



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: _____



1100424

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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Drill Pipe

7-25-2012

COMPANY Energex FARM Thoele South WELL NO. BSP-TS27
 SEC. TWP. RGE. LOG. COUNTY Franklin STATE KS
 CONTRACTOR Skyy Drilling SIZE HOLE DRILL PIPE
 REMARKS: SIZE PUMP LINERS LENGTH STROKE

Thoele South

DATE

DEPTH	TIME O'CLOCK	MIN.	REMARKS
Soil	0	1	
lime	1	2	
clay	2	3	
shale	3	24	
lime	30	206	
shale	66	115	
lime	115	157	
shale	157	228	
lime	228	249	
coal	249	253	
lime	253	272	
shale	272	279	
lime	279	314	
shale	314	358	
lime	358	358	
shale	358	497	
lime	497	514	
shale	514	517	
lime	517	518	
shale	518	520	
lime	520	521	
oil sand	521	525	
shale	525	578	
coal	578	581	
shale	581	583	
lime	583	595	
coal	595	599	
shale	599	607	
lime	607	608	
shale	608	638	
oil and lime mix	638	646	
coal	646	654	
shale	654	712	
lime	712	714	
shale	714	717	
lime	717	718	
TOP oil sand	718	730	

DEPTH	TIME O'CLOCK	MIN.	REMARKS
Shale	730	730	
Coal	736	754	
Shale	754	780	
Coal	780	788	
Shale	788		
Well drill to 800			
Casing pipe			
1	314		
2	308		
3	312		
4	308		
5	312		
6	306		
7	309		
8	314		
9	314		
10	312		
11	315		
12	311		
13	315		
14	298		
15	317		TD = 779.2
16	314		
17	314		
18	316		
19	309		
20	315		
21	315		
22	315		
23	316		
24	303		
25	315		
26			



CONSOLIDATED
Oil Well Services, LLC

TICKET NUMBER 37564

LOCATION Ottawa KS

FOREMAN Fred Maden

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
8/13/12	2579	Thoele # 3SP-TS 27	NW 29	1P	21	FR

CUSTOMER
Energy Resources

MAILING ADDRESS
10975 Grandview Dr

CITY
Overland Park STATE
KS ZIP CODE
66210

TRUCK #	DRIVER	TRUCK #	DRIVER
506	Fred Mad	Safety	Wally
666	Car Mod	GMU	
675	Kei Det	KD	
548	Mik Haa	M61	

JOB TYPE Long string HOLE SIZE 5 7/8 HOLE DEPTH 800 CASING SIZE & WEIGHT 2 7/8 EUE

CASING DEPTH 779' DRILL PIPE _____ TUBING _____ OTHER _____

SLURRY WEIGHT _____ SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT in CASING 2 1/2" Plug

DISPLACEMENT 4.5388 DISPLACEMENT PSI _____ MIX PSI _____ RATE 4132M 0

REMARKS: Establish Circulation. Mix & Pump 200# Premium Gel Flush.
Mix & Pump 92 sks 70/30 Por Mix Cement 2% Gel 5%
Salt 1/2# Phen. Seal/SIC. Cement to surface. Flush pump
*lines clean. Displace 2 1/2" Rubber plug to casing TD.
Pressure to 800# PSI. Release pressure to set of float valve.
Shut in casing.

Sky Drilling

Fred Maden

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401	1	PUMP CHARGE	666	1030.00
5406	-	MILEAGE		N/C
5402	779	Casing footage		N/C
5407	1/2 Minimum	Ten Miles	548	175.00
54020	1 1/2 hr	80 BBL Vac Truck.	675	135.00
1127	92 sks	70/30 Por Mix Cement		1168.40
1115B	262#	Premium Gel		55.00
1111	187#	Granulated Salt		67.19
1107A	46#	Phen Seal		59.39
4402	1	2 1/2" Rubber Plug		2800
			7.8%	SALES TAX
				ESTIMATED TOTAL

Completed

RAVIN 3737

AUTHORIZATION Ben Bader TITLE _____ DATE _____

ESTIMATED TOTAL 2827.91

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 for

252085