



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: _____



1105242

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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TICKET NUMBER 35090
LOCATION Olmitz, KS
FOREMAN Carey Kennedy



CONSOLIDATED
Oil Well Services, LLC

FIELD TICKET & TREATMENT REPORT CEMENT

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

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
10/29/12	7823	Coughenour #29	SW 3	16	21	FR
CUSTOMER			TRUCK #	DRIVER	TRUCK #	DRIVER
Town Oil Co.			481	Cashen	✓	Safety Meeting
MAILING ADDRESS			666	Gar Mon	✓	
10205 W. 287th St			570	Brehan	✓	
CITY	STATE	ZIP CODE				
Paola	KS	66071				

JOB TYPE longstring HOLE SIZE 5 5/8" HOLE DEPTH 742' CASING SIZE & WEIGHT 2 7/8" EUE
 CASING DEPTH 735' DRILL PIPE 730' TUBING, pin 730' OTHER 5'
 SLURRY WEIGHT 4.24 bbls SLURRY VOL 4.24 bbls WATER, gal/sk 4.5 bpm CEMENT LEFT in CASING 5'
 DISPLACEMENT 4.24 bbls DISPLACEMENT PSI 800 PSI MIX PSI 4.5 bpm RATE 4.5 bpm

REMARKS: hold safety meeting, established circulation, mixed + pumped 100 # Premium Gel, followed by 10 bbls fresh water, mixed + pumped 127 sts 50/50 Pozmix cement w/ 2" agel per sts, cement to surface, pushed pump clean, pumped 2 1/2" rubber plug to pin w/ 4.24 bbls fresh water, pressured to 800 PSI, shot in casing.

(Signature)

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
				1030.00
5401	1	PUMP CHARGE		80.00
5403	20 mi	MILEAGE		
5402	735'	Casing footage		350.00
5407	minimum	ten mileage		
1124	127 sts	50/50 Pozmix cement		1390.65
1188	313 #	Premium Gel		65.73
4402	1	2 1/2" rubber plug		28.00
			7.8%	SALES TAX ESTIMATED TOTAL 115.78
				3060.16

Havin 5737

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 for

254159

Franklin County, KS
 Well: Coughenour 29
 Lease Owner: TOC

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

Commenced Spudding:
 10/25/2012

WELL LOG

Thickness of Strata	Formation	Total Depth
15	Soil-Clay	15
18	Lime	33
7	Shale	40
11	Lime	51
4	Shale	55
21	Lime	76
35	Shale	111
20	Lime	131
80	Shale	211
21	Lime	232
27	Shale	259
7	Lime	266
42	Shale	308
2	Lime	310
17	Shale	327
24	Lime	351
7	Slate	358
22	Lime	380
5	Slate	385
4	Lime	389
4	Shale	393
5	Lime	398
48	Shale	446
18	Sand	464
53	Sandy Shale	517
5	Limey Sand	522
3	Sand	525
39	Sandy Shale	564
6	Lime	570
43	Shale	613
8	Lime	621
13	Shale	634
3	Lime	637
10	Shale	647
5	Lime	652
4	Shale	656
1	Lime	657
38	Shale	695
10	Sand	705
37	Sandy Shale	742-TD

