



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> <input type="checkbox"/> Other (Specify) _____	PRODUCTION INTERVAL: _____ _____
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DRILL LOG

Operator License#	API 15-121-29386-00-00
Operator TNT	Lease Name Schuknecht
Address	Well # 21
Contractor JTC Oil, Inc.	Spud Date 1/10/13 Cement 1/15/13
Contractor License ___32834	Location _____ of _____
T.D. 460 T.D. of Pipe 435	_____ feet from _____
Surf. Pipe Size_ 7 __Depth 20	_____ feet from _____
Kind of Well ___ prod.	County Miami

Thickness	Strata	From	To	Thickness	Strata	From	To
15	dirt	0	15	13	lime	137	150
3	clay	15	18	2	shale mix	150	152
9	shale	18	27	14	lime	152	166
6	lime	27	33	7	black shale	166	173
11	shale	33	44	17	lime	173	190
14	lime	44	58	3	shale	190	193
10	shale mix	58	68	20	lime	193	213
4	lime	68	72	2	shale mix	213	215
38	shale	72	110	5	lime	215	220
15	lime	110	125	38	shale	220	258
12	shale	125	137	2	sandy shale	258	260

5	shale	260	265
69	Shale	265	334
1	good	334	335
2	good	335	337
2	little	337	339
26	shale mix	339	365
10	lime mix	365	375
18	little oil	375	393
6	alright	393	399
14	shale	399	413
5	lime mix	413	418
7	shale	418	425
35	lime mix	425	460



REMITTO
 Consolidated Oil Well Services, LLC
 Dept. 970
 P.O. Box 4346
 Houston, TX 77210-4346

MAIN OFFICE
 P.O. Box 884
 Chanute, KS 66720
 620/431-9210 • 1-800/467-8676
 Fax 620/431-0012

INVOICE

Invoice # 255970

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 Invoice Date: 01/18/2013 Terms: 0/0/30,n/30 Page 1

TNT ENERGY, LLC
 28906 ORCHARD ROAD
 PAOLA KS 66071
 (913)285-1406

SCHUCKNETH 21
 38724
 20-17-23
 01-15-2013
 KS

Part Number	Description	Qty	Unit Price	Total
1126	OIL WELL CEMENT	55.00	18.8000	1034.00
1118B	PREMIUM GEL / BENTONITE	100.00	.2100	21.00
4402	2 1/2" RUBBER PLUG	1.00	28.0000	28.00
Description		Hours	Unit Price	Total
370	80 BBL VACUUM TRUCK (CEMENT)	1.50	90.00	135.00
495	CEMENT PUMP	1.00	1030.00	1030.00
495	EQUIPMENT MILEAGE (ONE WAY)	40.00	4.00	160.00
495	CASING FOOTAGE	434.00	.00	.00
548	MIN. BULK DELIVERY	.50	350.00	175.00

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 Parts: 1083.00 Freight: .00 Tax: 81.77 AR 2664.77
 Labor: .00 Misc: .00 Total: 2664.77
 Sublt: .00 Supplies: .00 Change: .00
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Signed _____

Date _____



CONSOLIDATED
Oil Well Services, LLC

255970

TICKET NUMBER 38724

LOCATION Oxtawa KS

FOREMAN Fred Madler

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
1/15/13	8040	Schukkoekt #21	NE 20	17	23	MI
CUSTOMER TNT Energy, LLC			TRUCK# DRIVER TRUCK# DRIVER			
MAILING ADDRESS 28906 Orchard Rd			506	Fred Mad	Safety Mtg	
CITY STATE ZIP CODE Paola KS 66071			495	Hal Bac	HB	
			870	Jan Ric	JR	
			548	Mik Haa	MH	

JOB TYPE <u>Long string</u>	HOLE SIZE <u>6</u>	HOLE DEPTH <u>150'</u>	CASING SIZE & WEIGHT <u>2 1/2" EUE</u>
CASING DEPTH <u>494'</u>	DRILL PIPE	TUBING	OTHER
SLURRY WEIGHT	SLURRY VOL	WATER gal/sk	CEMENT LEFT in CASING <u>2 1/2" Plug</u>
DISPLACEMENT <u>2.52 BB</u>	DISPLACEMENT PSI	MIX PSI	RATE <u>4 Bpm</u>

REMARKS: Hold crew meeting. Mix & Pump 100# Gel Flush. Mix & Pump 55 sks OWC Cement. Cement to surface. Flush pump. Lines clean. Displace 2 1/2" rubber plug to casing TD. Pressure to 800# PSI. Release pressure to set float valve.

JTC Drilling

Fred Madler

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401	1	PUMP CHARGE	495	10.30 ⁰⁰
5406	40 mi	MILEAGE	495	19.80 ⁰⁰
5402	434	Casing footage		N/C
5407	1/2 Mile minimum	Ten Miles	548	1.25 ⁰⁰
5502C	1 1/2 hr	80 BBL Vac Truck	1720	135 ⁰⁰
1126	55 sks	OWC Cement		10.34 ⁰⁰
1118B	100#	Premium Gel		21 ⁰⁰
4402	1	2 1/2" Rubber Plug		28 ⁰⁰
			71.55 ⁰⁰	
		SALES TAX		81 ²⁷
		ESTIMATED TOTAL		216.04 ²⁷

Rev'n 9787

AUTHORIZATION [Signature]

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