



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: _____



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> <i>(Submit ACO-4)</i> <input type="checkbox"/> Other (Specify) _____	PRODUCTION INTERVAL: _____ _____
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CONSOLIDATED
ON Well Services, LLC

ENTERED

TICKET NUMBER 35564

LOCATION Eureka

FOREMAN Steve Lead

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
10-24-12	4950	Wood/Ellis 15-11	6	R45	17E	Woodson

CUSTOMER: Pigua Petroleum
MAILING ADDRESS: 1331 Xylan Rd.
CITY: Pigua STATE: Ks ZIP CODE: 66761

TRUCK #	DRIVER	TRUCK #	DRIVER
445	Dave		
513	Calin		

JOB TYPE: Surface HOLE SIZE: 11" HOLE DEPTH: 35 CASING SIZE & WEIGHT: 2"
CASING DEPTH: 38 DRILL PIPE: _____ TUBING: _____ OTHER: _____
SLURRY WEIGHT: _____ SLURRY VOL: _____ WATER gal/sk: _____ CEMENT LEFT in CASING: 5
DISPLACEMENT: 1.2 bbls DISPLACEMENT PSI: _____ MIX PSI: _____ RATE: _____

REMARKS: Safety Meeting: Pig up to 2" casing. Break circulation with fresh water. Mix 5ks Class A Cement w/ 3% Collo, 2% Gel, 1/2" Flo-Cele. Displace with 1.2 bbls Fresh water. Good cement returns to surface. Job complete Pig down.

Thank you

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
54015	1	PUMP CHARGE		
5406	40	MILEAGE	8.25.00	825.00
			4.00	160.00
11043	255ks	Class A Cement	14.95	373.25
1102	70*	Collo 3%	.74	51.80
1115B	45*	Gel 2%	.21	9.45
1107	12*	Flo-Cele 1/2" p/sk	2.35	28.20
5407	9	Tan Mileage Bulk Truck	MIC	350.00
		Sub Total		1798.20
		SALES TAX		338.1
		ESTIMATED TOTAL		1832.01

win 3737

AUTHORIZATION

[Signature]

253983
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.

1



CONSOLIDATED
Oil Well Services, LLC

ENTERED

TICKET NUMBER 35618

LOCATION Eureka

FOREMAN Steve Mead

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
11-1-12	4950	Wissard/Ellis #15-11	6	24S	17E	Woodson
CUSTOMER			TRUCK # DRIVER TRUCK # DRIVER			
Pigua Petroleum			520 John			
MAILING ADDRESS			491 Jeremy Austin (Florida)			
1331 Xylan Rd			637 Ed			
CITY	STATE	ZIP CODE				
Pigua	Ks	66761				

JOB TYPE Longstring HOLE SIZE 5 7/8 HOLE DEPTH 1270' CASING SIZE & WEIGHT _____
 CASING DEPTH 1262' DRILL PIPE _____ TUBING 2 7/8 OTHER _____
 SLURRY WEIGHT _____ SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT in CASING _____
 DISPLACEMENT 7.3 bbls DISPLACEMENT PSI 1000* Bump plug 1500* MIX PSI plug 1500* RATE _____

REMARKS: Softy meeting. Rig up to 2 7/8 tubing. Break circulation w/ Fresh water. Pump 300* Gel spacer & 6 bbls water spacer. Mix 140570 GWC cement w/ 1 phenos seal per sk. 5 wt down. Wash out pump & line stuff & plug. Displace with 7.3 bbls Fresh water. Final pumping pressure 1100* Bump plug 1500*. Shut well in with 1000*. Good cement returns to surface. 7 bbl slurry top it.
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		MILEAGE <u>N/C 2 1/2 well</u>	-	-
1126	140 sks	GWC Cement	18.80	2632.00
1197A	140*	Phenos seal	1.39	180.60
1118B	300*	Gel Flush	.21	63.00
5502c	2 hrs	80 bbl Vacuum Truck	90.00	180.00
1123	2000 gallons	CITY water	16.50	33.00
5407A	7.88 Ton	Ton mileage Bulk Truck	1.34	390.21
4409	2	2 7/8 Top Rubber plugs	28.00	56.00
			Sub Total	4564.81
			SALES TAX	216.43
			ESTIMATED TOTAL	4781.23

Revin 3737

004298

AUTHORIZATION [Signature] 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.

Summary of Changes

Lease Name and Number: Woods-Ellis 15-11

API/Permit #: 15-207-28350-00-00

Doc ID: 1103634

Correction Number: 1

Approved By: Deanna Garrison

Field Name	Previous Value	New Value
Approved Date	11/14/2012	12/06/2012
CasingNumbSacksUse dPDF_2		140
CasingPurposeOfString PDF_2		Longstring
CasingSettingDepthPD F_2		1270
CasingSizeCasingSetP DF_2		2.875
CasingSizeHoleDrilledP DF_2		5.625
CasingTypeOfCementP DF_2		OWC
CasingWeightPDF_2		6.5
Completion Or Recompletion Date	10/30/2012	11/23/2012
Liner Run?		No

Summary of changes for correction 1 continued

Field Name	Previous Value	New Value
Method Of Completion - Perf	No	Yes
Perf_Record_1		1219 to 1227 w/17 shots
Perf_Shots_1		2
Save Link	../../../../kcc/detail/operatorEditDetail.cfm?docID=1100877	../../../../kcc/detail/operatorEditDetail.cfm?docID=1103634
Total Depth	1200	1270
Tubing Record - Set At		1218
Tubing Size		1

Summary of Attachments

Lease Name and Number: Woods-Ellis 15-11

API: 15-207-28350-00-00

Doc ID: 1103634

Correction Number: 1

Attachment Name

WDEL 15-11 CMPL