



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: _____



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 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) (Submit ACO-4)</i> <input type="checkbox"/> Other (Specify) _____	PRODUCTION INTERVAL: _____ _____
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Douglas County, KS

Town Oilfield Service, Inc.

Commenced Spudding:

Well: Pearson 23

(913) 837-8400

12/21/2012

Lease Owner: R.T. Enterprises

WELL LOG

15-045-21843-00-00

Thickness of Strata	Formation	Total Depth
0-12	Soil-Clay	12
79	Sand	91
129	Sandy Shale	220
5	Lime	225
7	Sandy Shale	232
14	Lime	246
7	Shale	253
9	Lime	262
5	Shale	267
18	Shale	285
13	Shale	298
21	Sand	319
18	Lime	337
16	Sand	353
59	Shale	412
22	Lime	434
13	Shale	447
6	Shale	453
7	Lime	460
23	Shale	483
16	Lime	499
5	Shale	504
1	Lime	505
13	Shale	518
23	Lime	541
9	Shale	550
23	Lime	573
4	Shale	577
4	Lime	581
3	Shale	584
5	Lime	589
119	Shale	708
2	Sandy Shale	710
7	Sand	717
6	Sandy Shale	723
42	Shale	765
6	Lime	771
6	Shale	777
1	Lime	778
4	Shale	782

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. 23

Farm Pearson

KS Douglas
(State) (County)

11 15 20
(Section) (Township) (Range)

For R.T. Enterprises
(Well Owner)

Town Oilfield Services, Inc.

1207 N. 1st East

Louisburg, KS 66053

913-710-5400

Pearson Farm Douglas County

KS State; Well No. 23

Elevation 1084

Commenced Spuding Dec 21 20 12

Finished Drilling Dec 27 20 12

Driller's Name Wesley Dollard

Driller's Name

Driller's Name

Tool Dresser's Name Ryan Ward

Tool Dresser's Name

Tool Dresser's Name

Contractor's Name TOS

11 15 20

(Section) (Township) (Range)

Distance from S line, 2120 ft.

Distance from E line, 1480 ft.

1 core
15 hrs

CASING AND TUBING MEASUREMENTS

Feet	In.	Feet	In.	Feet	In.
930.	6	Baffle			
960.	8	Float		2	7/8

CASING AND TUBING RECORD

10" Set _____ 10" Pulled _____
 8" Set _____ 8" Pulled _____
 7 1/2" Set 109 6 1/4" Pulled _____
 4" Set _____ 4" Pulled _____
 2" Set _____ 2" Pulled _____

Thickness of Strata	Formation	Total Depth	Remarks
0-12	soil-clay	12	
79	sand	91	65' - water
129	sandy shale	220	
5	lime	225	
7	sandy shale	232	
14	lime	246	
7	shale-slate	253	
9	lime	262	
5	shale	267	
18	shale & shells	285	
13	shale	298	
21	sand & sandy shale	319	no oil
18	lime & shells	337	
16	sand & sandy shale	353	no oil
59	shale	412	
22	lime	434	
13	shale	447	
6	shale & lime	453	
7	lime	460	
23	shale	483	
16	lime	499	
5	shale	504	
1	lime	505	
13	shale	518	
23	lime	541	
9	shale-slate	550	
23	lime	573	

573

Thickness of Strata	Formation	Total Depth	Remarks
4	Shale - slate	577	
4	Lime	581	
3	Shale	584	
5	Lime	589	
119	Shale	708	Hertha
2	sandy shale	710	
7	sand	717	no 0.1
6	sandy shale	723	
42	shale	765	
6	Lime	771	
6	Shale	777	
1	Lime	778	
4	Shale & lime	782	
10	Shale	792	
3	Lime	795	
18	Shale	813	
3	Lime	816	
13	Shale	829	
2	Lime	831	
5	Shale	836	
1	Lime	837	
2	Shale	839	
1	Lime	840	
24	Shale - redbed	864	
2	Lime	866	
10	Shale	876	
2	Sandy shale	878	



CONSOLIDATED
Oil Well Services, LLC

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

TICKET NUMBER 39071

LOCATION Ottawa

FOREMAN Alan Maden

FIELD TICKET & TREATMENT REPORT
CEMENT

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
12-21-12		Pearson # 23	SE 11	15	20	DB
CUSTOMER <u>Qtenroc</u>			TRUCK #			
MAILING ADDRESS <u>120 Shoreline Dr</u>			DRIVER		TRUCK #	
CITY <u>Louisburg</u>			DRIVER		TRUCK #	
STATE <u>KS</u>			DRIVER		TRUCK #	
ZIP CODE <u>66053</u>			DRIVER		TRUCK #	

