



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 Bbbs.	Gas Mcf	Water Bbbs.	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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Franklin County, KS
Well: W. Lidikay 81
Lease Owner: L L

Town Oilfield Service, Inc.
(913) 837-8400

Commenced Spudding:
11/16/2012

WELL LOG

Thickness of Strata	Formation	Total Depth
20	Soil-Clay	20
12	Shale	32
5	Lime	37
2	Shale	39
15	Lime	54
8	Shale	62
10	Lime	72
2	Shale	74
1	Lime	75
4	Shale	79
14	Lime	93
32	Shale	125
2	Lime	127
15	Shale	142
20	Lime	162
74	Shale	236
22	Lime	257
27	Shale	285
7	Lime	292
20	Shale	312
2	Lime	314
19	Shale	333
1	Lime	334
14	Shale	348
8	Lime	356
3	Shale	359
12	Lime	371
8	Shale	379
23	Lime	402
4	Shale	406
5	Lime	411
5	Shale	416
5	Lime	421
4	Shale	425
7	Sand	432
5	Sandy Shale	437
11	Shale	448
4	Sand	452
23	Shale	475
44	Sandy Shale	519

Short Cuts

TANK CAPACITY

BBLs. (42 gal.) equals $D^2 \times 14 \times h$

D equals diameter in feet.

h equals height in feet.

BARRELS PER DAY

Multiply gals. per minute x 34.2

HP equals $BPH \times PSI \times .0004$

BPH - barrels per hour

PSI - pounds square inch

TO FIGURE PUMP DRIVES

* D - Diameter of Pump Sheave

* d - Diameter of Engine Sheave

SPM - Strokes per minute

RPM - Engine Speed

R - Gear Box Ratio

*C - Shaft Center Distance

D - $RPM \times d$ over $SPM \times R$

d - $SPM \times R \times D$ over RPM

SPM - $RPM \times D$ over $R \times d$

R - $RPM \times D$ over $SPM \times d$

BELT LENGTH - $2C + 1.57(D + d) + \frac{(D-d)^2}{4C}$

* Need these to figure belt length

TO FIGURE AMPS: $\frac{WATTS}{VOLTS} = AMPS$

746 WATTS equal 1 HP

Log Book

Well No. 81

Farm West Lickery

KS Franklin
(State) (County)

4 16 21
(Section) (Township) (Range)

For TDR Construction
(Well Owner)

Town Oilfield Services, Inc.

1207 N. 1st East

Louisburg, KS 66053

913-710-5400

Thickness of Strata	Formation	Total Depth	Remarks
20	sand/clay	20	
12	shale	32	
5	Lime	37	
2	shale	39	
15	lime	54	
8	shale	62	Dark
10	Lime	72	
2	shale	74	
1	Lime	75	
4	Shale	79	
14	Lime	93	
32	shale	125	red Bed "105-108"
2	Lime	127	
15	shale	142	
20	Lime	162	
74	shale	236	
22	Lime	258	
27	shale	285	with some lime seams
7	Lime	292	
20	shale	312	"308-312 red Bed"
2	Lime	314	
19	shale	333	
1	Lime	334	
14	shale	348	
8	Lime	356	
3	shale	359	
12	Lime	371	

Thickness of Strata	Formation	Total Depth	Remarks
		371	
8	shale	379	
23	Lime	402	
4	shale	406	
5	Lime	411	
5	shale	416	
5	Lime	421	Henather
4	shale	425	
7	sand	432	grey, no oil
5	sandy shale	437	
11	shale	448	
4	sand	452	grey, no oil
23	shale	475	
44	sandy shale	519	
20	shale	539	
5	sand	544	
5	sand	549	odor, oil, dk bleed
3	Broken sand	552	no oil
27	shale	579	
3	sand	582	grey, no oil
18	shale	600	
7	Lime	607	
6	shale	613	
4	Lime	617	
2	shale	619	
2	Lime	621	
4	coal	625	
2	shale	627	



CONSOLIDATED
Oil Well Services, LLC

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

TICKET NUMBER 35242

LOCATION Ottawa KS

FOREMAN Fred Maden

**FIELD TICKET & TREATMENT REPORT
CEMENT**

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY			
11/19/12		W Lid. Key # 81	NW 4	16	21	FR			
CUSTOMER		TRUCK #		DRIVER		TRUCK #		DRIVER	
L & L Energy		506		Fre Mad		Safety		Maden	
MAILING ADDRESS		495 <th colspan="2">Har Bee <td colspan="2">HB</td> <td colspan="2">J</td> </th>		Har Bee <td colspan="2">HB</td> <td colspan="2">J</td>		HB		J	
120 Shoreline Dr		510		Set Tue		ST			
CITY	STATE	ZIP CODE							
Louisburg	KS	66053							

JOB TYPE Lead string HOLE SIZE 5 7/8 HOLE DEPTH 819 CASING SIZE & WEIGHT 2 7/8 EUE
 CASING DEPTH 793 DRILL PIPE Bitflom TUBING @ 725 OTHER _____
 SLURRY WEIGHT _____ SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT in CASING 2 1/2" Plug 18'
 DISPLACEMENT 4.5 BBL DISPLACEMENT PSI _____ MIX PSI _____ RATE 5 BPM

REMARKS: Establish circulation. Mix # Pump 100# Gel Flush. Mix Pump
103 sks 50/50 Poz Mix Cement 2% Gel. Cement to Surface.
Flush pump & lines clean. Displace 2 1/2" Rubber Plug to casing TD.
Pressure to 800 # PSI. Release pressure to set Float Valve.
Shut in Casing

Customer Supplied H2O.
105 Drilling

Fred Maden

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401	1	PUMP CHARGE	495	1030 ⁰⁰
5406	20 mi	MILEAGE	495	80 ⁰⁰
5402	793	Casing footage		N/C
5407	Minimum	Ton Miles	510	125⁰⁰ 350 ⁰⁰
1124	103 sks	50/50 Poz Mix Cement		1127 ⁸⁰
1118B	273 #	2% Premium Gel		57 ³³
4402	1	2 1/2" Rubber Plug		28 ⁰⁰
				7.8%
SALES TAX				94 ⁶³
ESTIMATED TOTAL				2767 ⁸¹

SCANNED

Revin 3737

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.