



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 Bbbs.	Gas Mcf	Water Bbbs.	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> _____ <input type="checkbox"/> Other <i>(Specify)</i> _____	PRODUCTION INTERVAL: _____ _____
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Johnson County, KS
Well: Hughes I-3A
Lease Owner: D.E. Exploration

Town Oilfield Service, Inc.
(913) 837-8400

Commenced Spudding:
1/15/2013

WELL LOG

Thickness of Strata	Formation	Total Depth
0-16	Soil-Clay	16
14	Shale	30
6	Lime	36
3	Shale	39
15	Lime	54
8	Shale	62
9	Lime	71
5	Shale	76
18	Lime	94
13	Shale	107
13	Sand	120
5	Sandy Shale	125
24	Lime	149
18	Sandy Shale	167
10	Shale	177
12	Lime	189
21	Shale	210
9	Lime	219
8	Shale	227
11	Lime	238
13	Shale	251
6	Shale	257
6	Lime	263
8	Shale	271
5	Lime	276
32	Shale	308
2	Lime	310
9	Shale	319
18	Lime	337
1	Shale	338
6	Lime	344
5	Shale	349
23	Lime	372
5	Shale	377
4	Lime	381
4	Shale	385
6	Lime	391
32	Shale	423
6	Sand	429
133	Shale	562

Short Cuts

TANK CAPACITY

BBLs. (42 gal.) equals $D^2 \times .14 \times h$

D equals diameter in feet.

h equals height in feet.

BARRELS PER DAY

Multiply gals. per minute x 34.2

HP equals BPH x PSI x .0004

BPH - barrels per hour

PSI - pounds square inch

TO FIGURE PUMP DRIVES

* D - Diameter of Pump Sheave

* d - Diameter of Engine Sheave

SPM - Strokes per minute

RPM - Engine Speed

R - Gear Box Ratio

*C - Shaft Center Distance

D - $RPM \times d$ over $SPM \times R$

d - $SPM \times R \times D$ over RPM

SPM - $RPM \times D$ over $R \times d$

R - $RPM \times D$ over $SPM \times d$

BELT LENGTH - $2C + 1.57(D + d) + \frac{(D-d)^2}{4C}$

* Need these to figure belt length

TO FIGURE AMPS: $\frac{WATTS}{VOLTS} = AMPS$

746 WATTS equal 1 HP

Log Book

Well No. I-3A

Farm Hughes

KS Johnson
(State) (County)

1 15 21
(Section) (Township) (Range)

For D. E. Exploration
(Well Owner)

Town Oilfield Services, Inc.

1207 N. 1st East
Louisburg, KS 66053
913-710-5400

Thickness of Strata	Formation	Total Depth	Remarks
0-16	soil-clay	16	
14	shale	30	
6	Lime	36	
3	shale-shells	39	
15	Lime	54	
8	shale	62	
9	Lime	71	
5	shale	76	
18	Lime	94	
13	shale-redbed	107	
13	sand	120	no oil
5	sandy shale	125	
24	Lime	149	
18	sandy shale	167	some sand - no oil
10	shale	177	
12	Lime	189	
21	shale	210	
9	Lime	219	
8	shale	227	
11	Lime	238	
13	shale	251	
6	green shale & lime	257	
6	Lime	263	
8	shale	271	
5	Lime	276	
32	shale	308	
2	Lime	310	

310

Thickness of Strata	Formation	Total Depth	Remarks
9	shale	319	
18	lime	337	
1	shale	338	
6	lime	344	
5	shale	349	
23	lime	372	
5	shale	377	
4	lime	381	
4	shale	385	
6	lime	391	Hertha
32	shale	423	
6	sand	429	no oil
133	shale	562	
6	lime	568	
3	shale	571	
4	lime	575	
7	shale	582	
8	lime	590	
14	shale	604	
3	lime	607	
13	shale	620	
3	lime	623	
23	shale - redbed	646	
4	lime	650	
1	shale	651	
3	lime	654	
71	shale	725	

