



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: _____



1133967

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				

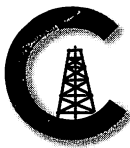
Shots Per Foot	PERFORATION RECORD - Bridge Plugs Set/Type Specify Footage of Each Interval Perforated	Acid, Fracture, Shot, Cement Squeeze Record <i>(Amount and Kind of Material Used)</i>	Depth

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> _____ <input type="checkbox"/> Other <i>(Specify)</i> _____	PRODUCTION INTERVAL: _____ _____
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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 # 259244

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Invoice Date: 05/31/2013 Terms: 0/0/30,n/30 Page 1

CARROLL ENERGY LLC
P.O. BOX 766
INDEPENDENCE KS 67301
(800)917-1618

MAGNUS #1
41593
05-28-13
KS

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Part Number	Description	Qty	Unit Price	Total
1131	60/40 POZ MIX	100.00	13.1800	1318.00
1118B	PREMIUM GEL / BENTONITE	690.00	.2200	151.80
1107A	PHENOSEAL (M) 40# BAG)	100.00	1.3500	135.00
1126A	THICK SET CEMENT	130.00	20.1600	2620.80
1110A	KOL SEAL (50# BAG)	650.00	.4600	299.00
1107A	PHENOSEAL (M) 40# BAG)	130.00	1.3500	175.50
1123	CITY WATER	3000.00	.0173	51.90

Description	Hours	Unit Price	Total
445 CEMENT PUMP	1.00	1085.00	1085.00
445 EQUIPMENT MILEAGE (ONE WAY)	50.00	4.20	210.00
McCOY 80 BBL VACUUM TRUCK (CEMENT)	5.00	90.00	450.00
611 TON MILEAGE DELIVERY	286.25	1.41	403.61
667 TON MILEAGE DELIVERY	286.25	1.41	403.61

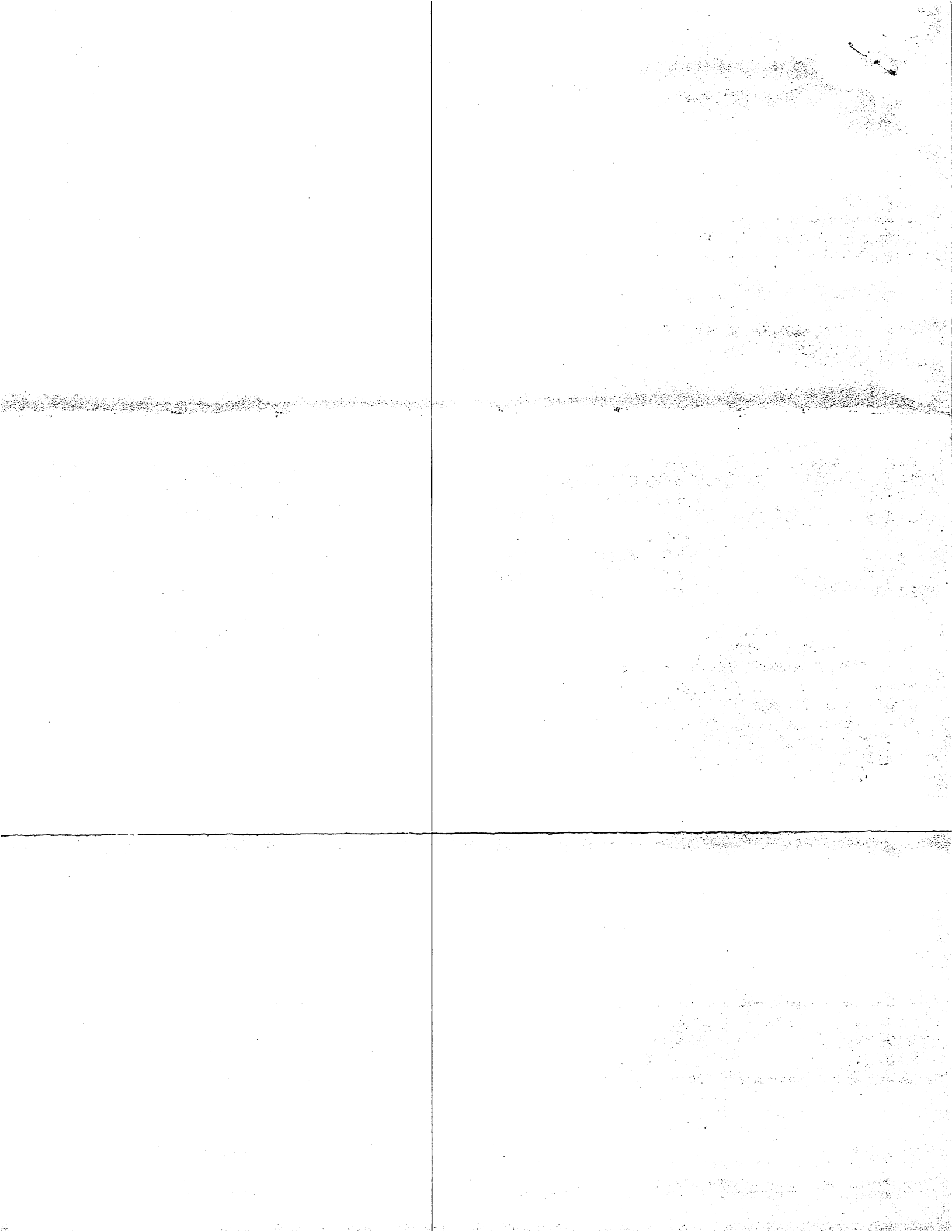
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Parts:	4752.00	Freight:	.00	Tax:	394.43	AR	7698.65
Labor:	.00	Misc:	.00	Total:	7698.65		
Sublt:	.00	Supplies:	.00	Change:	.00		

