



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> <input type="checkbox"/> Other <i>(Specify)</i> _____ <i>(Submit ACO-4)</i>	PRODUCTION INTERVAL: _____ _____
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Johnson County, KS
 Well: Thompson 20
 Lease Owner: DE Exploration

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

Commenced Spudding:
 2/18/2013

WELL LOG

Thickness of Strata	Formation	Total Depth
0-7	Soil-Clay	7
22	Lime	29
7	Shale	36
9	Lime	45
5	Shale	50
19	Lime	69
13	Shale	82
12	Sand	94
3	Sandy Shale	97
25	Lime	122
36	Shale	158
12	Lime	170
20	Shale	190
7	Lime	197
6	Shale	203
10	Lime	213
14	Shale	227
6	Shale	233
5	Lime	238
8	Shale	246
5	Lime	251
33	Shale	284
1	Lime	285
10	Shale	295
24	Lime	319
9	Shale	328
22	Lime	350
4	Shale	354
4	Lime	358
3	Shale	361
7	Lime	368
13	Shale	381
33	Sandy Shale	414
124	Shale	538
5	Lime	543
3	Shale	546
2	Lime	548
1	Shale	549
2	Lime	551
8	Shale	559

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. 20

Farm Thompson

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
0-7	soil-clay	7	
22	Lime	29	
7	shale	36	
9	Lime	45	
5	shale	50	
19	Lime	69	
13	shale - redbed	82	
12	sand	94	no oil
3	sandy shale	97	
25	Lime	122	
36	shale	158	water
12	Lime	170	
20	shale	190	
7	Lime	197	
6	shale	203	
10	Lime	213	
14	shale	227	
6	green shale & lime	233	
5	Lime	238	
8	shale	246	
5	Lime	251	
33	shale	284	
1	Lime	285	
10	shale	295	
24	Lime	319	
9	shale	328	
22	Lime	350	

350

Thickness of Strata	Formation	Total Depth	Remarks
4	shale	354	
4	lime	358	
3	shale	361	
7	lime	368	Heifley
13	shale	381	
33	sandy shale	414	
124	shale	538	
5	lime	543	
3	shale	546	
2	lime	548	
1	shale	549	
2	lime	551	
8	shale	559	
7	lime	566	
4	sandy shale	570	
11	shale	581	
3	lime	584	
11	shale	595	
3	lime	598	
20	shale	618	
1	lime	619	
3	shale	622	
1	lime	623	
67	shale	690	
12	sand & sandy shale	702	outlet - no show
4	sandy shale	706	
13	shale	719	

719

Thickness of Strata	Formation	Total Depth	Remarks
4	shale & lime	723	
9	sandy shale & lime	732	
18	sandy shale	750	
52	shale	802	
2	sand	804	no oil
13	shale	817	
16	lime core	833	
87	shale	920	TD

Cole

817

Thickness of Strata	Formation	Total Depth	Remarks
6	sand	823	solid - good saturation
10	sandy shale	833	



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 # 256930

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Invoice Date: 02/20/2013 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

THOMPSON 20
36935
1-15-21
02-19-2013
KS

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Part Number	Description	Qty	Unit Price	Total
1124	50/50 POZ CEMENT MIX	127.00	10.9500	1390.65
1118B	PREMIUM GEL / BENTONITE	313.00	.2100	65.73
1111	SODIUM CHLORIDE (GRANULA	245.00	.3700	90.65
1110A	KOL SEAL (50# BAG)	635.00	.4600	292.10
1401	HE 100 POLYMER	.50	47.2500	23.63
4402	2 1/2" RUBBER PLUG	1.00	28.0000	28.00

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	875.00	.00	.00
548 MIN. BULK DELIVERY	1.00	350.00	350.00
675 80 BBL VACUUM TRUCK (CEMENT)	2.50	90.00	225.00

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Parts: 1890.76 Freight: .00 Tax: 142.29 AR 3758.05
Labor: .00 Misc: .00 Total: 3758.05
Sublt: .00 Supplies: .00 Change: .00
=====

Signed _____ Date _____



CONSOLIDATED
Oil Well Services, LLC

256930

TICKET NUMBER 36935

LOCATION Ottawa

FOREMAN Alan Madril

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

FIELD TICKET & TREATMENT REPORT
CEMENT

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
2-19-13	2355	Thompson 20	SE 1	15	21	JO
CUSTOMER			TRUCK #	DRIVER	TRUCK #	DRIVER
DE Exploration			576	AlMad	Safety Meet	
MAILING ADDRESS P.O. Box 128			368	AlMad	AKM	
			675	Jas Ric	JR	
			548	Mik Hog	MH	
			CITY			STATE
Wellsville			KS			66092

JOB TYPE long string HOLE SIZE 5 5/8 HOLE DEPTH 920 CASING SIZE & WEIGHT 2 7/8
 CASING DEPTH 875 DRILL PIPE TUBING OTHER 843 baffle
 SLURRY WEIGHT SLURRY VOL WATER gal/sk CEMENT LEFT IN CASING yes
 DISPLACEMENT 4.9 DISPLACEMENT PSI 800 MIX PSI 200 RATE 4 bpm

REMARKS: Held meeting. Hooked to casing. Established rate. Mixed + pumped 1/2 gal polymer to flush well. Circulated polymer. Mixed + pumped 100 # gel followed by 127 sk 50/150 cement plus 2% gel, 5% salt, 5 # Kol seal per sack. Circulated cement. Flushed Pump. Pumped plug to baffle. Well held 800 PSI. Set float. Closed valve.

TDS, Wes

Alan Madril

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	875	Casing footage	368	
5407	min	ton miles	548	330.00
5502C	2 1/2	80 gal	675	225.00
1124	127	50/150 cement		1390.65
1118B	313 #	gel		65.73
1111	245 #	salt		190.65
1110 A	635 #	Kol seal		292.10
1401	1/2 gal	polymer		25.63
4402	1	2 1/2 plug		28.00

Completed

Revin 3737

NO Company: rep

SALES TAX ESTIMATED TOTAL 147.29 375.805

AUTHORIZATION Jim OK'd

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