Thickness of Strata	Formation	Total Depth	Remarks
5	sand & shale	730	odor - no show
14	shale	744	
3	lime	752	
84	shale	836	
1	sandy lime	837	oil
7	sand	844	broken - good show - mostly solid
2	shale	846	
94	sandy shale	940	TD



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 # 256004

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

Page 1

D.E. EXPLORATION
DOUG EVANS
P.O. BOX 128
WELLSVILLE KS 66092
(785) 883-4057

HUGHES I-3A
39098
1-15-21
01-16-2013
KS

Part Number	Description	Qty	Unit Price	Total
1124	50/50 POZ CEMENT MIX	121.00	10.9500	1324.95
1118B	PREMIUM GEL / BENTONITE	303.00	.2100	63.63
1111	SODIUM CHLORIDE (GRANULA	254.00	.3700	93.98
1110A	KOL SEAL (50# BAG)	605.00	.4600	278.30
4402	2 1/2" RUBBER PLUG	1.00	28.0000	28.00
1401	HE 100 POLYMER	.50	47.2500	23.63

Description	Hours	Unit Price	Total
370 80 BBL VACUUM TRUCK (CEMENT)	2.00	90.00	180.00
558 MIN. BULK DELIVERY	1.00	350.00	350.00
666 CEMENT PUMP	1.00	1030.00	1030.00
666 EQUIPMENT MILEAGE (ONE WAY)	30.00	4.00	120.00
666 CASING FOOTAGE	914.00	.00	.00

Parts: 1812.49 Freight: .00 Tax: 136.39 AR 3628.88
 Labor: .00 Misc: .00 Total: 3628.88
 Sublt: .00 Supplies: .00 Change: .00

Signed _____ Date _____



CONSOLIDATED
Oil Well Services, LLC

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

TICKET NUMBER 39098
LOCATION Ottawa, KS
FOREMAN Casey Kennedy

**FIELD TICKET & TREATMENT REPORT
CEMENT**

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
1/16/12	2355	Hughes # I-3A	NE 1	15	21	JO
CUSTOMER DE Exploration			TRUCK #	DRIVER	TRUCK #	DRIVER
MAILING ADDRESS PO Box 128			481	Casken	✓	Safety Meeting
CITY Wellsville			6660	Garmon	✓	
STATE KS			558	BreMan	✓	
ZIP CODE 66092			370	KeiCar	✓	

JOB TYPE logstring HOLE SIZE 8 5/8" HOLE DEPTH 940' CASING SIZE & WEIGHT 2 7/8" EUE
 CASING DEPTH 914' DRILL PIPE _____ TUBING baffle - 881' OTHER _____
 SLURRY WEIGHT _____ SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT in CASING 33'
 DISPLACEMENT 5.1 bbls DISPLACEMENT PSI _____ MIX PSI _____ RATE 4.5 bpm

REMARKS: held safety meeting, established circulation, mixed & pumped 1/2 gal Polymer, mixed & pumped 100# Premium Gel followed by 20 bbls fresh water, mixed & pumped 121 sks 50/50 Pozmix cement w/ 27a gel, 5% salt, + 5# KolSeal per sk, cement to surface, flushed pump clean, pumped 2 1/2" rubber plug to baffle w/ 5.10 bbls fresh water, pressured to 800 PSI, released pressure, shut in casing.

Signature: BK

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401	1	PUMP CHARGE		1030.00
5406	30 mi	MILEAGE		120.00
5402	914'	casing footage		
5502C	2 hrs	80 Vac		180.00
5407	minimum	ten mileage		350.00
1124	121 sks	50/50 Pozmix cement		1324.95
118B	303 #	Premium Gel		63.63
1111	254 #	Salt		93.98
1110A	605 #	Kolseal		278.30
4402	1	2 1/2" rubber plug		28.00
1401	1/2 gal	Polymer		23.63
			7.525%	SALES TAX 136.39
				ESTIMATED TOTAL 3628.88

COMPLETED

Ravin 3737
 AUTHORIZATION No Co. Rep. on location 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 to

256004