



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
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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: _____



1098952

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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CONSOLIDATED
Oil Well Services, LLC



ENTERED

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

TICKET NUMBER 36114
LOCATION # 180 Eldorado
FOREMAN Jacob Storm

FIELD TICKET & TREATMENT REPORT

CEMENT Apr 15-115-21428-00-00

DATE <u>5-7-12</u>	CUSTOMER # <u>8544</u>	WELL NAME & NUMBER <u>meisinger #1</u>		SECTION <u>15</u>	TOWNSHIP <u>19S</u>	RANGE <u>3E</u>	COUNTY <u>Marion</u>																
CUSTOMER <u>Vertex</u>		Operating		<table border="1"> <tr> <th>TRUCK #</th> <th>DRIVER</th> <th>TRUCK #</th> <th>DRIVER</th> </tr> <tr> <td><u>446</u></td> <td><u>Jerid</u></td> <td></td> <td></td> </tr> <tr> <td><u>442</u></td> <td><u>Mark</u></td> <td></td> <td></td> </tr> <tr> <td><u>511</u></td> <td><u>Jacob</u></td> <td></td> <td></td> </tr> </table>				TRUCK #	DRIVER	TRUCK #	DRIVER	<u>446</u>	<u>Jerid</u>			<u>442</u>	<u>Mark</u>			<u>511</u>	<u>Jacob</u>		
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<u>511</u>	<u>Jacob</u>																						
MAILING ADDRESS <u>3500 Oaklawn Dr Ste 220</u>		Saftey meeting <u>JD</u> <u>M.G</u>																					
CITY <u>Dallas</u>	STATE <u>TX</u>	ZIP CODE <u>75219</u>																					

JOB TYPE Surface B HOLE SIZE 12 1/4 HOLE DEPTH 223 CASING SIZE & WEIGHT 8 5/8
 CASING DEPTH 213 DRILL PIPE _____ TUBING _____ OTHER _____
 SLURRY WEIGHT 14.5 SLURRY VOL _____ WATER gal/sk _____
 DISPLACEMENT 13.31 DISPLACEMENT PSI 300 MIX PSI 200 CEMENT LEFT in CASING 16 ft
 REMARKS: Saftey meeting, Run pipe, Break circulation, mix 165 SKS class A 3/4" gel 1/2 lb poly, displaced with 12.5 bbl water circulating cement to surface
Shut in.

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401s	1	PUMP CHARGE		
5406	50	MILEAGE	825.00	825.00
5407	1	min bulk delivery	4.00	200.00
1104s	155	class A	350.00	350.00
1102	400	calcium chloride	14.95	2317.25
1107	75	poly Flake	.74	296.00
1118B	300	gel	2.35	176.25
			.21	63.00
		Subtotal		4227.50
		SALES TAX		500.00
		ESTIMATED TOTAL		4450.00

avln 3737 AUTHORIZATION [Signature] TITLE 249665 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.



CONSOLIDATED
Oil Well Services, LLC

ENTERED

TICKET NUMBER 34333

LOCATION # 180 E/Dorado

FOREMAN Jacob Storm

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
5-27-12	8544	Messinger #1	15	19	3E	Marion
CUSTOMER						
Mailing Address			TRUCK #	DRIVER	TRUCK #	DRIVER
3141 Hood St Ste 700			603	Jeff	511	Jacob
CITY			491	Joe		
STATE			442	mark		
ZIP CODE			481 T108	clay		
DALLAS TX 75219						

JOB TYPE long string B HOLE SIZE 2 7/8 HOLE DEPTH 2601 CASING SIZE & WEIGHT 5 1/2 15.5 lb
 CASING DEPTH 2588 DRILL PIPE _____ TUBING _____ OTHER 2566 baffel
 SLURRY WEIGHT 14.5 SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT In CASING _____
 DISPLACEMENT 61.07 DISPLACEMENT PSI 1200 MIX PSI 300 RATE 8Bpm

REMARKS: Safety meeting, Break circulation, circulate 1hr, pump mud flush, mix 200 sks 60/40, 8 gel, 3 kol-seal, 1/4 lb poly, 2/cc, tailed with 75 sks thickset 5 kol seal, displaced with 61.07 bbl water, landing plug at 1500 ps. checked float, float held.

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
5407	2	min bulk delivery	350.00	700.00
1102	320	calcium chloride	.74	236.80
1107	75	poly-flake	2.35	176.25
1110A	9.50	Kol-Seal	.46	4.37.00
1118B	1600	gel	.21	336.00
1126A	75	Thickset	19.20	1440.00
1131	200	60/40 po2	12.55	2510.00
1144G	500	Dv 1100 (mud flush)	1.05	525.00
4130	3	5 1/2 centralizer	48.00	144.00
4159	1	5 1/2 float shoe	344.00	344.00
4454	1	5 1/2 Latch down	254.00	254.00
3122	10	KCl	33.50	335.00
5501C	7	transport	112.00	784.00
1123	5	city water	16.50	82.50
5404	5 people x 3 hr (personal standby)		84.00	1260.00
			Subtotal	10194.55
			SALES TAX	505.88
			ESTIMATED TOTAL	11300.43

Ravin 3737

Mark Beyler

050200

AUTHORIZATION

TITLE

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.