



**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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<b>DISPOSITION OF GAS:</b> <input type="checkbox"/> Vented <input type="checkbox"/> Sold <input type="checkbox"/> Used on Lease <i>(If vented, Submit ACO-18.)</i>	<b>METHOD OF COMPLETION:</b> <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>	<b>PRODUCTION INTERVAL:</b> _____ _____
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TICK NUMBER 38212  
 LOCATION Eureka KS  
 FOREMAN Shannon Feck

FIELD TICKET & TREATMENT REPORT

PO Box 884, Chanute, KS 66720  
 320-431-9210 or 800-467-8876

CEMENT APZ # 15-113-21355 KS

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
11-15-12	1040	Lawrence 1-17	17	20S	1W	McPherson

  

CUSTOMER	TRUCK #	DRIVER	TRUCK #	DRIVER
Trek AEC LLC	445	Dave G		
	667	Chris B		

  

CITY	STATE	ZIP CODE
Wichita	KS	67202

JOB TYPE L/S HOLE SIZE 7 7/8" HOLE DEPTH 3500' CASING SIZE & WEIGHT 5 1/2" @ 14# New  
 CASING DEPTH 3500.75 R.B DRILL PIPE \_\_\_\_\_ TUBING \_\_\_\_\_ OTHER \_\_\_\_\_  
 SLURRY WEIGHT 13.6 # SLURRY VOL 35 Bbl WATER gal/sk 7.0 CEMENT LEFT IN CASING 42.45'  
 DISPLACEMENT 86 Bbl DISPLACEMENT PSI 500 MIX PSI 1000 Pump Plug RATE 5 BPM  
 REMARKS: Rig up to 5 1/2" casing Break circulation w/ 15 Bbl water, mixed 100# Caustic Soda pre flush with 500gal water, 10 Bbl water spacer, mixed 120 SKS Thickset cement with 5# Kol-Seal/sk @ 13.6#/gal. Shut down wash out pump & lines, displace with 86 Bbl water, final pumping pressure of 500psi, Dumped plug to 1000psi, Plug & flood held good. Job Complete

25 SKS in Rathole      75 SKS in main hole      Thanks Shannon & Crew  
20 SKS in mousehole

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401	1	PUMP CHARGE	1030.00	1030.00
5406	100	MILEAGE	4.00	400.00
1126A	120 SKS	Thickset Cement	19.20	2304.00
1110A	600 #	Kol-Seal @ 5#/SK	.46	276.00
1103	100 #	Caustic Soda Pre Flush (500 gallons)	1.61	161.00
5407A	6.6 Tons	Ton mileage bulk TRUCK	1.34	884.40
4228B	1	5 1/2" AFV insert float valve	172.00	172.00
4203	1	5 1/2" Guide Shoe	160.00	160.00
4454	1	5 1/2" Latch down Plug	254.00	254.00
4130	4	5 1/2" Centralizers	48.00	192.00
		Sub Total		5933.40
		7.3% SALES TAX		256.88
		ESTIMATED TOTAL		6090.28

Rev 09/07

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.



**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 • 1-800/467-8678  
Fax 620/431-0012

INVOICE Invoice # 255417  
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Invoice Date: 12/18/2012 Terms: 0/0/30,n/30 Page 1  
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TREK AEC, LLC  
ONE ENERGY SQUARE  
4925 GREENVILLE AVE, SUITE 915  
DALLAS TX 75206  
(214) 373-0318

LAWRENCE 1-17  
35447  
17-20S-1W  
12-14-12  
KS

*ASD*  
*9307*

Part Number	Description	Qty	Unit Price	Total
1104S	CLASS "A" CEMENT (SALE)	100.00	14.9500	1495.00
1102	CALCIUM CHLORIDE (50#)	160.00	.7400	118.40
3107	15% HCL	150.00	2.1000	315.00
3166	ACID INHIBITOR	.50	50.0000	25.00

  

Description	Hours	Unit Price	Total
502 TON MILEAGE DELIVERY	275.00	1.34	368.50
603 CEMENT PUMP	1.00	1325.00	1325.00
603 EQUIPMENT MILEAGE (ONE WAY)	55.00	4.00	220.00

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Parts: 1953.40 Freight: .00 Tax: 117.78 AR 3984.68  
Labor: .00 Misc: .00 Total: 3984.68  
Sublt: .00 Supplies: .00 Change: .00  
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Signed \_\_\_\_\_ Date \_\_\_\_\_

BARTLESVILLE, OK 918/338-0808	EL DORADO, MO 318/322-7022	EUREKA, KS 620/563-7664	PONCA CITY, OK 580/762-2303	OAKLEY, KS 785/672-2227	OTTAWA, KS 785/242-4044	THAYER, KS 620/638-5269	GILLETTE, WY 307/686-4814
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American Envelopes



**CONSOLIDATED**  
Oil Well Services, LLC

**ENTERED**

TICKET NUMBER 35447

LOCATION 180

FOREMAN LARRY STARR

PO Box 804, Chanute, KS 66720  
620-431-9210 or 800-467-8676

**FIELD TICKET & TREATMENT REPORT**  
**CEMENT**

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
12-14-12	7994	Lawrence 1-17	17	20S	1W	McPherson
CUSTOMER			TRUCK #	DRIVER	TRUCK #	DRIVER
TREK AEC LLC			603	Jeff		
MAILING ADDRESS			502	Steve		
155 N. Market Ste 710			539	LARRY		
CITY	STATE	ZIP CODE				
Lawrence	Ks	67202				

JOB TYPE Squeeze HOLE SIZE 7 7/8 HOLE DEPTH \_\_\_\_\_ CASING SIZE & WEIGHT 3 1/2  
 CASING DEPTH \_\_\_\_\_ DRILL PIPE \_\_\_\_\_ TUBING 2 7/8 OTHER \_\_\_\_\_  
 SLURRY WEIGHT 15.25 SLURRY VOL 22 WATER gal/sk \_\_\_\_\_ CEMENT LEFT in CASING \_\_\_\_\_  
 DISPLACEMENT 21.81 DISPLACEMENT PSI \_\_\_\_\_ MIX PSI 800 to 0 lbs RATE 4.58

REMARKS: Del 3410 to 11 & 3421-22 - Set pw between 200 and 150 gals  
15% APCO - Set Packer - Pressured up to 1050 lbs - APCO on Del Packer to  
0 lbs - Circulated Around Packer. - Pulled Packer up to 3497 ft &  
Pressure Annulus to 500 lbs. Look Log - Rate 4.58 gals, at 1100 lbs. - Packer 50  
gals with 25% APCO - Pulled 50 sks ft - 13 lbs to catch Packer - Released 16 gals,  
Shagan Cement - well taking on a vacuum. Staged 50 mfw to get 1050 lbs  
fluid 15 mfw - had 25 lbs - Released - No Flow back - Released Packer  
Flushed casing 40 gals - Pulled tubing & Packer - Pressured casing  
to 100 lbs - Shut in.

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401	1	PUMP CHARGE	1325.00	1325.00
3406	55	MILEAGE	4.00	220.00
11045	100	skts A	14.95	1495.00
1102	160	lbs APCO 2	.74	118.40
3107	150	gals 15% APCO	2.10	315.00
3166	1/2	gal Twh	50.00	25.00
5407A	53	Bulk DeGoverly X 5.0 X	1.24	368.50
				3866.90
				SALES TAX 117.78
				ESTIMATED TOTAL 3984.68

Rev'n 3787

255411

AUTHORIZATION Thad Starr

TITLE \_\_\_\_\_

DATE 12-14-12

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