



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



1095594

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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Form	ACO1 - Well Completion
Operator	AAS Oil Co., Inc.
Well Name	GRAINLAND B 2
Doc ID	1095594

All Electric Logs Run

Dual Induction Log
Dual Compensated Porosity Log
Microresistivity Log
Sonic Cement Bond Log

Form	ACO1 - Well Completion
Operator	AAS Oil Co., Inc.
Well Name	GRAINLAND B 2
Doc ID	1095594

#### Perforations

Shots Per Foot	Perforation Record	Material Record	Depth
4	Perf. Mississippi @ 3415-3418	300 gal. 15% mca	3415-3418
4	Perf. Bartlesville @ 3374-3382	300 gal. 10% mca	3374-3382
4	Perf. Peru @ 3186- 3194	350 gal. 10% mca	3186-3192
	Set CIBP @ 3350		
4	Perf. Cleveland @ 3004-3014	350 gal. 10% mca	3004-3014
	Set CIBP @ 3100		



**CONSOLIDATED**  
OR WELL SERVICES, LLC



**ENTERED**

TICKET NUMBER 34307

LOCATION #180 Florida

FOREMAN Jacob Storm

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

**FIELD TICKET & TREATMENT REPORT**

DATE	4-7-12	CUSTOMER #	1091	WELL NAME & NUMBER	Granland B #2	SECTION	20	TOWNSHIP	34	RANGE	3E	COUNTY	Cowley
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CUSTOMER		AAS oil		DRIVER		TRUCK #		TRUCK #		DRIVER	
MAILING ADDRESS		2508 Edgemont Dr. Suite 4		603		Jett		502		Store	
CITY		Arkansas city		511		Dooob					
STATE		KS		67005							

JOB TYPE	Surface B	HOLE SIZE	12 1/4	HOLE DEPTH	318	CASING SIZE & WEIGHT	8 5/8
CASING DEPTH	318	DRILL PIPE	N/A	TUBING	N/A	OTHER	
SLURRY WEIGHT	14.5 lb	SLURRY VOL	WATER gal/sk			CEMENT LEFT IN CASING	left
DISPLACEMENT	19.87	DISPLACEMENT PSI	400	MIX PSI	300	RATE	6 bpm

REMARKS: Safety meeting, break circulation pump to bbl flush, mix 180 Sts class 3%cc arigel #116 poly flake, displaced with 19 bbl water circulating cement to surface shut in

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
54015	1	PUMP CHARGE	825.00	825.00
5406	68	MILEAGE	4.00	272.00
5407A	68	X 8.46 ton mileage X	1.34	70.88
11045	180	class A	14.95	2691.00
1102	480	calcium chloride	0.74	355.20
1118 B	350	gel	0.21	73.50
1107	75	poly-flake	2.35	176.25
4432	1	8 5/8 wooden plug	80.00	80.00
Subtotal				5243.83
SALES TAX				229.57
ESTIMATED TOTAL				5473.40

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.

AUTHORIZATION: *[Signature]* TITLE: *[Signature]* DATE: 4-6-12

**CONSOLIDATED**  
Oil Well Services, LLC



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

**ENTERED**

**FIELD TICKET & TREATMENT REPORT**

**CEMENT** APR-15-05-24469

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
4-20-12	1091	(General) B-2	20	34	3E	Lawrence

CUSTOMER	MAILING ADDRESS	CITY	STATE	ZIP CODE
ARTS 091	2508 Edgemont Dr Ste # 4	Arkansas City	KS	67005

JOB TYPE	HOLE SIZE	HOLE DEPTH	CASING DEPTH	SLURRY WEIGHT	SLURRY VOL	DISPLACEMENT	REMARKS:
Squeezes B	1 7/8	238 8 RD	OTHER CTR 3410	15.5	10.5	15.02	REMARKS: Pump packer to 3493 ft to squeeze head at 3374 to 3410 ft. 1250 lbs - filled packer to 3200 and squeeze out at 3374 to 3410 ft. Pressure manifold to 550 lbs @ 3 1/2" gpm. Inj. Pressure of 600 lbs. Mixed 50% A + 25% gravel - Treated with 13.5 sacks of cement. Displacement down to 13.5 sacks. 30 minutes - Pressured to 300 lbs - Pumped to 1100 - string 45 mfg. Squeezed to 1250 lbs - Released head - Flushed (string & tubing) Pressure to 1000 lbs shut in over weekend.

