



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: _____



1115054

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
---	---

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
-----------------------------------	-----------	---------	-------------	---------------	---------

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 (Specify) _____ <i>(Submit ACO-4)</i>	PRODUCTION INTERVAL: _____ _____
--	--	---

8-07-2012

COMPANY Energy

FARM Thoele South

WELL NO. BSI-TS

SEC. TWP. RGE. LOC.

COUNTY Franklin

STATE KS

CONTRACTOR Skyy Drilling

SIZE HOLE

DRILL PIPE

REMARKS:

Spud 8/12 -

SIZE PUMP LINERS

LENGTH STROKE

BSI-TS11

DATE

DEPTH	TIME O'CLOCK	MIN.	REMARKS
Soil	0	3	
Lime shale	3	34	
Shale	34	107	
Lime	107	135	
Shale	135	154	
Coal	154	157	
Shale	157	199	
Lime	199	216	
Shale	216	228	
Lime	228	306	
Shale	306	426	
Lime	426	429	
Shale	429	467	
Lime	467	479	
Shale	479	584	
Lime	584	586	
Shale	586	604	
Lime	604	608	
Shale	608	611	
Shale	611	616	
Lime	616	627	
Sandy shale	627	634	
Shale	634	695	
Lime	695	697	
Oil stop	697	706	
Oil stop	706		
Shale	707	712	
Coal	712	725	
Shale	725	733	
Sandy shale	733		
Well drill to 755 ft			

DEPTH	TIME O'CLOCK	MIN.	REMARKS
Casing			pipe tall
315			
307			
313			TD=748.6 casing
316			
316			
303			
308			
315			
315			
312			
31			
315			
316			
308			
315			
317			
308			
315			
317			
308			
314			
316			
315			
316			
293			
314			
308			



CONSOLIDATED
Oil Well Services, LLC

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

TICKET NUMBER 39515
LOCATION Of Lawg
FOREMAN Alan Mader

FIELD TICKET & TREATMENT REPORT
Thoele CEMENT

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
8-20-12	2579	BST 75-11	NW 77	18	21	FR
CUSTOMER			TRUCK #	DRIVER	TRUCK #	DRIVER
Energen Resources			516	Alc Mader	Safety	Mader
MAILING ADDRESS			368	Alc Mader		
10975 Grandview Dr			369	Der Mas		
CITY	STATE	ZIP CODE	548	Mikhaq		
Overland Park	KS	66210				

JOB TYPE long string HOLE SIZE 5 7/8 HOLE DEPTH 755 CASING SIZE & WEIGHT 2 7/8
 CASING DEPTH 748 DRILL PIPE _____ TUBING _____ OTHER _____
 SLURRY WEIGHT _____ SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT IN CASING yes
 DISPLACEMENT 4.3 DISPLACEMENT PSI 800 MIX PSI 200 RATE 4.6 pm

REMARKS: *Held crew meet. Established rate. Mixed & pumped 100 # gel followed by sk 70/30 cement plus 5% salt, 270 gel, 1/2 phen seal per sack. Circulated cement, flushed pump. Pumped plug to casing ID. Well hold 800 PSI for 30 minute MIT. Set float. Closed valves.*

Alan Mader

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401	1	PUMP CHARGE		1030.00
5406	-	MILEAGE		-
5402	748'	Casing footage		-
5407	1/2 min	ton miles		175.00
5502C	1	80 w/c		90.00
1127	101	70/30 cement		1282.70
118B	278 #	gel		58.28
111	204	salt		75.48
1107 A	51	phen seal		65.79
4402	7	2 1/2 plug		28.00
SCANNED				
			SALES TAX	117.81
			ESTIMATED TOTAL	2923.16

Ravin 3737

AUTHORIZATION *Alan Mader* 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.