



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



1098683

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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<b>DISPOSITION OF GAS:</b> <input type="checkbox"/> Vented <input type="checkbox"/> Sold <input type="checkbox"/> Used on Lease <i>(If vented, Submit ACO-18.)</i>	<b>METHOD OF COMPLETION:</b> <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> _____	<b>PRODUCTION INTERVAL:</b> _____ _____
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**CONSOLIDATED**  
OIL WELL SERVICES, LLC



**ENTERED**

TICKET NUMBER 37614  
LOCATION Eureka  
FOREMAN Rick Ledford

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

**FIELD TICKET & TREATMENT REPORT**

**CEMENT** API # 15-107-24614

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
7-24-12	1828	Mitchell Family Trust L-10	36	215	21E	Linn
CUSTOMER						
MAILING ADDRESS			TRUCK #	DRIVER	TRUCK #	DRIVER
CITY						

Calt Energy Inc.

P.O. Box 388

Iola

KS

66749

TRUCK #	DRIVER	TRUCK #	DRIVER
<u>520</u>	<u>John</u>		
<u>667</u>	<u>Chris B.</u>		

JOB TYPE L/S O HOLE SIZE 6 3/4" HOLE DEPTH 862' CASING SIZE & WEIGHT 4 1/2" 10.5#  
 CASING DEPTH 850' DRILL PIPE \_\_\_\_\_ TUBING \_\_\_\_\_ OTHER 846' P.B.T.O.  
 SLURRY WEIGHT 13.6# SLURRY VOL 30 BB WATER gal/sk 8.0 CEMENT LEFT in CASING 4'SJ  
 DISPLACEMENT 13 1/2 Bbl DISPLACEMENT PSI 700 ~~PSI~~ 1200 Bump plus RATE \_\_\_\_\_

REMARKS: Safety meeting. Rig up to 4 1/2" casing. Break circulation w/ 15 Bbl fresh water. Washdown 4' to P.B.T.O. Pump to sks gel-flush 16 Bbl water spacer, 6 Bbl dye water. Mixed 115 sks OWC cement w/ 1# phenoseal/sk @ 13.6#/gal. Washout pump + loss. release plug. Displace w/ 13 1/2 Bbl fresh water. Final pump pressure 700 PSI. Bump plus to 1200 PSI. release pressure, float + plug held. Good cement returns to surface = 6 Bbl slurry to pit. Job complete. Rig down.

"Thank You"

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401	1	PUMP CHARGE	1030.00	1030.00
5406	50	MILEAGE	4.00	200.00
1126	115 sks	OWC cement	18.20	2162.00
1107A	115 #	1# phenoseal/sk	1.29	148.35
1118B	300 #	gel-flush	.21	63.00
5407A	5.98	ton mileage bulk trk	1.34	400.66
4404	1	4 1/2" top cubic plug	45.00	45.00
			Subtotal	4049.01
			SALES TAX <u>6.3%</u>	152.37
			ESTIMATED TOTAL	4201.38

Ravin 3737

AUTHORIZATION

R. R. Ledford

TITLE

251496

DATE

7/29/2012

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.

Air Drilling Specialist  
Oil & Gas Wells

**THORNTON AIR ROTARY, LLC**  
Office Phone: 620-879-2073

PO Box 449  
Caney, KS 67333

Date Started	<b>7/19/2012</b>
Date Completed	<b>7/23/2012</b>

Well No.	Operator	Lease	A.P.I #	County	State
<b>L10</b>	<b>Colt Energy</b>	<b>Mitchell Family</b>	<b>15-107-24614-00-00</b>	<b>Linn</b>	<b>Kansas</b>

Trust					
1/4	1/4	1/4	Sec.	Twp.	Rge.
			<b>36</b>	<b>21</b>	<b>21</b>

Driller	Type/Well	Cement Used	Casing Used	Depth	Size of Hole
<b>Chris</b>	<b>Oil</b>	<b>4</b>	<b>20' 1" 8 5/8</b>	<b>862</b>	<b>6 3/4</b>

### Formation Record

0-8	DIRT	419-428	LIME	760	CORE POINT
8-44	LIME	428-431	SHALE	760-763	BLACK SHALE
44-48	SHALE	431-432	COAL	763-773	SAND / GOOD OIL SHOW
48-53	BLACK SHALE	432-434	SHALE	773-792	SHALE
53-55	LIME	434-436	LIME	792-808	LMY CHAT
55-73	SHALE	436-450	SHALE	808-809	COAL
73-76	LIME	450-517	SANDY SHALE	809-862	GREY LIME
76-82	LMY SHALE	511	GAS TEST - NO GAS	812	G.T.- 5#, 1/4"= 20.7 MCF
82-84	LIME	517-518	COAL	862	TD
84-95	SANDY SHALE	518-531	SHALE		
95-201	SHALE	531-534	LIME		
201-206	RED BED	534-560	SHALE		
206-270	LIME	560-561	COAL		
270-276	SHALE	561-577	SHALE		
276-283	LIME	577-578	COAL		
283-286	SHALE	578-585	SHALE		
286-290	SAND	585-586	COAL		
290-310	SHALE	586-603	SHALE		
310-311	COAL	603-604	COAL		
311-326	SANDY SHALE	604-642	SHALE		
326-331	SHALE	642-645	LIME		
331-333	COAL	645-700	SHALE		
333-337	SHALE	661	GAS TEST - NO GAS		
337-349	LIME	686	GAS TEST - NO GAS		
349-364	SHALE	700-742	SAND		
364-367	LIME	711	WENT TO WATER		
367-369	BLACK SHALE	742-743	COAL		
369-398	SHALE	743-746	SAND		
398-415	LIME	746-747	COAL		
415-419	SHALE	747-760	SHALE		