



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
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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
<input type="checkbox"/> Perforate <input type="checkbox"/> Protect Casing <input type="checkbox"/> Plug Back TD <input type="checkbox"/> Plug Off Zone				

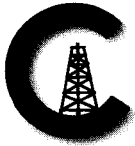
Shots Per Foot	PERFORATION RECORD - Bridge Plugs Set/Type Specify Footage of Each Interval Perforated	Acid, Fracture, Shot, Cement Squeeze Record <i>(Amount and Kind of Material Used)</i>	Depth

TUBING RECORD:	Size:	Set At:	Packer At:	Liner Run: <input type="checkbox"/> Yes <input type="checkbox"/> No
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Date of First, Resumed Production, SWD or ENHR.	Producing Method: <input type="checkbox"/> Flowing <input type="checkbox"/> Pumping <input type="checkbox"/> Gas Lift <input type="checkbox"/> Other <i>(Explain)</i> _____
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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> _____ <i>(Submit ACO-4)</i>	PRODUCTION INTERVAL: _____ _____
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CONSOLIDATED
Oil Well Services, LLC

REMIT TO
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 # 253336

Invoice Date: 09/30/2012 Terms:

Page 1

TRIMBLE & MACLASKEY OIL LLC
BOX 171
GRIDLEY KS 66852
() -

STUTTLE #1
35493
14-21S-10E
09-28-12
KS

Part Number	Description	Qty	Unit Price	Total
1131	60/40 POZ MIX	105.00	12.5500	1317.75
1118B	PREMIUM GEL / BENTONITE	360.00	.2100	75.60

Description	Hours	Unit Price	Total
445 P & A NEW WELL	1.00	1030.00	1030.00
445 EQUIPMENT MILEAGE (ONE WAY)	30.00	4.00	120.00
515 MIN. BULK DELIVERY	1.00	350.00	350.00

Parts:	1393.35	Freight:	.00	Tax:	101.72	AR	2995.07
Labor:	.00	Misc:	.00	Total:	2995.07		
Sublt:	.00	Supplies:	.00	Change:	.00		

Signed _____

Date _____

BARTLESVILLE, OK
918/338-0808

EL DORADO, KS
316/322-7022

EUREKA, KS
620/583-7664

PONCA CITY, OK
580/762-2303

OAKLEY, KS
785/672-2227

OTTAWA, KS
785/242-4044

THAYER, KS
620/839-5269

GILLETTE, WY
307/686-4914



ENTERED

TICKET NUMBER 35493
 LOCATION Eureka
 FOREMAN Steve Mead

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

FIELD TICKET & TREATMENT REPORT

CEMENT APX 15-111-20464

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
9-28-12	1842	STUTTLER #1	14	215	10E	Lyon
CUSTOMER			TRUCK #			
Trimble & MacLuskey Oil, LLC			DRIVER			
MAILING ADDRESS			TRUCK #			
P.O. Box 171			DRIVER			
CITY						
Gridley						
STATE						
KS						
ZIP CODE						
66852						

JOB TYPE PTA HOLE SIZE 7 7/8 HOLE DEPTH 2619' CASING SIZE & WEIGHT _____
 CASING DEPTH _____ DRILL PIPE _____ TUBING _____ OTHER _____
 SLURRY WEIGHT _____ SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT In CASING _____
 DISPLACEMENT _____ DISPLACEMENT PSI _____ MIX PSI _____ RATE _____

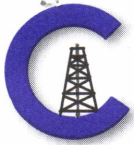
REMARKS: Safety meeting: Rig up to 4 1/2 Drill pipe. Plug well as follow.

