



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: _____



1096223

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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Form	ACO1 - Well Completion
Operator	PetroSantander (USA) Inc.
Well Name	FOSTER 1-18R
Doc ID	1096223

All Electric Logs Run

DIL
CNL
CDL
MEL

Form	ACO1 - Well Completion
Operator	PetroSantander (USA) Inc.
Well Name	FOSTER 1-18R
Doc ID	1096223

Tops

Name	Top	Datum
Heebner Shale	3902	-838
Lansing	3992	-928
Marmaton	4464	-1400
Pawnee	4527	-1463
Cherokee Shale	4603	-1539
Morrow Shale	4804	-1740
Morrow Sand	4842	-1778
St. Genevieve	4884	-1820

5 MAY 2012



CONSOLIDATED
Oil Well Services, LLC

TICKET NUMBER 34506
LOCATION Oakley KS
FOREMAN Walt Dinkel

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
5-5-12		Foster 1-18	18	215	34 W	Finney
CUSTOMER			TRUCK #	DRIVER	TRUCK #	DRIVER
Mailing Address			463	Bosh Gurdle		
CITY			466-T129	Wes Elinn		
STATE						
ZIP CODE						

Scott City
South to
C.L.
10 W

JOB TYPE Surface HOLE SIZE 12 1/4 HOLE DEPTH 520' CASING SIZE & WEIGHT 8 5/8 -
 CASING DEPTH 520' DRILL PIPE _____ TUBING _____ OTHER _____
 SLURRY WEIGHT 14.8-12.5 SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT in CASING 15-20'
 DISPLACEMENT 32 1/2 DISPLACEMENT PSI _____ MIX PSI _____ RATE 5-6 BPM

REMARKS: Safety Meeting, rig up on Trinidad #215, circ casing to bottom
mixed 150 sks 60/40 poz, 6% gel, 3% CC, 1/4" Flo-Seal, Tail in well 150 sks com
3% CC, 2% gel, released Plug & Displace 32 1/2 BBL H₂O (534'), shut in.
Cement Did Circ.
approx 12 BBL to Pit

Thank You
Walt + crew

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
54015	1	PUMP CHARGE	1,085 ⁰⁰	1,085 ⁰⁰
5406	50	MILEAGE	5 ⁰⁰	250 ⁰⁰
11045	150- SKS	Class A Cement	17 ⁶⁵	2,647 ⁵⁰
1131	150 SKS SKS	60/40 poz	15 ¹⁰	2,265 ⁰⁰
1102	810 #	Calcium Chloride	.89	720 ⁹⁰
1118B	1,056 #	Bentonite Gel	.25	264 ⁰⁰
1107	38 #	Flo-Seal	2 ⁸²	107 ¹⁶
5407A	13.5	Ton Mileage Delivery	1 ⁶⁷	1,127 ⁵⁰
4132	1	8 5/8 Centralizers	82 ⁰⁰	82 ⁰⁰
4432	1	8 5/8 Wooden Plug	96 ⁰⁰	96 ⁰⁰
				8,645 ⁰⁰
		Loss 10% Disc		- 864 ⁵¹
				7,780 ⁵⁰
			SALES TAX	
			ESTIMATED TOTAL	

Ravin 3737

AUTHORIZATION George Anstett TITLE APF DATE 5-5-12

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

12 MAY 2012

TICKET NUMBER 34482

LOCATION Okla

FOREMAN Fuzzy



CONSOLIDATED
Oil Well Services, LLC

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

FIELD TICKET & TREATMENT REPORT
CEMENT

KS

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
5-12-12	6335	Foster 1-18	18	21	34W	Finney
CUSTOMER			TRUCK #	DRIVER	TRUCK #	DRIVER
Petrosantander USA			463	Coly D		
MAILING ADDRESS			439	Jack G		
CITY	STATE	ZIP CODE	466	Coly R		

GAND
west
to Trinidad
Rd
3W
34W

JOB TYPE 2-stage HOLE SIZE 7718 HOLE DEPTH 5000' CASING SIZE & WEIGHT 5"2 15.5
 CASING DEPTH _____ DRILL PIPE _____ TUBING _____ OTHER _____
 SLURRY WEIGHT 13.8-12.5 SLURRY VOL 1.42-1.89 WATER gal/sk 6.9-10.8 CEMENT LEFT in CASING _____
 DISPLACEMENT 118 DISPLACEMENT PSI _____ MIX PSI _____ RATE _____

REMARKS: Safety meeting on Trinidad 215. Rig up and circulate
1 hr. Pump 5 BBL water, 500gal flush, 5 BBL water mix 225sks OWC
w/5# Kol-seal, wash pump and lines. Drop plug and displace 70 BBLs
water 47 1/2 BBLs mud 700# 118# press land @ 1400# float hold
Drop DU Bomb wait 10 min open DU Tool @ 1200# PSI, circulate 4 hrs,
Pump 5 BBL water 20sks mh - 30sks RH, mix 450sks 60/40 89# 1/4"
Closeal wash pump and lines Drop plug and displace 48" 2 BBL L.R
press 600# Close DU Tool @ 1700#. Cement did circulate 25-30 BBL
to pit.

Thanks Fuzzy & Crew

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401c	1	PUMP CHARGE	3020 ⁰⁰	3020 ⁰⁰
5406	50	MILEAGE	5 ⁰⁰	250 ⁰⁰
5407A	32.1 ton	Tow Mileage Delivery	167	2680 ³⁵
1126	225sks	OWC	27 ⁵⁵	5073 ⁷⁵
1131	500 sks	60/40 pos	1510	7550 ⁰⁰
1118 B	3440 #	Bentovite	.25	860 ⁰⁰
1107	125 #	Closeal	282	352 ⁵⁰
1110 A		Kol-seal	156	630 ⁰⁰
4159	1	5"2- AFU Float shoe	413 ⁰⁰	413 ⁰⁰
4104	2	5"2- BASKETS (W)	276 ⁰⁰	552 ⁰⁰
4130	10	5"2- Centralizers	58 ⁰⁰	580 ⁰⁰
4283	1	5"2- DU Tool with latchdown	3850 ⁰⁰	3850 ⁰⁰
1144G	500gal	mud Flush	1 ⁰⁰	500 ⁰⁰
		subtotal		26311 ⁶⁰
		less 10% disc		26311 ⁶⁰
		subtotal		23680 ⁴⁴
		SALES TAX		
		ESTIMATED TOTAL		

Ravin 3737

AUTHORIZATION

TITLE Prod. Dept Mgr.

DATE 5/13/12

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