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Signed _____ Date _____

BARTLESVILLE, OK 918/338-0808 EL DORADO, KS 316/322-7022 EUREKA, KS 620/583-7664 PONCA CITY, OK 580/762-2303 OAKLEY, KS 785/672-8822 OTTAWA, KS 785/242-4044 THAYER, KS 620/839-5269 GILLETTE, WY 307/686-4914 CUSHING, OK 918/225-2650





ENTERED

TICKET NUMBER 41593 ✓
 LOCATION Eureka KS
 FOREMAN Shannon Feck

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
5-28-13	2042	Magnus #1				CQ
CUSTOMER Carroll Energy LLC			TRUCK #	DRIVER	TRUCK #	DRIVER
MAILING ADDRESS 200 Arco Place Suite 230			445	Dave G		
CITY STATE ZIP CODE Independence KS 67301			661	Joey K		
			667	Chris B		
			92	Alan G McCoy Trucking		

JOB TYPE 45 HOLE SIZE 6 7/8 HOLE DEPTH _____ CASING SIZE & WEIGHT 4 1/2" 10.50#
 CASING DEPTH 1938' DRILL PIPE _____ TUBING _____ OTHER _____
 SLURRY WEIGHT _____ SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT in CASING 0
 DISPLACEMENT 31.5 Bbl DISPLACEMENT PSI 900 MIX PSI Bump Plug @ 1400 RATE 5 BPM

REMARKS: Safety Meeting, rig up to 4 1/2" casing, Break circulation w/ 10 Bbl H2O, milled 100 SKS 60/40 portmix cement w/ 8% gel + 1 # phenoseal/sk as our lead cement. Tailed in w/ 130 SKS Thickset cement w/ 5 # kol-seal/sk + 1 # phenoseal/sk. Shut down wash out pump + lines, displace w/ 31.5 Bbl H2O final pumping pressure of 900 PSI, bumped plug @ 1400 PSI. Plug + float held. Good circulation @ all times, 10-12 Bbl Slurry to pit. Job complete.

"Thanks Shannon & crew"

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401	1	PUMP CHARGE	1085.00	1085.00
5406	50	MILEAGE	4.20	210.00
1131	100 SKS	60/40 portmix cement } Lead	13.18	1318.00
1118B	690 #	6e @ 8% } cement	.22	151.80
1107A	100 #	phenoseal @ 1#/sk	1.35	135.00
1126A	130 SKS	Thickset Cement } Tail	20.16	2620.80
1110A	650 #	kol-seal @ 5#/sk } cement	.46	299.00
1107A	130 #	Phenoseal @ 1#/sk	1.35	175.50
5407A	11.45 Tons	Ton mileage bulk Truck	1.41	807.22
5502C	5 Hrs	80 Bbl Val Truck #92 McCoy Trucking	90.00	450.00
1123	3000 gals	City water	17.30/1000	51.90
			Sub Total	7304.22
			8.3% SALES TAX	394.43
			ESTIMATED TOTAL	7698.65

Ravin 3737

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.