15 sks AT 2160'
15 sks AT 1250'
50 sks AT 150' To surface
25 sks Batch
105 sks 60/40 per mix cement 4% Gel
Job Complete Rig down
Thank you

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5405N	1	PUMP CHARGE	1070.00	1070.00
5406	30	MILEAGE	4.00	120.00
1131	105 sks	60/40 per mix cement	12.55	1317.75
1118B	360 #	Gel 4%	.21	75.60
5407	4.52	Ten mileage Bulk Truck	m/c	350.00
			SUBTOTAL	2893.35
			SALES TAX 7.3%	107.12
			ESTIMATED TOTAL	2995.01

AUTHORIZATION [Signature] TITLE TP DATE 9-28-12

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



CONSOLIDATED
Oil Well Services, LLC

REMIT TO
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 # 253231

Invoice Date: 09/26/2012 Terms:

Page 1

TRIMBLE & MACLASKEY OIL LLC
BOX 171
GRIDLEY KS 66852
() -



STUTTLE #1
35524
14-21S-10E
09-25-12
KS

Part Number	Description	Qty	Unit Price	Total
1104S	CLASS "A" CEMENT (SALE)	90.00	14.9500	1345.50
1102	CALCIUM CHLORIDE (50#)	255.00	.7400	188.70
1118B	PREMIUM GEL / BENTONITE	170.00	.2100	35.70
1107	FLO-SEAL (25#)	22.00	2.3500	51.70
	Description	Hours	Unit Price	Total
520	CEMENT PUMP (SURFACE)	1.00	825.00	825.00
520	EQUIPMENT MILEAGE (ONE WAY)	30.00	4.00	120.00
693	MIN. BULK DELIVERY	1.00	350.00	350.00

Parts:	1621.60	Freight:	.00	Tax:	118.38	AR	3034.98
Labor:	.00	Misc:	.00	Total:	3034.98		
Sublt:	.00	Supplies:	.00	Change:	.00		

Signed _____ Date _____



CONSOLIDATED
Oil Well Services, LLC

Rd 50 South of OIPE

West to E Rd, 1/2 South East into

TICKET NUMBER 35524

LOCATION Eureka KS

FOREMAN Shannon Feck

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

FIELD TICKET & TREATMENT REPORT

CEMENT API # 15-111-20464

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
9-25-12	7842	Stuttle #1	14	21S	10 E	Lyon
CUSTOMER <u>Trimble + MacLaskey Oil LLC</u>			Golick Drlg			
MAILING ADDRESS <u>P.O. Box 171</u>			TRUCK #	DRIVER	TRUCK #	DRIVER
CITY <u>Gridley</u>			<u>520</u>	<u>John S</u>		
STATE <u>KS</u>			<u>693</u>	<u>Russ m</u>	<u>(oskley Truck)</u>	
ZIP CODE <u>66852</u>						

JOB TYPE Surface HOLE SIZE 12 1/4" HOLE DEPTH 119' CASING SIZE & WEIGHT 8 5/8"
 CASING DEPTH 119.38 K.B. DRILL PIPE _____ TUBING _____ OTHER _____
 SLURRY WEIGHT 14.5-15# SLURRY VOL 24 Bbl WATER gal/sk _____ CEMENT LEFT in CASING 15'
 DISPLACEMENT 6.6 DISPLACEMENT PSI _____ MIX PSI _____ RATE 5 BPM

REMARKS: Rig up to 8 5/8 casing, Break circulation with 5 Bbl water. Miled 90 SKS Class "A" cement with 30% calcium, 2% gel + 1/4 # Flo-crete/sk @ 14.5-15#/gal. Displace with 6.6 Bbl water & shut well in. Good circulation @ all times. 6 Bbl slurry to pit. 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	30	MILEAGE	4.00	120.00
11045	90 SKS	Class "A" cement	14.95	1345.50
1102	255 #	Calcium @ 30%	.74	188.70
1118B	170 #	gel @ 2%	.21	35.70
1107	22 #	Flo-crete @ 1/4 #/sk	2.35	51.70
5407	4.23 Tons	Ton mileage bulk Truck	m/c	350.00
			Sub Total	2916.60
			SALES TAX	118.38
			ESTIMATED TOTAL	3034.98

Ravin 3737

003031

AUTHORIZATION MC

TITLE TC

DATE 9-25-12

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.