



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: _____



1091289

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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CONSOLIDATED
Oil Well Services, LLC

ENTERED

TICKET NUMBER 37822

LOCATION EUREKA

FOREMAN Kevin McCoy

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

FIELD TICKET & TREATMENT REPORT

CEMENT API #15-173-21010

Ks

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
8-13-12	8225	HAMANT # 8-X	14	265	25	Sedgewick
CUSTOMER			C & G Drig. Rig 1			
MAILING ADDRESS						
CITY						
STATE						
ZIP CODE						
URBAN OIL & Gas Group, LLC			TRUCK #	DRIVER	TRUCK #	DRIVER
1000 E. 14 th ST.			520	John S.		
PLANO TX 75074			479	Melie R.		
			667	CHRIS B.		
			530 763	Keith C.	← Ottawa Driver	

JOB TYPE Longstring 0 HOLE SIZE 7 7/8 HOLE DEPTH 3414' KB CASING SIZE & WEIGHT 5 1/2 15.50" New
 CASING DEPTH 3412' KB DRILL PIPE _____ TUBING _____ OTHER _____
 SLURRY WEIGHT 136" SLURRY VOL 72 BBL WATER gal/sk 2.0-9.0 CEMENT LEFT in CASING 11."
 DISPLACEMENT 81 BBL DISPLACEMENT PSI 1300 MAX PSI 1700 Bump Plug RATE 5 BPM

REMARKS: Safety Meeting: Rig up to 5 1/2 casing. Break Circulation. Pumped 12 BBL Caustic Soda Pre Flush 5 BBL water spacer. Mixed 90 sks 60/40 Pozmix Cement w/ 4% Gel, 1" PhenoSeal/sk @ 13.6"/gal = 18 BBL Slurry. Tail in w/ 150 sks Thick Set Cement w/ 5" Kol-Seal/sk 1" PhenoSeal/sk @ 13.6"/gal = 50 BBL Slurry. Shut down. Wash out pump & lines. Release Latch down Plug. Displace Plug to Seat w/ 81 BBL Fresh water. Final Pumping Pressure 1300 PSI. Bump Plug to 1700 PSI. wait 2 mins. Release Pressure. Float & Plug Held. Good Circulation @ All times while Cementing. Job Complete. Rig down.

Note: Plug RAT Hole w/ 20 sks 60/40 Pozmix.

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401	1	PUMP CHARGE	1030.00	1030.00
5406	35	MILEAGE	4.00	140.00
1131	90 sks	60/40 Pozmix Cement	12.55	1129.50
1118B	310 #	Gel 4%	.21 #	65.10
1107A	90 #	PhenoSeal 1"/sk	1.29 #	116.10
1126A	150 sks	THICK Set Cement	19.20	2880.00
1110A	750 #	Kol-Seal 5"/sk	.46 #	345.00
1107A	150 #	PhenoSeal 1"/sk	1.29 #	193.50
5407A	12.12 TONS	35 miles BULK Delv.	1.34	568.48
5501C	4 HRS	Water Transport	112.00	448.00
1123	5500 gals	City water	16.50/1000	90.75
1103	100 #	Caustic Soda Pre Flush	1.61 #	161.00
4203	1	5 1/2 Guide Shoe	160.00	160.00
4177	1	5 1/2 API Float Collar	365.00	365.00
445A	1	5 1/2 Latch down Plug	254.00	254.00
4130	17	5 1/2 x 7 7/8 Centralizers	48.00	816.00
4104	1	5 1/2 Cement Basket	229.00	229.00
4310	1	5 1/2 Stop Ring	30.00	30.00
		THANK YOU	7.3%	SALES TAX
		822035		ESTIMATED TOTAL
				9,520.33

Ravin 9737

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

ENTERED

TICKET NUMBER 37828
LOCATION Eureka, KS
FOREMAN Shannon Feck

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

FIELD TICKET & TREATMENT REPORT
CEMENT API # 15-173-21010

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
8-8-12	8825	Hamant #8-X	14	26 S	2 E	Sedgewick
CUSTOMER						
Urban Oil + Gas Group LLC			C+G			
MAILING ADDRESS			DRL6			
1000 E 14th St			TRUCK #	DRIVER	TRUCK #	DRIVER
CITY			445	Dave G		
STATE			611	Joey K		
ZIP CODE						
Dland						
TX						
75074						

JOB TYPE Surface HOLE SIZE 12 1/4 HOLE DEPTH 220' CASING SIZE & WEIGHT 8 5/8"
 CASING DEPTH 220.6L DRILL PIPE _____ TUBING _____ OTHER _____
 SLURRY WEIGHT 14.5-15# SLURRY VOL _____ WATER gal/sk 6.5 CEMENT LEFT in CASING 15'
 DISPLACEMENT 13.5 Bbl DISPLACEMENT PSI _____ MIX PSI _____ RATE 5 BPM

REMARKS: Rig up to 8 5/8" casing, Break circulation with 0 Bbl water, Mixed 125 SKS Class "A" cement with 3% Calcium, 2% gel, + 1/2# Flo-cel/SK @ 14.5-15#/gal. Displace with 13.5 Bbl water + shut casing in. Good circulation while mixing cement, as soon as we started displacing circulation almost completely stopped, but soon got it back. No cement to surface. Wait 1 1/2 hours + run 1" tubing beside surface pipe. Tagged cement @ 15' down. mix 25 SKS Class "A" cement with 2% calcium, Good circulation + good cement to surface. Job Complete. !!! Note Rig had circulation problems around 55', Ran cement basket 40' From Ground Level down. !!! Thanks Shannon + crew !!!

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401S	1	PUMP CHARGE	825.00	825.00
5406	35	MILEAGE	4.00	140.00
1104S	150 SKS	Class "A" Cement	14.95	2242.50
1102	400 #	Calcium @ 3%	.74	296.00
1118B	235 #	gel @ 2%	.21	49.35
1107	60 #	Flo-cel @ 1/2#/SK	2.35	141.00
4106	1	8 5/8" Cement Basket	320.00	320.00
5407	7.05 TONS	Ton mileage bulk Truck	M/C	350.00
Sub Total				4363.85
SALES TAX 7.3%				222.56
ESTIMATED TOTAL				4586.41

Revin 3737

252030

AUTHORIZATION Callon 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.