



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: _____



1098039

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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Franklin County, KS
Well: West Lidikay 62
Lease Owner: TDR

Town Oilfield Service, Inc.
(913) 837-8400

Commenced Spudding:
10/11/2012

15-059-24219-00-00

WELL LOG

Thickness of Strata	Formation	Total Depth
17	Soil-Clay	17
19	Shale	19
7	Lime	26
3	Shale	29
16	Lime	45
7	Shale	52
13	Lime	65
3	Shale	68
20	Lime	88
37	Shale	125
19	Lime	144
76	Shale	220
22	Lime	242
27	Shale	269
7	Lime	276
23	Shale	299
2	Lime	301
16	Shale	317
1	Lime	318
17	Shale	335
21	Lime	356
9	Shale	365
22	Lime	387
4	Shale	391
5	Lime	396
3	Shale	399
6	Lime	405
37	Shale	442
4	Broken Sand	446
4	Sandy Shale	450
70	Shale	520
4	Sand	524
6	Sand	530
26	Shale	556
3	Lime	559
13	Shale	572
9	Lime	581
14	Shale	595
6	Lime	601
10	Shale	611

Short Cuts

TANK CAPACITY

BBLs. (42 gal.) equals $D^2 \times 14xh$

D equals diameter in feet.

h equals height in feet.

BARRELS PER DAY

Multiply gals. per minute x 34.2

HP equals $BPH \times PSI \times .0004$

BPH - barrels per hour

PSI - pounds square inch

TO FIGURE PUMP DRIVES

* D - Diameter of Pump Sheave

* d - Diameter of Engine Sheave

SPM - Strokes per minute

RPM - Engine Speed

R - Gear Box Ratio

*C - Shaft Center Distance

D - $RPM \times d$ over $SPM \times R$

d - $SPM \times R \times D$ over RPM

SPM - $RPM \times D$ over $R \times D$

R - $RPM \times D$ over $SPM \times D$

BELT LENGTH - $2C + 1.57(D + d) + \frac{(D-d)^2}{4C}$

* Need these to figure belt length

TO FIGURE AMPS: $\frac{WATTS}{VOLTS} = AMPS$

746 WATTS equal 1 HP

Log Book

Well No. 62

Farm West Lidiker

KS Franklin
(State) (County)

64 16 21
(Section) (Township) (Range)

For TDR Construction
(Well Owner)

Town Oilfield Services, Inc.

1207 N. 1st East

Louisburg, KS 66053

913-710-5400

West Lidice Farm: Franklin County

KS State; Well No. 62

Elevation 1014

Commenced Spuding 10-11, 20 12

Finished Drilling 10-12, 20 12

Driller's Name Paul Weaver

Driller's Name _____

Driller's Name _____

Tool Dresser's Name Brendan Stone

Tool Dresser's Name Eric Helcom

Tool Dresser's Name _____

Contractor's Name TC'S

04 16 21

(Section) (Township) (Range)

Distance from S line, 3135 ft.

Distance from E line, 3465 ft.

0488 - 0445 - 7ms

3- sack
**CASING AND TUBING
RECORD**

10" Set _____ 10" Pulled _____
8" Set 20' 8" Pulled _____
6 1/4" Set _____ 6 1/4" Pulled _____
4" Set _____ 4" Pulled _____
2" Set 71'-75' 2" Pulled _____
724 35 2 BUDDLE
780 70

Thickness of Strata	Formation	Total Depth	Remarks
17	soil/clay	17	
19	shale	19	
7	Lime	26	
3	shale	29	
16	Lime	45	
7	shale	52	
13	Lime	65	
3	shale	68	
20	Lime	88	
37	shale	125	red bed 95'-97'
19	Lime	144	
76	shale	220	with some lime seams
22	Lime	242	
27	shale	269	
7	Lime	276	
23	shale	299	
2	Lime	301	
16	shale	317	
1	Lime	318	
17	shale	335	
21	Lime	356	
9	shale	365	
22	Lime	387	
4	shale	391	
5	Lime	396	
3	shale	399	
6	Lime	405	Hor. sh.

Thickness of Strata	Formation	405 Total Depth	Remarks
37	shale	142	
4	Broken sand	446	
4	sandy shale	450	no oil
70	shale	520	
4	sand	524	no oil
6	sand	530	shows little oil, slight bleed
26	shale	556	
3	lime	559	
13	shale	572	
9	lime	581	
14	shale	595	
6	lime	601	
10	shale	611	
9	lime	620	
11	shale	631	
3	lime	634	
10	shale	644	
3	lime	647	
4	shale	651	
2	lime	653	
27	shale	680	
2	sand	682	no oil, showing color
2	sand	684	20% no bleed
3	sand	687	2%
2	sand	689	50% slight bleed
2	sand	691	5%
3	sand	694	no oil



CONSOLIDATED
Oil Well Services, LLC

TICKET NUMBER 35040

LOCATION Ottawa KS

FOREMAN Fred Mader

PO Box 884, Chanute, KS 66720
320-431-9210 or 800-467-8676

FIELD TICKET & TREATMENT REPORT
CEMENT

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
10/22/12	7841	W. Lidokey # 62	NW 4	16	21	FR
CUSTOMER			TRUCK #	DRIVER	TRUCK #	DRIVER
JDR Construction			506	Fred Mad	Safety Mfg	
MAILING ADDRESS			495	Kei Kar	ICC	
P.O. Box			503	Dan Det	DD	
CITY	STATE	ZIP CODE				
Louisburg	KS	66853				

JOB TYPE Long string HOLE SIZE 5 7/8 HOLE DEPTH 750 CASING SIZE & WEIGHT 2 3/8 EUE
 CASING DEPTH 765 DRILL PIPE Baffle in TUBING @ 734 OTHER _____
 SLURRY WEIGHT _____ SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT in CASING 2 1/2" Plug + 31'
 DISPLACEMENT 4.27 BBL DISPLACEMENT PSI _____ MIX PSI _____ RATE SBPM

REMARKS: Establish pump rate. Mix Pump 100# Gel Flush. Mix + Pump
 120 sks 50/50 Poz Mix Cement 2% Gel Cement to Surface. Flush
 Pump + lines clean. Displace 2 1/2" Rubber plug to casing TD.
 Pressure to 800# PSI. Release pressure to set float valve.
 Shut in casing.

Customer Supplied Water
 JDS Drilling

Fred Mader

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401	1	PUMP CHARGE	495	1030 ⁰⁰
5406	20 mi	MILEAGE		80 ⁰⁰
5402	765	Casing footage		N/C
5407	Minimum	Ten Miles	503	350 ⁰⁰
1124	120 sks	50/50 Poz Mix Cement		1314 ⁰⁰
1118A	302#	Premium Gel		63 ⁴²
4402	1	2 1/2" Rubber Plug		25 ⁰⁰
			7.5%	SALES TAX
				109 ⁶²
				ESTIMATED TOTAL
				2975 ⁰⁴

Revin 3737

AUTHORIZATION *Sharon S...*

TITLE

DATE

I acknowledge that the payment terms, unless specifically amended in writing on the front of the form or in the customer's joint records, at our office, and conditions of service on the back of this form are in effect for services identified on this form.

253701