



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
_____ 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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CONSOLIDATED
Oil Well Services, LLC

#255424

TICKET NUMBER 35751

LOCATION Paethsville, OK

FOREMAN Sanvie

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

FIELD TICKET & TREATMENT REPORT
CEMENT

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
12/17/12	2223	Johnson 53	27	34	10	CHAT.
CUSTOMER			TRUCK #	DRIVER	TRUCK #	DRIVER
DeLman Oil			398	Bryan S		
MAILING ADDRESS			579	Arnon		
CITY			534 T90	MATT M		
STATE			Nunkey 80	Levi		
ZIP CODE						

JOB TYPE LS HOLE SIZE 6 3/4 HOLE DEPTH 15' 3/8" CASING SIZE & WEIGHT 4 1/2 11.6"
 CASING DEPTH 1518 DRILL PIPE _____ TUBING _____
 SLURRY WEIGHT 13.8 SLURRY VOL 1.75 WATER gal/sk _____ OTHER _____
 DISPLACEMENT 24.7 DISPLACEMENT PSI 500 MIX PSI 200 CEMENT LEFT IN CASING 0
 RATE 4 1/2 bpm

REMARKS: EST CUR WITH GEL AND H2O. RUN 50% EXTRA ON FLUSH. GO TO
 CAT. RUN 1555x THICK SET w/ 5" KOLSEAL & .25" PHENO WASH OUT PUMP
 AND LINES - RELEASE PLUG. DISP. 24.7 BBL'S TO LAND PLUG
 CAT TO SURF PLUG DOWN 1200".

Thank you

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401	1	PUMP CHARGE		
5406	50	MILEAGE		1030.00
5402	1518	FOOTAGE		200.00
5407	1	BULK TRK		333.96
5501C	3hr	TRANSPORT		350.00
5502C	3hr	80 VAC		336.00
				300.00
1126A	1555x	Thick SET		
1116A	800'	KOL SEAL		2976.00
1118B	400'	GEL		368.00
1107A	20'	PHENO		84.00
1123	7.500 gal	CITY WATER		105.20
4404	1	4 1/2 RUBBER PLUG		123.75
				45.00
<p>7% DSC if PAID 10% DSC if 30 DAYS 2% THIN @ 655 Total \$5901.30</p>				
		SALES TAX		307.10
		ESTIMATED TOTAL		6557.01

AUTHORIZATION Shelley WS

TITLE _____

DATE 12-17-12

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



M.O.K.A.T. Drilling Inc.

P.O. BOX 590

Caney, KS 67333

Phone: (620)879-5377 Cell: (620)252-8338

"For All Your Drilling Needs"
Specializing In Coal Gas

Invoice

DATE	INVOICE NO.
12/16/2012	1420

BILL TO
DENMAN OIL 202 S. CHAUTAUQUA PO BOX 36 SEDAN, KS 67361

P.O. No.

WELL No.	LEASE
S-3	JOHNSON

DESCRIPTION	QTY	RATE	AMOUNT
1538' DRILLED AT \$8.50 PER FT.	1,538	8.50	13,073.00

THANK YOU FOR YOUR BUSINESS	Total	\$13,073.00
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