



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: _____



1094747

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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JTC Oil, Inc.

Drillers Log

Well Name Dreher BSI DR 8

API # 15-059-26017-00-00 Cement Amounts
 Surface Date 5/18/12 7" 20' 3 Sacks

Cement Date 5/21/12

Well Depth 640

Casing Depth 624

Drillers Log			
Formation	Depth	Formation	Depth
top soil	0		
shale	6		
lime	70		
shale	89		
lime	115		
red bed	119		
shale	125		
lime	162		
shale	176		
lime	187		
black shale	215		
lime	222		
coal	243		
lime	247		
shale	261		
lime	424		
shale	437		
lime	487		
shale	489		
lime	508		
shale	510		
lime	530		
shale	535		
top oil sand	562-565 good		
	565-586 v good		
	568-571 v good		
	571-574 v good		
	574-576 v good		
	576-578 good		
	578-580 shale		
shale	578		
stop drilling	640		
casing pipe	624		



CONSOLIDATED
Oil Well Services, LLC

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

TICKET NUMBER 39787
LOCATION Ottawa KS
FOREMAN Fred Maden

FIELD TICKET & TREATMENT REPORT
CEMENT

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
5/21/12	2579	Drehin #881 DR 8	SE 8	18	21	FR
CUSTOMER			TRUCK #			
MAILING ADDRESS			DRIVER			
CITY			TRUCK #			
STATE			DRIVER			
ZIP CODE			TRUCK #			
JOB TYPE			DRIVER			
HOLE SIZE			TRUCK #			
HOLE DEPTH			DRIVER			
CASING SIZE & WEIGHT			TRUCK #			
CASING DEPTH			DRIVER			
SLURRY WEIGHT			TRUCK #			
SLURRY VOL			DRIVER			
WATER gal/sk			TRUCK #			
CEMENT LEFT in CASING			DRIVER			
DISPLACEMENT			TRUCK #			
DISPLACEMENT PSI			DRIVER			
MIX PSI			TRUCK #			
RATE			DRIVER			

CUSTOMER: Energy Resources Inc.
MAILING ADDRESS: 10975 Grand-view Dr
CITY: Overland Park STATE: KS ZIP CODE: 66210
JOB TYPE: Longstring HOLE SIZE: 6 HOLE DEPTH: 640' CASING SIZE & WEIGHT: 2 7/8 EUE
CASING DEPTH: 623' DRILL PIPE: _____ TUBING: _____ OTHER: _____
SLURRY WEIGHT: _____ SLURRY VOL: _____ WATER gal/sk: _____ CEMENT LEFT in CASING: 2 1/2" Plug
DISPLACEMENT: 3.6 BBL DISPLACEMENT PSI: _____ MIX PSI: _____ RATE: 5.8 BPM

REMARKS: Establish pump rate. Mix & Pump 100# Gel Flush. Mix & Pump 97 sks 70/30 Por Mix Cement 290 Gal 5% Salt 1/2" Phen Seal/sk. Cement to surface. Flush pump & lines clean. Displace 2 1/2" Rubber plug to casing TP. Pressure to 800# PSL. Hold & monitor pressure for 30 min MIT. Release pressure to set float valve. Shut in casing.

Fred Maden

JTC Drilling

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401	1	PUMP CHARGE	495	1030.00
5406	1	MILEAGE		N/C
5402	623	Casing Footage		N/C
5407	1/2 minimum	Truck Miles	510	175.00
5502C	2 hrs	60 BBL Vac. Truck	369	180.00
1127	975 sks	70/30 Por Mix Cement		1231.00
118B	271 #	Premium Gel		56.00
141	197 #	Granulated Salt		72.00
1107A 1107A	49 #	Phen Seal		63.00
4402	1	2 1/2" Rubber Plug		28.00
			7.00	
			SALES TAX	113.33
			ESTIMATED TOTAL	2951.29

CONSOLIDATED

Flavin 3797
AUTHORIZATION: [Signature] TITLE: 250039 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