JOB TYPE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401	1	PUMP CHARGE	1325.00	1325.00
5406	65	MILEAGE	4.00	260.00
1102	78	50% Class A 160 lbs gravel	1495.74	1166.10
5407	1	Bulk Delivery	350.00	350.00
4481	1	3/4 32A Parker Pump	917.00	917.00
4477	1	1/2 x 2 1/8 string packer	287.00	287.00
		<b>TOTAL</b>	<b>4492.74</b>	<b>4492.74</b>

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
4481	1	3/4 32A Parker Pump	917.00	917.00
4477	1	1/2 x 2 1/8 string packer	287.00	287.00
5407	1	Bulk Delivery	350.00	350.00
1102	78	50% Class A 160 lbs gravel	1495.74	1166.10
5401	1	PUMP CHARGE	1325.00	1325.00
5406	65	MILEAGE	4.00	260.00
4481	1	3/4 32A Parker Pump	917.00	917.00
4477	1	1/2 x 2 1/8 string packer	287.00	287.00
		<b>TOTAL</b>	<b>4492.74</b>	<b>4492.74</b>

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AUTHORIZATION \_\_\_\_\_ TITLE \_\_\_\_\_ DATE \_\_\_\_\_

ESTIMATED TOTAL 4492.74

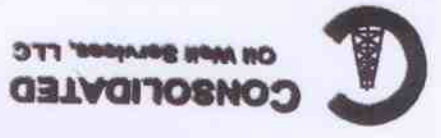
SALES TAX 119.88

DATE 4/23/05

FOREMAN Lawrence Storm

LOCATION 180

TICKET NUMBER 34303



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

**ENTERED**

**FIELD TICKET & TREATMENT REPORT**

TICKET NUMBER 34355  
LOCATION 180  
FOREMAN Larry Stearns  
CEMENT API-15-035-34469-00-00

DATE	4-11-12	CUSTOMER #	1091	WELL NAME & NUMBER	Central 8-2
CUSTOMER	AMS Oil Co	TRUCK #	20	SECTION	34
MAILING ADDRESS	2508 Edgemont + Dr Ste #4	DRIVER	Jeff	TOWNSHIP	3E
CITY	Arkansas City	TRUCK #	603	RANGE	County
STATE	KS	DRIVER	Joe	COUNTY	
ZIP CODE	67005				

**REMARKS:** 500 gals Mud Mash - 5 bags water - mixed approx 100 lbs thick set + 5 lbs Kol-sent + 2 1/2 Poly - flushed pump & filter - Disposed  
water do low plig at 1375 lbs - Released float added.  
next some observations, being corrected

Job type: Prod  
Hole size: 4 1/8  
Hole depth: 3464  
Casing size & weight: 4 1/2  
Drill pipe: 4 1/2  
Slurry weight: 15.0  
Slurry vol: 495  
Displacement psi: 950  
MIX PSI: 7.15  
Water gal/sk: 7.15  
Cement left in casing: 2 1/2  
Rate: 6.8 at 950  
Other: 2 1/2

ACCOUNT CODE	QUANTITY OF UNITS	DESCRIPTION OF SERVICES or PRODUCT	UNIT PRICE	TOTAL
5501	1	PUMP CHARGE	1030.00	1030.00
5406	68	MILEAGE	4.00	272.00
5402	967	Footage	22	212.08
1126	200	SK 1 1/2" x 3/4"	19.20	3840.00
1110	1000	105 - Kol-sent	.46	460.00
1107	50	105 Poly	2.35	117.50
1144	500	905 Mud Mash	1.05	525.00
5407A	68	Bulk Delivery X 10.5 hours x	1.34	956.76
4310	1	4 1/2" Best Collar	65.00	65.00
4161	1	4 1/2" ARV Float shoe	886.00	886.00
4153	1	4 1/2" Ketch down plug	233.00	233.00
4103	3	4 1/2" Cement baskets	218.00	654.00
4109	10	4 1/2" Cement liners	48.00	480.00
			48.00	480.00
			9070.34	9070.34
			448.71	448.71
			9519.11	9519.11

ESTIMATED TOTAL 9519.11  
SALES TAX 448.71  
TOTAL 9967.82

AUTHORIZATION: [Signature]  
TITLE: Prod Supv  
DATE: 4-11-12

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