



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: _____



1109787

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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Form	ACO1 - Well Completion
Operator	Smitherman, Leon C., Jr.
Well Name	WEBER A-4
Doc ID	1109787

All Electric Logs Run

Gama-Neutron
Density
Induction
Sonic
Micro



CONSOLIDATED
ON Well Services, LLC

ENTERED

TICKET NUMBER 38408
LOCATION Eureka KS
FOREMAN Shannon Fack

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

FIELD TICKET & TREATMENT REPORT

CEMENT API # 15-015-23966

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
12-27-12	7682	Weber # A-4	19	245	5E	Butler
CUSTOMER Leon Smitherman JR.			Gulick Drlg			
MAILING ADDRESS 14331 Tipperary Circle						
CITY Wichita	STATE KS	ZIP CODE 67230				
TRUCK # 445	DRIVER Dave G	TRUCK # 667				

JOB TYPE S/P HOLE SIZE 12 1/4" HOLE DEPTH 224' CASING SIZE & WEIGHT 8 5/8" @
CASING DEPTH 214.1" G.L. DRILL PIPE — TUBING — OTHER —
SLURRY WEIGHT 14.5-15# SLURRY VOL — WATER gal/sk 6.5 CEMENT LEFT in CASING 15-20'
DISPLACEMENT 13.4 Bbl DISPLACEMENT PSI — MIX PSI — RATE 5 BPM

REMARKS: Stage #1 Rig up to 8 5/8" casing, Break circulation w/ 5 Bbl water, mixed 115 SKS Class "A" cement with 3% calcium, 2% gel, & 1/4# Flo-seal/sk @ 14.5-15 #/gal. Displace with 13.4 Bbl water & shut casing in. NO cement returns, circulation was up & down, Falling Back fast. Stage #2 Run 1" tubing to 75' Tag cement pump 80 SKS Class "A" cement with 3% calcium 2% gel & 1# phenoseal/sk, NO circulation, no cement to surface, wait 1 1/2 HRS pump 40 SKS Class "A" cement with 3% calcium 2% gel & 1# phenoseal/sk good circulation good cement returns to surface. Job complete

"Thanks Shannon & Crew"

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
54015	1	PUMP CHARGE	825.00	825.00
5406	15	MILEAGE	4.00	60.00
11045	115 SKS	Class "A" Cement	14.95	1719.25
1102	325 #	Calcium @ 3%	.74	240.50
1118B	220 #	Gel @ 2%	.21	46.20
1107	30 #	Flo-seal @ 1/4#/sk	2.35	70.50
5407	5.4 Tons	Ton mileage bulk Truck	m/c	350.00
11045	120 SKS	Class "A" Cement	14.95	1794.00
1102	340 #	Calcium @ 3%	.74	251.60
1118B	230 #	Gel @ 2%	.21	48.30
1107A	120 #	phenoseal @ 1#/sk	1.29	154.80
5407	5.64 Tons	Ton mileage bulk Truck	m/c	350.00
			Sub Total	5910.15
			SALES TAX 6.55%	283.30
			ESTIMATED TOTAL	6193.45

Ravin 3737

AUTHORIZATION [Signature] COPY TITLE Tool Pusher DATE 12-27-12

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.



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

ENTERED
FIELD TICKET & TREATMENT REPORT
CEMENT API # 15-015-23966

TICKET NUMBER 38410
LOCATION Eureka KS
FOREMAN Shannon Feck

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
12-31-12	7682	Weber # A-4	19	245	5E	Butler
CUSTOMER Leon Smitherman Jr. Mailing Address 14331 Tipperary Circle CITY Wichita			Golick Drig		TRUCK #	DRIVER
STATE KS			ZIP CODE 67230		TRUCK #	DRIVER
					445	Dave G
					515	Merle R

JOB TYPE LS HOLE SIZE 7 1/8" HOLE DEPTH 2770' CASING SIZE & WEIGHT 5 1/2" @ 15.50#
CASING DEPTH 2760, 2462 DRILL PIPE _____ TUBING _____ OTHER _____
SLURRY WEIGHT 13.4-13.6# SLURRY VOL 61 Bbl WATER gal/sk 9.0 CEMENT LEFT in CASING 21.16'
DISPLACEMENT 67 3/4 Bbl DISPLACEMENT PSI 900 MIX PSI Bump @ 1200 RATE 5 BPM

REMARKS: Rig up to 5 1/2" casing, Break circulation w/ 15 Bbl water, mixed 165 SKS Thick Set Cement w/ 5# Kol-Seal/ SK @ 13.4-13.6#/gal. Put 20 SKS in rathole, Total of 185 SKS. Shut down wash out pump & lines, displace w/ 67 3/4 Bbl water. Final pumping psi of 900 psi, bumped plug @ 1200 psi. Plug & Float held. Good circulation @ all times. Job Complete.

"Thanks Shannon & Crew"

Centralizer on # 2,4,5,6,7, Basket on # 7

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401	1	PUMP CHARGE	1030.00	1030.00
5406	15	MILEAGE	4.00	60.00
1126 A	185 SKS	Thickset Cement	19.20	3552.00
1110 A	925 #	Kol-seal @ 5#/SK	.46	425.50
5407	10.17 Tons	Ton mileage bulk Truck	m/c	350.00
4104	1	5 1/2" Cement Basket	229.00	229.00
4130	5	5 1/2" x 7 3/8" Centralizers	48.00	240.00
4203	1	5 1/2" Guide Shoe	160.00	160.00
4228 B	1	5 1/2" AFU insert Float Valve	172.00	172.00
4494	1	5 1/2" Latch down Plug	254.00	254.00
			Sub Total	6472.50
			SALES TAX	329.64
			ESTIMATED TOTAL	6802.14

Ravin 3737

AUTHORIZATION

[Signature]

TITLE

8506219

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.

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