~Buy~~ PSI 1500 RATE \_\_\_\_\_

REMARKS: Safety meeting- Rig up to 4 1/2" casing. Set packer shoe @ 2722' G.L. @ 1300 PSI. Pump 5 bbl water ahead. Mixed 125 sacks 100/40 Premix cement w/ 4" Kot-seal 1 1/2", 470 gal @ 13.8" P/W. Washout pump + lines shut down, release plug. Displace w/ 43 1/2 bbl fresh water. Final pump pressure 1000 PSI. Pump plug to 1500 PSI. wait 2 minutes, release pressure, float held. Good circulation @ all times while cementing. Job complete. Rig down

"Thank You"

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401	1	PUMP CHARGE	900.00	900.00
5406	30	MILEAGE	3.55	106.50
1131	125 SACS	60/40 Premix cement	11.00	1925.00
1140A	700"	4" Kot-seal 1 1/2"	.40	280.00
1112A	600"	470 gal	.17	102.00
1132	20"	CDZ-26	7.00	140.00
1146	30"	CAF-38 DeFoamer	7.50	225.00
5407	7.5	ton mileage bulk tri	m/c	305.00
4404	1	4 1/2" top rubber plug	44.00	44.00
4251	1	Type A packer shoe	1275.00	1275.00
			Subtotal	5302.50
			SALES TAX	211.39
			ESTIMATED TOTAL	5513.89

Ravin 3737

234310

AUTHORIZATION Witnessed by Randy Trimble

TITLE Owner

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.