



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: _____



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
<input type="checkbox"/> Perforate <input type="checkbox"/> Protect Casing <input type="checkbox"/> Plug Back TD <input type="checkbox"/> 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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Superior Building Supply, Inc.
215 West Rutledge
Yates Center, KS 66783

620-625-2447

Invoice #	Page
59990	001
Invoice Date	
02-14-2012 08:51:32	



SOLD TO: Leis Oil Service
% Matt Leis
1410 150th Rd
Yates Center, KS 66783

620-212-0795

Please Remit To: Superior Building Supply, Inc., 215 West Rutledge, Yates Center, KS 66783

Terms	P.O.#	Order #	Type	Skd By	Cust.#	Slit.
Net 10th		59990	House	MED	L07921	LDB
Quantity	UM	Item #	Description	Price	Extended Price	
6.000	EA	MA1235	MA Portland Cement 94#	11.60	69.60	
Comment: WE CAN E-MAIL YOUR INVOICES & STATEMENTS LET US KNOW YOUR E-MAIL ADDRESS				Taxable:	69.60	
				Tax:	5.78	
				Non-Tax:	0.00	
Received by:				Total:	75.38	

Superior Building Supply, Inc.
215 West Rutledge
Yates Center, KS 66783

620-625-2447

Invoice #	Page
60824	001
Invoice Date	
03-05-2012 08:05:37	



SOLD TO: Leis Oil Service
% Matt Leis
1410 150th Rd
Yates Center, KS 66783

620-212-0795

Please Remit To: Superior Building Supply, Inc., 215 West Rutledge, Yates Center, KS 66783

Terms	P.O.#	Order #	Type	Skd By	Cust.#	Slit.
Net 10th		60824	House	MED	L07921	Store
Quantity	UM	Item #	Description	Price	Extended Price	
6.000	EA	MA1235	MA Portland Cement 94#	11.60	69.60	
Comment: WE CAN E-MAIL YOUR INVOICES & STATEMENTS LET US KNOW YOUR E-MAIL ADDRESS				Taxable:	69.60	
				Tax:	5.78	
				Non-Tax:	0.00	
Received by:				Total:	75.38	



CONSOLIDATED
Oil Well Services, LLC

REMIT TO
Consolidated Oil Well Services, LLC
Dept. 970
P.O. Box 4346
Houston, TX 77210-4346

MAIN OFFICE
P.O. Box 884
Chanute, KS 66720
620/431-9210 • 1-800/467-8676
Fax 620/431-0012

INVOICE Invoice # 247890

Invoice Date: 02/17/2012 Terms: 0/0/30,n/30 Page 1

LEIS OIL SERVICES LLC
ATTN: MATT LEIS
1410 150TH ROAD
YATES CENTER KS 66783
(620) 212-0752

DAVIDSON 20-11
36253
02-16-12
KS

Part Number	Description	Qty	Unit Price	Total
1131	60/40 POZ MIX	150.00	12.5500	1882.50
1118B	PREMIUM GEL / BENTONITE	515.00	.2100	108.15
1102	CALCIUM CHLORIDE (50#)	129.00	.7400	95.46
1107A	PHENOSEAL (M) 40# BAG	75.00	1.2900	96.75
1118B	PREMIUM GEL / BENTONITE	300.00	.2100	63.00
4402	2 1/2" RUBBER PLUG	2.00	28.0000	56.00
	Description	Hours	Unit Price	Total
485	CEMENT PUMP	1.00	1030.00	1030.00
485	EQUIPMENT MILEAGE (ONE WAY)	30.00	4.00	120.00
515	MIN. BULK DELIVERY	1.00	350.00	350.00

Parts: 2301.86 Freight: .00 Tax: 168.04 AR 3969.90
Labor: .00 Misc: .00 Total: 3969.90
Sublt: .00 Supplies: .00 Change: .00

Signed _____ Date _____