



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



1092812

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 # 234527

Invoice Date: 05/31/2010 Terms:

Page 1

CEC OPERATION LLC  
800 MAIN ST., SUITE 303  
WINFIELD KS 67156  
( ) -

WARREN SONS #1A  
28290  
05-30-10

Part Number	Description	Qty	Unit Price	Total
1104S	CLASS "A" CEMENT (SALE)	190.00	13.1000	2489.00
1102	CALCIUM CHLORIDE (50#)	480.00	.7300	350.40
1107	FLO-SEAL (25#)	125.00	2.0000	250.00
1118A	S-5 GEL/ BENTONITE (50#)	500.00	.1700	85.00
4432	8 5/8" WOODEN PLUG	1.00	76.0000	76.00

Description	Hours	Unit Price	Total
442 TON MILEAGE DELIVERY	625.68	1.20	750.82
446 CEMENT PUMP (SURFACE)	1.00	700.00	700.00
446 EQUIPMENT MILEAGE (ONE WAY)	66.00	3.55	234.30

=====  
 Parts: 3250.40 Freight: .00 Tax: 188.52 AR 5124.04  
 Labor: .00 Misc: .00 Total: 5124.04  
 Sublt: .00 Supplies: .00 Change: .00  
 =====

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



**CONSOLIDATED**  
Oil Well Services, LLC

**ENTERED**

TICKET NUMBER 28476  
LOCATION El Dorado #80  
FOREMAN Jim Thomas

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
6-8-10	3135	Warren # A-1	30	345	3E	Cowley
CUSTOMER CFC Operation LLC			TRUCK #	DRIVER	TRUCK #	DRIVER
MAILING ADDRESS 800 Main St. Suite 303			467	Bill		
CITY STATE ZIP CODE Windfield KS 67156			491	Jerald		
			502	Kevin		

JOB TYPE Long String HOLE SIZE 7 7/8" HOLE DEPTH 3565 CASING SIZE & WEIGHT 5 1/2" 14.0#  
CASING DEPTH \_\_\_\_\_ DRILL PIPE \_\_\_\_\_ TUBING \_\_\_\_\_ OTHER New  
SLURRY WEIGHT \_\_\_\_\_ SLURRY VOL \_\_\_\_\_ WATER gal/sk \_\_\_\_\_ CEMENT LEFT in CASING \_\_\_\_\_  
DISPLACEMENT 87.55 DISPLACEMENT PSI \_\_\_\_\_ MIX PSI \_\_\_\_\_ RATE \_\_\_\_\_

REMARKS: Safety meeting - Rigged up to 5 1/2 Csg - Cement with 250 sks  
light weight + 3% Kol-seal 34 lb Poly - Fluid loss - Tapped 125 sks  
Thick set + 3% Kol-seal - Dis placed plug with Freshwater -  
landed plug at 1250 lbs - Float held

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401	1	PUMP CHARGE	900.00	900.00
5406	60	MILEAGE	3.55	213.00
1126A	125	skts Thick-set	16.50	2062.50
1131	250	skts 60/40	11.00	2750.00
1110A	1875	lbs Kol-seal	.40	750.00
1135	100	lbs CEL-110	7.26	726.00
1146	50	lbs CAF-38 DeFORMER	7.50	375.00
1118B	2000	lbs Gel	.17	340.00
1107	150	lbs Poly-Flake	2.00	300.00
1102	500	lbs CACH 2	.73	365.00
4454	1	5/8 Latch down plug	235.00	235.00
4159	1	5/8 AFU Float shoe	319.00	319.00
4130	9	5/8 Centralizers	46.00	414.00
4104	5	5/8 Cement Baskets	213.00	1065.00
5407A	60	Bulk delivery X 17.63 tons X	1.20	1269.36
5402	1065	Footage over 2500 ft	.20	213.00
		Subtotal		12296.86
		SALES TAX		662.69
		ESTIMATED TOTAL		12859.55

Ravin 3737

AUTHORIZATION [Signature] TITLE GEORGI ST DATE 6/8/10  
034133

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 # 234733

Invoice Date: 06/15/2010 Terms:

