



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: _____



1119539

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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Air Drilling Specialist
Oil & Gas Wells

THORNTON AIR ROTARY, LLC
Office Phone: 620-879-2073

PO Box 449
Caney, KS 67333

Date Started	9/12/2012
Date Completed	9/14/2012

Operator	A.P.I #	County	State
Colt Energy	15-107-24633-00-00	Linn	Kansas

Well No.	Lease	Sec.	Twp.	Rge.
AA-2	Lanham	2	22	22

Type	Driller	Cement Used	Casing Used	Depth	Size of Hole
Oil	Brantley Thornton	4	21' 4" 8 5/8	687	7 7/8

Formation Record

0-6	DIRT	422-425	LIME		
6-21	SANDY SHALE	425-434	SHALE		
21-34	LMY SAND	434-436	LIME		
34-40	BLACK SHALE	436-536	SHALE/TRIP OUT TO 7 7/8		
40-44	SAND	536-604	SHALE		
44-59	LIME	604-606	COAL		
59-63	BLACK SHALE	606-620	SANDY SHALE		
63-68	LIME	620-622	LIME		
68-70	BLACK SHALE	622-639	SANDY SHALE		
70-85	LIME	639-642	BLACK SHALE / COAL		
85-209	SAND	642-651	SANDY SHALE		
209-212	LIME	651-652	COAL		
212-239	SHALE	652-686	SANDY SHALE		
239-241	COAL	686-687	SAND		
241-258	SANDY SHALE	687	TD		
258-260	LIME				
260-267	SANDY LIME				
267-272	SAND				
272-279	LIME				
279-282	SANDY SHALE				
282-308	SAND				
308-309	COAL				
309-331	SANDY SHALE				
331-345	LIME				
345-363	SHALE				
363-365	COAL				
365-397	SHALE				
397-408	LIME				
408-420	LMY SHALE MIX				
420-422	SHALE				



CONSOLIDATED
Oil Well Services, LLC

ENTERED

TICKET NUMBER 35255
LOCATION Evreux
FOREMAN Rick Ledford

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

FIELD TICKET & TREATMENT REPORT
CEMENT

API # 15-107-24633

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
9-19-12	1828	Lanham (363) # AA2	2	22	22E	LIUN
CUSTOMER			TRUCK #			
MAILING ADDRESS			DRIVER			
CITY			TRUCK #			
STATE			DRIVER			
ZIP CODE			TRUCK #			

JOB TYPE L/S 0 HOLE SIZE 7 7/8" HOLE DEPTH 688 CASING SIZE & WEIGHT 5 1/2" 15.5"
 CASING DEPTH 688 DRILL PIPE _____ TUBING _____ OTHER _____
 SLURRY WEIGHT 13.5" SLURRY VOL 30 Bbl WATER gal/sk 9.0 CEMENT LEFT in CASING 20'
 DISPLACEMENT 15.8 Bbl DISPLACEMENT PSI 225* MAX PSI 225* shut in RATE _____

REMARKS: Safety meeting - Rig up to 5 1/2" casing w/ washhead. Wash down to PSTD. Rig up to cement. Pump 6 sks gel-flush, 5 Bbl water spacer. 8 Bbl dye water. Mixed 80 sks OWC cement w/ 40% silica flour @ 13.5"/gal. shut down, washout pump + lines, stuff plus Displace w/ 15.8 bbl water to 668' followed by wireline. Final pump pressure 225* PSI. Closed well in @ 225 PSI. Good cement returns to surface = 3 Bbl slurry to pit. Job complete. Rig down.

"Thank You"

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401	1	PUMP CHARGE	1030.00	1030.00
5406	300	MILEAGE 300 well of 3	n/c	n/c
1126	80 sks	OWC cement	18.80	1504.00
1139	3010*	40% silica flour	.53	1595.30
1118B	300*	gel-flush	.21	63.00
5407A	5.6	ton mileage bulk truck	1.34	375.20
5502L	3 1/2 hrs	80 Bbl VAC. TRK	90.00	315.00
4406	1	5 1/2" top cutter plus	70.00	70.00
			Subtotal	4952.50
			6.39% SALES TAX	203.63
			ESTIMATED TOTAL	5156.13

Revin 3737

AUTHORIZATION R.R. Ledford TITLE _____ DATE 9/19/2012

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