



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 <table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:70%; border-bottom: 1px solid black;">Name</td> <td style="width:15%; border-bottom: 1px solid black;">Top</td> <td style="width:15%; border-bottom: 1px solid black;">Datum</td> </tr> </table>	Name	Top	Datum
Name	Top	Datum		

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: <input type="checkbox"/> Yes <input type="checkbox"/> No
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Date of First, Resumed Production, SWD or ENHR.	Producing Method:
	<input type="checkbox"/> Flowing <input type="checkbox"/> Pumping <input type="checkbox"/> Gas Lift <input type="checkbox"/> Other <i>(Explain)</i> _____

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> _____ <i>(Submit ACO-4)</i>	PRODUCTION INTERVAL: _____ _____
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CONSOLIDATED
Oil Well Services, LLC

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

4TH well INS
ABO

TICKET NUMBER 54274

FIELD TICKET REF # 47943

LOCATION Thayer

FOREMAN Brett Busby

**TREATMENT REPORT
FRAC & ACID**

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
10-19-12		Meadows #12-15				MG

CUSTOMER G & J Oil Co.		
MAILING ADDRESS		
CITY	STATE	ZIP CODE

TRUCK #	DRIVER	TRUCK #	DRIVER
476	Josh		
490	Don		
521	Mark		
618195	Jay		

WELL DATA

CASING SIZE	TOTAL DEPTH
CASING WEIGHT	PLUG DEPTH
TUBING SIZE <u>2 7/8 2EUC</u>	PACKER DEPTH
TUBING WEIGHT	OPEN HOLE
PERFS & FORMATION	
<u>648-58 (33)</u>	<u>Wayside</u>

TYPE OF TREATMENT

dump spot + acid ball-off

CHEMICALS

<u>Biocide</u>	
<u>Acid</u>	
<u>Inhibitor</u>	
<u>StimOil</u>	

STAGE	BBL'S PUMPED	INJ RATE	PROPPANT PPG	SAND / STAGE	PSI	
<u>Breakdown</u>		<u>2-4</u>			<u>1200</u>	BREAKDOWN 1200
						START PRESSURE
<u>Acidize w/ 250 gal 15% HCl acid + 50 ball sealers staged thru-out acid / pump fill max ball-off psi achieved</u>		<u>4</u>			<u>500</u>	END PRESSURE
		<u>4</u>			<u>600</u>	BALL OFF PRESS <u>3000</u>
		<u>↓</u>			<u>700</u>	ROCK SALT PRESS
		<u>4-2</u>			<u>1500</u>	ISIP <u>400</u>
		<u>2</u>			<u>↓</u>	5 MIN
		<u>2</u>			<u>3000</u>	10 MIN
		<u>2-0</u>				15 MIN
<u>Release balls to TD</u>	<u>5</u>					MIN RATE
<u>OVERFLUSH</u>	<u>5</u>	<u>5</u>				MAX RATE
<u>TOTAL PGL's</u>	<u>28</u>					DISPLACEMENT <u>3.8</u>

REMARKS:

dump spot 50 gal 15% HCl acid

Location 1:00 PM - 2:00 PM

40 miles

AUTHORIZATION Ann Wurdly

TITLE

DATE 10-19-



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 # 253874

Invoice Date: 10/23/2012 Terms: 0/0/30,n/30

Page 1

G & J WELL SERVICES, INC.
P.O. BOX 188
CANEY KS 67333
(620)252-5824

MEADOWS 12-17,12-16,12-15
47943
1-34S-14E
10-19-12
KS

Part Number	Description	Qty	Unit Price	Total
1275	15% HCL	400.00	2.1000	840.00
1202	ACID INHIBITOR	1.00	50.0000	50.00
1219B	STIMOIL FBA (SR-445)	2.00	65.0000	130.00
1231	FRAC GEL	250.00	9.0000	2250.00
1205A	BIOCIDE (AMA-35-D-P) (DR	6.00	30.0000	180.00
1208	BREAKER LEB4-ESA 14-GB10	.50	200.0000	100.00
4326	7/8" RUBBER BALL SEALERS	89.00	3.0000	267.00
2104A	16/30 BROWN SAND	1000.00	.2500	250.00
2102	12/20 BROWN SAND	8500.00	.2700	2295.00

Description	Hours	Unit Price	Total
VALVE FRAC VALVES (2" OR 3")	3.00	100.00	300.00
BALLI BALL INJECTOR	3.00	100.00	300.00
476 MINIMUM COMBO CHARGE 1300 HP UNIT	2.00	2450.00	4900.00
476 ACID JOB WITH FRAC TRUCK	1.00	560.00	560.00
476 MILEAGE CHARGE (ONE WAY)	40.00	.00	.00
T-95 WATER TRANSPORT (FRAC)	6.00	112.00	672.00
478 PROPANT DELIVERY	1.00	.00	.00
490 MILEAGE CHARGE (ONE WAY)	40.00	.00	.00
521 MINIMUM ACID SPOTTING CHARGE	3.00	200.00	600.00
521 MILEAGE CHARGE (ONE WAY)	40.00	.00	.00

13025.28

Parts:	6362.00	Freight:	.00	Tax:	16.82	AR	13710.82
Labor:	.00	Misc:	.00	Total:	13710.82		
Sublt:	.00	Supplies:	.00	Change:	.00		

Signed _____

Date _____

BARTLESVILLE, OK
918/338-0808

EL DORADO, KS
316/322-7022

EUREKA, KS
620/583-7664

PONCA CITY, OK
580/762-2303

OAKLEY, KS
785/672-2227

OTTAWA, KS
785/242-4044

THAYER, KS
620/839-5269

GILLETTE, WY
307/686-4914

STATEMENT

10182

ELMORE'S INC.

Box 87 - 776 HWY99

Sedan, KS 67361

Cell: (620) 249-2519

Eve: (620) 725-5538

Date

9-28-12

Customer G + J

Address _____

City _____

State _____

Zip _____

Qty.	Description	Price	Amount
800	SKS Cement	10,00	800,00
3	SKS Coel	16,00	48,00
3	hr Cement Pump	110,00	330,00
3	hr Pump Trucks	95,00	285,00
1	Plug Container	50,00	50,00
1	Dye	5,00	5,00
1	Bauk Tank	85,00	85,00
1	2 1/2 Rubber Plug	25,00	25,00
1	Sk Calcium Chloride	110,00	110,00
			1668,00
	Meadows 12-15	Tax	138,44
	Cemented Longeting 2 1/2		1806,44
	Casing 700' WITH 60 SKS		
	2% Coel + 20 SKS Neat WITH		
	80 LB Calcium Chloride		
	To Surface		

Thank You - We appreciate your business!

Rec'd. by _____

TERMS: Account due upon receipt of services. A 1 1/2% Service Charge, which is an annual percentage rate of 18% will be charged to accounts after 30 days.

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1	Dye	5.00	5.00
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