



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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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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Johnson County, KS

Town Oilfield Service, Inc.

Commenced Spudding:

Well: T.E.A. I-5A

(913) 837-8400

1/24/2013

Lease Owner: DE Exploration

WELL LOG

Thickness of Strata	Formation	Total Depth
0-38	Soil-Clay	38
5	Lime	43
3	Shale	46
13	Lime	59
8	Shale	67
9	Lime	76
5	Shale	81
19	Lime	100
12	Shale	112
11	Sand	123
3	Sandy Shale	126
26	Lime	152
31	Shale	183
11	Lime	194
22	Shale	216
8	Lime	224
7	Shale	231
10	Lime	241
15	Shale	256
5	Lime	261
6	Lime	267
7	Shale	274
5	Lime	279
33	Shale	312
2	Lime	314
9	Shale	323
26	Lime	349
5	Shale	354
24	Lime	378
4	Shale	382
4	Lime	386
3	Shale	389
7	Lime	396
30	Shale	426
9	Sand	435
131	Shale	566
5	Lime	571
4	Shale	575
3	Lime	578
11	Shale	589

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-5A

Farm T.E.A.

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
0-38	soil-clay	38	
5	Lime	43	
3	shale	46	
13	Lime	59	
8	shale	67	
9	Lime	76	
5	shale	81	
19	Lime	100	
12	shale - redbed	112	
11	sand	123	no oil
3	sandy shale	126	
26	Lime	152	
31	shale	183	
11	Lime	194	
22	shale	216	
8	Lime	224	
7	shale	231	
10	Lime	241	
15	shale	256	
5	green shale & lime	261	
6	Lime	267	
7	shale	274	
5	Lime	279	
33	shale	312	
2	Lime	314	
9	shale	323	
26	Lime	349	

349

Thickness of Strata	Formation	Total Depth	Remarks
5	Shale	354	
24	Lime	378	
4	shale	382	
4	Lime	386	
3	shale	389	
7	Lime	396	Heather
30	shale	426	
9	sand	435	no Oil
131	shale	566	
5	Lime	571	
4	shale	575	
3	Lime	578	
11	shale	589	
7	Lime	596	
14	shale	610	
3	Lime	613	
42	shale	655	
2	Lime	657	
2	shale	659	
2	Lime	661	
41	shale	702	
1	Lime	703	
20	shale	723	
7	sand & sandy shale	730	no Oil
9	sandy shale	739	
85	shale	824	
4	sand	828	no Oil

828

Thickness of Strata	Formation	Total Depth	Remarks
13	shale	841	
6	sand	847	solid oil - good saturation
1	sand & sandy shale	848	50% sand - solid oil
92	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 # 256286

Invoice Date: 01/28/2013 Terms: 0/0/30,n/30

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

TEA I-5A
38770
1-15-21
01-25-2013
KS

Part Number	Description	Qty	Unit Price	Total
1124	50/50 POZ CEMENT MIX	110.00	10.9500	1204.50
1118B	PREMIUM GEL / BENTONITE	285.00	.2100	59.85
1111	SODIUM CHLORIDE (GRANULA	213.00	.3700	78.81
1110A	KOL SEAL (50# BAG)	550.00	.4600	253.00
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
368 CEMENT PUMP	1.00	1030.00	1030.00
368 EQUIPMENT MILEAGE (ONE WAY)	30.00	4.00	120.00
368 CASING FOOTAGE	918.00	.00	.00
558 MIN. BULK DELIVERY	1.00	350.00	350.00
675 80 BBL VACUUM TRUCK (CEMENT)	2.00	90.00	180.00

Parts:	1647.79	Freight:	.00	Tax:	124.00	AR	3451.79
Labor:	.00	Misc:	.00	Total:	3451.79		
Sublt:	.00	Supplies:	.00	Change:	.00		

Signed _____ Date _____



CONSOLIDATED
Oil Well Services, LLC

256286

TICKET NUMBER 38770

LOCATION Ottawa

FOREMAN Alan Mader

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

FIELD TICKET & TREATMENT REPORT
CEMENT

DATE <u>6-25-13</u>	CUSTOMER # <u>2355</u>	WELL NAME & NUMBER <u>TEA I-5A</u>	SECTION <u>NE 1</u>	TOWNSHIP <u>15</u>	RANGE <u>27</u>	COUNTY <u>Jo</u>
CUSTOMER <u>D.E. Exploration</u>			TRUCK# <u>516</u>			
MAILING ADDRESS <u>P.O. Box 128</u>			DRIVER <u>Alc Mad</u>			
CITY <u>Wellsville</u>	STATE <u>KS</u>	ZIP CODE <u>66092</u>	TRUCK# <u>368</u>			
			DRIVER <u>Kei Cor</u>			
			TRUCK# <u>675</u>			
			DRIVER <u>Mik Haag</u>			
			TRUCK# <u>558</u>			
			DRIVER <u>Bre Man</u>			

JOB TYPE long string HOLE SIZE 5 7/8 HOLE DEPTH 940 CASING SIZE & WEIGHT 2 7/8
CASING DEPTH 918 DRILL PIPE _____ TUBING _____ OTHER Baffle 887
SLURRY WEIGHT _____ SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT in CASING yes
DISPLACEMENT _____ DISPLACEMENT PSI 800 MIX PSI 200 RATE 4 bpm

REMARKS: Held meeting. Established rate. Mixed & pumped 1/2 gal polymer. Circulated to condition well. Mixed & pumped 100# gel followed by 110 sk 50/50 cement plus 29# gel, 5% salt + 5# Kol Seal per sect. Circulated cement. Flushed pump. Pumped plug to baffle. Well held 800 PSI. Set float. closed valve.

TOS, Yes

Alan Mader

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401	1	PUMP CHARGE	368	1030.00
5406	30	MILEAGE	368	120.00
5402	918	casing footage	368	
5407	mi	ton miles	558	350.00
5502C	2	80 vac	675	180.00
1124	110	50/50 cement		1204.50
118B	285#	gel		59.85
1111	213#	salt		78.81
1110A	350#	Kol Seal		253.00
4402	1	2 1/2 plug		28.00
1401	1/2 gal	polymer		23.63
<input checked="" type="checkbox"/> completed				
SALES TAX				124.00
ESTIMATED TOTAL				3451.79

Ravin 3737

NO company rep

AUTHORIZATION Jim Oskid

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 for