JOB TYPE Surface HOLE SIZE 9 HOLE DEPTH 111 CASING SIZE & WEIGHT 7"
 CASING DEPTH 109 DRILL PIPE _____ TUBING _____ OTHER _____
 SLURRY WEIGHT _____ SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT in CASING yes
 DISPLACEMENT 4 DISPLACEMENT PSI 100 MIX PSI --- RATE 4 bpm

REMARKS: held meeting. Established rate. Mixed & pumped 4055 50/50 cement plus 270 gel. Circulated cement. Displaced casing with 455 clean water. closed valve.

TOS, Utes

Alan Maden

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
54015	<u>1</u>	PUMP CHARGE	<u>368</u>	<u>825.00</u>
5406	<u>---</u>	MILEAGE	<u>368</u>	<u>---</u>
5402	<u>109</u>	casing footage	<u>368</u>	<u>---</u>
5407	<u>1/2 mi</u>	ton miles	<u>358</u>	<u>175.00</u>
5502	<u>1</u>	80 vac	<u>675</u>	<u>90.00</u>
1124	<u>40</u>	50/50 cement		<u>438.00</u>
1183	<u>67#</u>	gel		<u>14.07</u>
CANNED				
SALES TAX				<u>33.00</u>
ESTIMATED TOTAL				<u>1575.07</u>

Ravin 8737

NO COMPANY rep

AUTHORIZATION

Jim DKD

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.



CONSOLIDATED
Oil Well Services, LLC

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

FIELD TICKET & TREATMENT REPORT
CEMENT

TICKET NUMBER 39009
LOCATION Ottawa, KS
FOREMAN Casper Kennedy

DATE <u>12/27/12</u>	CUSTOMER #	WELL NAME & NUMBER <u>Pearson # 23</u>	SECTION <u>SE 11</u>	TOWNSHIP <u>15</u>	RANGE <u>20</u>	COUNTY <u>D6</u>
CUSTOMER <u>Oienroc</u>			TRUCK # <u>481</u>	DRIVER <u>Casten</u>	TRUCK # <u>✓</u>	DRIVER <u>Safety Meeting</u>
MAILING ADDRESS <u>120 Shoreline Dr</u>			<u>6666</u>	<u>KeiCar</u>	<u>✓</u>	
CITY <u>Louisburg</u>	STATE <u>KS</u>	ZIP CODE <u>66053</u>	<u>503</u>	<u>Dan Det</u>	<u>✓</u>	
JOB TYPE <u>long string</u>	HOLE SIZE <u>5 5/8"</u>	HOLE DEPTH <u>980'</u>	CASING SIZE & WEIGHT <u>2 1/8" EUE</u>	OTHER		
CASING DEPTH <u>960'</u>	DRILL PIPE	TUBING <u>baffle - 930'</u>	CEMENT LEFT IN CASING <u>30'</u>			
SLURRY WEIGHT	SLURRY VOL	WATER gal/sk	RATE <u>4.5 gpm</u>			
DISPLACEMENT <u>5.38 bbls</u>	DISPLACEMENT PSI	MIX PSI				

REMARKS: held safety meeting, established circulation, mixed & pumped 100 # Premium Gel followed by 10 bbls fresh water, mixed & pumped 145 sks 50/50 Pozmix cement w/ 2% gel per sk, cement to surface, flushed pump clean, pumped 2 1/2" rubber plug to baffle w/ 5.28 bbls fresh water, pressured to 800 PSI, released pressure, shut in casing.

[Handwritten signature]

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401	1	PUMP CHARGE		
5406	20 mi	MILEAGE		1030.00
5402	960'	casing footage		80.00
5407	1/2 minimum	ton mileage		175.00
5501C	1.5 hrs	Transport		1168.00
1124	145 sks	50/50 Pozmix cement		1587.75
1118B	344 #	Premium Gel		72.24
4402	1	2 1/2" rubber plug		28.00
			7.3%	SALES TAX
				123.22
				ESTIMATED TOTAL
				3264.21

Ravin 3737

AUTHORIZATION No Co. Rep. on location

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.

255630