



1136368

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> <i>(Submit ACO-4)</i> <input type="checkbox"/> Other (Specify) _____	PRODUCTION INTERVAL: _____ _____
---	---	--

Statement

Superior Building Supply Inc
215 W. Rutledge
Yates Center, KS 66783

620-625-2447

Date
9/30/2012

superior.building@sbcglobal.net

To:
 Leis Oil Service
 % Matt Leis
 1410 150th Rd
 Yates Center, Ks 66783

Due Date	Terms	Account #	Amount Due
10/10/2012	Net 10th	L07921	\$653.25

Date	Transaction	Amount	Balance
08/31/2012	Balance forward		513.31
09/07/2012	INV #070014	100.50	613.81
09/08/2012	INV #070065. burk lease 5-12	150.75	764.56
09/11/2012	INV #070174. hammam lea	100.50	865.06
09/17/2012	INV #070398.	100.50	965.56
09/17/2012	PMT	-513.31	452.25
09/19/2012	INV #070510.	100.50	552.75
09/21/2012	INV #070623.	100.50	653.25

*pd 10/8
cler*

Should, Superior Building Supply engage the services of a third party collection agency to collect monies owed under the terms of said contract, provider shall be entitled to the full cost of any such collection attempt, to the fullest extent allowed by law. In addition to the full amount owed by the customer

Amount Due
\$653.25

Account are due 10th of the month following date of purchase. A FINANCE CHARGE OF 21% (or a Minimum charge of \$2.00 for balances under \$50) will be applied as of the date of closing.

WE ACCEPT DISCOVER, VISA, & MASTER CARD



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 # 252959

Invoice Date: 09/18/2012 Terms: Page 1

LEIS, JOHN (2004)
1410 150TH RD
YATES CENTER KS 66783
() -

BIRK, TROY 5-12
35319
32-23S-15E
09-11-12
KS

Part Number	Description	Qty	Unit Price	Total
1131	60/40 POZ MIX	115.00	12.5500	1443.25
1118B	PREMIUM GEL / BENTONITE	800.00	.2100	168.00
1107A	PHENOSEAL (M) 40# BAG)	120.00	1.2900	154.80
1126	OIL WELL CEMENT	65.00	18.8000	1222.00
1110A	KOL SEAL (50# BAG)	325.00	.4600	149.50
1118B	PREMIUM GEL / BENTONITE	400.00	.2100	84.00
1123	CITY WATER	3000.00	.0165	49.50
4404	4 1/2" RUBBER PLUG	1.00	45.0000	45.00

Sublet Performed	Description	Total
9995-170	CEMENT EQUIPMENT DISCOUNT	-108.00
9996-170	CEMENT MATERIAL DISCOUNT	-165.80

Description	Hours	Unit Price	Total
515 MIN. BULK DELIVERY	1.00	350.00	350.00
520 CEMENT PUMP	1.00	1030.00	1030.00
520 EQUIPMENT MILEAGE (ONE WAY)	40.00	4.00	160.00
611 MIN. BULK DELIVERY	1.00	350.00	350.00
637 80 BBL VACUUM TRUCK (CEMENT)	3.00	90.00	270.00

*pd CR# 2580
Thankyou
Suzanna AR*

Parts:	3316.05	Freight:	.00	Tax:	229.97	AR	5432.22
Labor:	.00	Misc:	.00	Total:	5432.22		
Sublt:	-273.80	Supplies:	.00	Change:	.00		

Signed _____ Date _____