Page 1

CEC OPERATION LLC  
800 MAIN ST., SUITE 303  
WINFIELD KS 67156  
( ) -

WARREN A-1  
28476  
06-08-10

Part Number	Description	Qty	Unit Price	Total
1126A	THICK SET CEMENT	125.00	16.5000	2062.50
1131	60/40 POZ MIX	250.00	11.0000	2750.00
1110A	KOL SEAL (50# BAG)	1875.00	.4000	750.00
1135	FL - 110 (FLUID LOSS)	100.00	7.2600	726.00
1146	CAF - 38	50.00	7.5000	375.00
1118B	PREMIUM GEL / BENTONITE	2000.00	.1700	340.00
1107	FLO-SEAL (25#)	150.00	2.0000	300.00
1102	CALCIUM CHLORIDE (50#)	500.00	.7300	365.00
4454	5 1/2" LATCH DOWN PLUG	1.00	235.0000	235.00
4159	FLOAT SHOE AFU 5 1/2"	1.00	319.0000	319.00
4130	CENTRALIZER 5 1/2"	9.00	46.0000	414.00
4104	CEMENT BASKET 5 1/2"	5.00	213.0000	1065.00

Description	Hours	Unit Price	Total
467 CEMENT PUMP	1.00	900.00	900.00
467 EQUIPMENT MILEAGE (ONE WAY)	60.00	3.55	213.00
467 CASING FOOTAGE	1065.00	.20	213.00
491 TON MILEAGE DELIVERY	528.90	1.20	634.68
502 TON MILEAGE DELIVERY	528.90	1.20	634.68

Parts: 9701.50 Freight: .00 Tax: 562.69 AR 12859.55  
 Labor: .00 Misc: .00 Total: 12859.55  
 Sublt: .00 Supplies: .00 Change: .00

Signed \_\_\_\_\_

Date \_\_\_\_\_

BARTLESVILLE, OK  
918/338-0808

ELDORADO, KS  
316/322-7022

EUREKA, KS  
620/583-7664

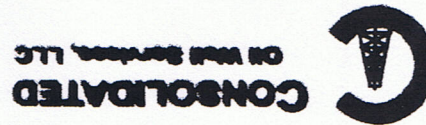
GILLETTE, WY  
307/686-4914

McALESTER, OK  
918/426-7667

OTTAWA, KS  
785/242-4044

THAYER, KS  
620/839-5269

WORLAND, WY  
307/347-4577



0 Box 884, Chanute, KS 66720  
20-431-9210 or 800-467-8676

**EMERGENCY**

**FIELD TICKET & TREATMENT REPORT**

TICKET NUMBER 28290  
LOCATION Well #80  
FOREMAN W. [unclear]

DATE	5-30-10	CUSTOMER #	3135	WELL NAME & NUMBER	WARRIOR 5018 #1A
CUSTOMER	CFC Operations LLC				
MAILING ADDRESS	800 Main St Ste 308				
CITY	Chanute	STATE	Ks	ZIP CODE	67156
OB TYPE	8P	HOLE SIZE	10 1/2"	HOLE DEPTH	838
CASING DEPTH	339'	DRILL PIPE		TUBING	
LURRY WEIGHT		SLURRY VOL		WATER gals/k	
DISPLACEMENT PSI	2005	DISPLACEMENT PSI		MIX PSI	
REMARKS	Saffy Meters - Record up to 838 - Back (Cementation) mixed with 12 bbls displaced cement. Pumped down with 12 bbls displaced cement.				

MARKS - Record up to 838 - Back (Cementation) mixed with 12 bbls displaced cement. Pumped down with 12 bbls displaced cement.

ACCOUNT CODE	5495
QUANTITY or UNITS	66
DESCRIPTION of SERVICES or PRODUCT	PUMP CHARGE
UNIT PRICE	760.00
TOTAL	334.30

ACCOUNT CODE	11045	QUANTITY or UNITS	190	DESCRIPTION of SERVICES or PRODUCT	5/8 Class A	UNIT PRICE	13.10	TOTAL	2489.00
	1102		480		165 GALT 2	1.75	350.40		
	1107		125		165 Polym-Flake	2.00	250.00		
	1118A		500		165 G-0	1.7	85.00		
	4432		1		838 TD Plug	76.00	76.00		
	5407A		66		Bulk Debrally x 9.48 x 1.20	1.20	750.82		

DATE 5/30/10

TITLE EMERGENCY

ESTIMATED TOTAL 6124.04

SALES TAX 189.55

TOTAL 6313.59

AUTHORIZATION [Signature]

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.