



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: _____



1106398

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> <input type="checkbox"/> Other <i>(Specify)</i> _____ <input type="checkbox"/> Other <i>(Specify)</i> _____	PRODUCTION INTERVAL: _____ _____
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Air Drilling Specialist
Oil & Gas Wells

THORNTON AIR ROTARY, LLC
Office Phone: 620-879-2073

PO Box 449
Caney, KS 67333

Date Started	10/11/2012
Date Completed	10/12/2012



Operator	A.P.I #	County	State
Colt Energy	15-107-24636-00-00	Linn	Kansas

Well No.	Lease	Sec.	Twp.	Rge.
M12-I	Mitchell Family Trust	25	21	21

Type	Driller	Cement Used	Casing Used	Depth	Size of Hole
Oil	Brantley Thornton	5	22' 1" 8 5/8	861	6 3/4

Formation Record

0-4	DIRT	575-577	COAL		
4-7	SANDY SHALE	577-604	SANDY LIME		
7-22	LIME	604-606	COAL		
22-50	LIME	606-625	SANDY SHALE		
50-54	SANDY SHALE	625-640	SHALE		
54-85	LIME	640-642	LIME		
85-255	SANDY SHALE	642-685	SANDY SHALE		
255-270	BROWN/RED LIME	685-686	COAL (BEVIER)		
270-289	LIME	686-752	SAND (BVILLE)		
289-335	SAND	752-753	COAL		
335-352	LIME	753-768	BLK SHALE		
352-357	BLACK SHALE	768	G.T.-11#, 1"= 500,000 MCF		
357-360	LIME	768-776	BLACK SHALE		
360-364	BLACK SHALE	776-785	SAND (CATTLEMAN)		
364-368	LIME	785-787	COAL		
368-370	BLACK SHALE	787-798	SHALE		
370-399	SANDY SHALE	798-861	CHAT/CHERT (MISS)		
399-423	LIME (FT SCOTT)	861	TD		
423-425	SHALE				
425-427	LIME (LITTLE OSAGE)				
427-432	BLACK SHALE				
432-436	SOFT LIME				
436-440	HARD LIME				
440-516	SAND				
516-518	COAL				
518-533	SANDY LIME				
533-534	LIME				
534-536	SHALE				
536-546	LMY SAND				
546-575	SANDY SHALE				



CONSOLIDATED
Oil Well Services, LLC

ENTERED

TICKET NUMBER 355
LOCATION Eureka
FOREMAN Steve Mead

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

FIELD TICKET & TREATMENT REPORT
CEMENT

15 107-2 24636 ✓

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
10-13-12	1838	Mitchell Family Trust (828)	23	21	21E	Linn Co
CUSTOMER			MIR-i			
MAILING ADDRESS			TRUCK #	DRIVER	TRUCK #	DRIVER
P.O. Box			485	Alan m		
CITY			515	Colin		
STATE			637	Jim		
ZIP CODE						

JOB TYPE Logging HOLE SIZE 6 3/4 HOLE DEPTH 561 CASING SIZE & WEIGHT 4 1/2 10.5
 CASING DEPTH 823.45 DRILL PIPE _____ TUBING _____ OTHER _____
 SLURRY WEIGHT _____ SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT in CASING _____
 DISPLACEMENT 13 bbls DISPLACEMENT PSI 400* Bump PSI 900* RATE _____

REMARKS: Safety meeting Rig up to 4 1/2 casing Break circulation w/ 15 bbls Fresh water. Mix 120 sks Class A Cement w/ 2% Gel, 1% CaCl2 + 1/2 phenaseal per/sk Washout pump line. Shut down Release Plug. Displace with 13 bbls Fresh water. Final Pumping Pressure 400* Bump Plug 900*. Wait 2 min. Release pressure Plug held. Good Cement Returns to Surface 9 bbls slurry to pit. 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	50	MILEAGE	4.00	200.00
11045	120 sks	Class A Cement	14.95	1794.00
1118B	225 #	Gel 2%	.21	47.25
1102	115 #	CaCl2 1%	.74	85.10
1107A	60 #	Phenaseal 1/2 # per/sk	1.29	77.40
5407A	5.64 Ton	Ton Mileage Bulk Truck	1.34	377.88
5502C	4 hrs	80 bbl Vacuum Truck	90.00	360.00
1123	3000 gallons	City water	16.50/casa	49.50
4404	1	4 1/2 Top Rubber Plug	45.00	45.00
			Subtotal	4106.13
			SALES TAX 6.3%	132.20
			ESTIMATED TOTAL	4198.33

Ravin 3737

AUTHORIZATION

R.R. Ashbell

TITLE

253141

DATE 10/15/2012

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.