



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: _____



1131356

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 Bbls.	Gas Mcf	Water Bbls.	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 <i>(Specify)</i> _____ <i>(Submit ACO-4)</i>	PRODUCTION INTERVAL: _____ _____
---	--	--

Finney Drilling Company
 402685 W. 100 Road
 Wann, OK 74083

INVOICE

3/10

Invoice Number: 757
 Invoice Date: Feb 18, 2013
 Page: 1

PHONE: 620-330-1420
 KCC#: 5989
 Federal ID#: 48-0925903

SCANNED
39342

Bill To:
COLT ENERGY, INC. P.O. BOX 388 IOLA, KS 66749

CUSTOMER ID#	LEASE AND WELL NUMBER	COUNTY	Due Date
COLT	KIRK LEASE KB2	ALLEN	3/20/13

Quantity	Description	Unit Price	Amount
7.00	RIG TIME- 1/3/13 - Move Rig to KB2 . Rig up, trip in 875 ft of pipe. Drill plug and cement to 896 ft	175.00	1,225.00
8.00	RIG TIME- 1/4/13 - Drill sand and shale to 911 ft. Trip pipe out, run in core barrel. Core from 911 to 917 ft. Trip out core barrel.	175.00	1,400.00
2.00	RIG TIME- 1/7/13 - Run in under-reamer to 911 ft.	175.00	350.00
5.00	RIG TIME- 1/8/13 - Ream from 911 to 917 ft. Clean hole, trip out, rig down.	175.00	875.00
5.00	RIG TIME- 1/8/13 - Move rig to KB1 . Rig up, trip in pipe. Drill cement and plug from 879 to 888 ft. Drill sand and shale to 904 ft. Clean hole.	175.00	875.00
9.00	RIG TIME- 1/9/13 - Trip out pipe, trip in core barrel. Core from 904 to 909 ft. Trip out pipe, lay core out. Trip in under-reamer. Ream from 900 to 911 ft. Clean hole, trip out. Log well, rig down, move rig.	175.00	1,575.00

D12069109
 3850.00

D12068109
 2450.00

FEE 2 1 REC'D

Subtotal	6,300.00
Sales Tax	
Total Invoice Amount	6,300.00
Payment/Credit Applied	
TOTAL	6,300.00



CONSOLIDATED
Oil Well Services, LLC

ENTERED

TICKET NUMBER 38297
LOCATION Eureka
FOREMAN Rick Ledford

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

FIELD TICKET & TREATMENT REPORT
CEMENT

15-001-30526

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
12-4-12	1828	Kirk # KB-2	9	24	18E	AL
CUSTOMER			TRUCK #			
Mailing Address			DRIVER			
CITY			TRUCK #			
STATE			DRIVER			
ZIP CODE						

JOB TYPE L/S 0 HOLE SIZE 6 3/4 HOLE DEPTH 896 CASING SIZE & WEIGHT 4 1/2, 10.5 #/ft
 CASING DEPTH 875.5 DRILL PIPE _____ TUBING _____ OTHER _____
 SLURRY WEIGHT 13.4 # SLURRY VOL 33 bbl WATER gal/sk 6.5 CEMENT LEFT in CASING 25'
 DISPLACEMENT 13.8 bbl DISPLACEMENT PSI 500 PSI 400 shut in RATE _____

REMARKS: Safety meeting. Rig up to 4 1/2" casing. Break circulation w/ 5 bbl fresh water. Pump 4 sacs gel-flush, 10 bbl water spacer, 6 bbl dye water. Mixed 135 sacs class A cement w/ 2% gel, 1% cacl2 + 1# phenased/sk @ 13.4 #/gal. Washout pump + lines, release plug. Displace w/ 13.8 bbl fresh water to 870' followed by wireline. Final pump pressure 500 PSI. Closed well in @ 400 PSI. Good cement returns to surface = 7 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	50	MILEAGE	4.00	200.00
11043	135 sacs	class A cement	14.95	2018.25
1118B	255 #	2% gel	.21	53.55
1102	130 #	1% cacl2	.74	96.20
1107A	135 #	1# phenased/sk	1.29	174.15
1118B	200 #	gel-flush	.21	42.00
5407A	6.35	ton mileage bulk truck	1.34	425.45
4404	1	4 1/2" top rubber plug	45.00	45.00
			subtotal	4084.60
			SALES TAX	183.40
			ESTIMATED TOTAL	4268.00

Ravin 3737

850042

7.55%

AUTHORIZATION R. R. Ledford

TITLE _____

DATE 12/04/2012

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.