



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: _____



1114753

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
<input type="checkbox"/> Perforate <input type="checkbox"/> Protect Casing <input type="checkbox"/> Plug Back TD <input type="checkbox"/> 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	Dawson-Markwell Exploration Co.
Well Name	Weir 3-A
Doc ID	1114753

Tops

Name	Top	Datum
KC	2902	-1728
Cleveland	3042	-1868
Cherokee	3224	-2050
Bartlesville	3412	-2238
Miss Chat	3455	-2281
Miss Lime	3490	-2316
Woodford	3734	-2560
Simpson Sand	3802	-2628
Arbuckle	3850	-2674



CONSOLIDATED
Oil Well Services, LLC

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

*ECM
Dewid*

TICKET NUMBER 37673
LOCATION 180
FOREMAN LARRY FORM

FIELD TICKET & TREATMENT REPORT

CEMENT API-15-035-24481

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
8-16-12		Weir 3A	30	345	3E	Cowley
CUSTOMER			TRUCK #	DRIVER	TRUCK #	DRIVER
Dawson-Markwell Exploration			603	JEFF		
MAILING ADDRESS			491	JOHN		
P.O. Box 2446			681	STEVE		
CITY	STATE	ZIP CODE	539	LARRY		
OLA City	OK	73101				

JOB TYPE PROD B HOLE SIZE 7 7/8 HOLE DEPTH 3900 CASING SIZE & WEIGHT 4 1/2 11.6 lb
 CASING DEPTH 3899 DRILL PIPE _____ TUBING _____ OTHER 15H SHOE JT.
 SLURRY WEIGHT 14.75 SLURRY VOL 107 WATER gal/sk _____ CEMENT LEFT in CASING _____
 155 DISPLACEMENT 60.21 DISPLACEMENT PSI 300 MIX PSI 100 RATE 9.9 bbls

REMARKS: Rpged up to 4 1/2 Csg - Broke Circulation. - Pumped 10 bbls water
225 sks Lite-weight + 8 lbs Kol-seal - Tailed 100 sks Thickset + 51 b
Kol-seal - flushed dump & PUES - displaced plug with 60.8 bbls Kol
WATER. - Released float held. Shut 4 1/2 pu with plug bottomer.

PAID by Check 8329

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401	1	PUMP CHARGE	1030.00	1030.00
5406	62	MILEAGE	4.00	248.00
5402	1400	Footage	.22	308.00
1131	225	60/40 Poz-mix	12.55	2823.75
1118B	1800	lbs Gel	.21	378.00
1110 A	1800	lbs Kol-seal	.46	828.00
1102	450	lbs CACK2	.74	333.00
1107	56	lbs Poly-Flake	2.35	131.60
1126A	100	sks Thick-set	19.20	1920.00
1110 A	500	lbs Kol-seal	.46	230.00
5407	62	Bulk DelRuxdy X 15.28 tons X	1.34	1269.46
4453	1	4 1/2 Latch-down Plug	232.00	232.00
		RECEIVED		
		FEB 22 2011	less 10%	973.18
			Subtotal	8758.63
		KCC Wichita	SALES TAX	605.11
			ESTIMATED TOTAL	9363.74

Ravin 3737

AUTHORIZATION Dipp Markwell 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.

NO 1287

DATE 8-7-2012

SPS

Stimulation Pumping Services

Phone (580) 363-5413 • P.O. 758 • Blackwell, Oklahoma 74631

OMER <u>Dawson - Markwell</u>	LEASE <u>Weir 3A</u>
ESS <u>1249 E. 33rd</u>	COUNTY <u>Cowley Ks</u>
<u>EDMOND</u>	SECTION _____ TOWNSHIP _____ RANGE _____
& ZIP <u>OK 73013</u>	SERVICES & MATERIALS REC. BY: _____

QUANTITY	DESCRIPTION OF SERVICES AND MATERIALS	UNIT PRICE	AMOUNT
1	Cement Pump		
225 sx	Class H Cement		
1	8 5/8 Rubber Plug		
1	Cement Head		
30 m.	Heavy Equipment Mileage		
30 mi	Light Equipment Mileage		
400 lbs	Calcium Chloride		
		Book Price	7,552.00
		Discounted Price	5,286.40
		SALES TAX	359.48
		TOTAL BILLING	5645.88

RECEIVED
FEB 22 2013
KCC WICHITA

Darley Miller

Ken Glass
SERVICE ENGINEER

**FIELD TICKET ONLY
SUBJECT TO CORRECTION**
TERMS: 1-1/2% per month charge for payments made after thirty days from billing date.