



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: _____

1137041



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: _____ _____
---	---	--

Douglas County, KS
 Well: Finnerty I-24
 Lease Owner: R.T. Enterprises

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

Commenced Spudding:
 4/11/2013

WELL LOG

Thickness of Strata	Formation	Total Depth
4	Soil/Clay	4
76	Sand	80
111	Shale	191
5	Lime	196
7	Shale	203
14	Lime	217
7	Shale	224
9	Lime	233
6	Shale	239
3	Lime	242
14	Shale & Shells	256
11	Shale	267
8	Sandy Shale	275
14	Sand	289
18	Lime	307
16	Sand & Sandy Shale	323
58	Shale	381
23	Lime	404
15	Shale	419
4	Shale & Lime	423
5	Lime	428
19	Shale	447
6	Sand	453
15	Lime	468
6	Shale	474
1	Lime	475
13	Shale	488
22	Lime	510
9	Shale	519
23	Lime	542
5	Shale	547
3	Lime	550
5	Shale	555
6	Lime	561
4	Shale	565
13	Sand	578
64	Shale	642
12	Sandy Shale	654
23	Shale	677
3	Sand	680

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 $BPH \times PSI \times .0004$

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. 1-24

Farm Kennedy

KS Douglas
(State) (County)

11 15 20
(Section) (Township) (Range)

For R.T. Enterprises
(Well Owner)

Town Oilfield Services, Inc.

1207 N. 1st East

Louisburg, KS 66053

913-710-5400

Comment, Farm: Duval County

KS State; Well No. 1-24

Elevation 1073

Commenced Spuding 4-11, 2013

Finished Drilling 4-16, 2013

Driller's Name Arad Weaver

Driller's Name _____

Driller's Name _____

Tool Dresser's Name Greg Perry

Tool Dresser's Name _____

Tool Dresser's Name _____

Contractor's Name Jos

11 15 20

(Section) (Township) (Range)

Distance from 1006 line, S ft.

Distance from 1006 line, E ft.

covered - 2

Comment by Consolidated
**CASING AND TUBING
RECORD**

10" Set _____ 10" Pulled _____
7 7/8" Set 89' 8" Pulled _____
6 1/4" Set _____ 6 1/4" Pulled _____
4" Set _____ 4" Pulled _____
2 7/8" Set 940 2" Pulled _____
908 2 1/2" Baffle
960 TO

Thickness of Strata	Formation	Total Depth	Remarks
4	oil/clay	4	
76	sand	80	40' water
111	shale	191	
5	lime	196	
7	shale	203	
14	lime	217	
7	shale	224	
9	lime	233	
6	shale	239	
3	lime	242	
14	shale + shells	256	
11	shale	267	
8	sandy shale	275	
14	sand	289	with some sandy shale
18	lime	307	
16	sand + sandy shale	323	gray sand
58	shale	381	
23	lime	404	
15	shale	419	
4	shale + lime	423	
5	lime	428	
19	shale	447	
6	sand	453	odor, very little oil
15	lime	468	
6	shale	474	
1	lime	475	
13	shale	488	

Thickness of Strata	Formation	Total Depth	Remarks
		488	
22	Lime	510	
9	shale	519	
23	Lime	542	
5	shale	547	
3	Lime	550	
5	shale	555	
6	Lime	561	14 in thin
4	shale	565	
13	sand	578	
24	shale	642	
12	sandy shale	654	
23	shale	677	
3	sand	680	grey, no oil
10	sand	690	little oil bleeding
5	sandy shale	695	
35	shale	730	
6	Lime	736	
6	shale	742	
1	Lime	743	
4	shale & lime	747	
6	shale	753	
11	Lime & shale	764	
11	shale	775	
3	Lime	778	
17	shale	795	
3	Lime	798	
25	shale	823	red bed - 803'



CONSOLIDATED
Oil Well Services, LLC

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

TICKET NUMBER 41758
LOCATION Ottawa, KS
FOREMAN Casey Kennedy

FIELD TICKET & TREATMENT REPORT
CEMENT

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
4/11/13	5954	Finnerty # I-24	SE 11	15	20	DG

CUSTOMER
Ojenroc
MAILING ADDRESS
120 Shoreline Dr
CITY
Louisburg STATE
KS ZIP CODE
66053

TRUCK #	DRIVER	TRUCK #	DRIVER
481	Casken	✓ Safety Meeting	
1616	Gar Moo	✓	
510	Set Tue	✓	
1075	Kei Det	✓	

JOB TYPE logstring HOLE SIZE 5 7/8" HOLE DEPTH 960' CASING SIZE & WEIGHT 2 7/8" EUE
CASING DEPTH 940' DRILL PIPE _____ TUBING baffle - 908' OTHER _____
SLURRY WEIGHT _____ SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT in CASING 32'
DISPLACEMENT 5.26 bbls DISPLACEMENT PSI _____ MIX PSI _____ RATE 4.5 bpm

REMARKS: held safety meeting, established circulation, mixed & pumped 100 # Premium Gel followed by 10 bbls fresh water, mixed & pumped 140 stb 50/50 Pozmix cement w/ 2% gel per stb, cement to surface, flushed pump clean, pumped 2 1/2" rubber plug to baffle w/ 5.26 bbls fresh water, pressured to 800 PSI, released pressure, shut in casing.

[Handwritten Signature]

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401	1	PUMP CHARGE		1030.00
5406	on lease	MILEAGE		
5402	940'	casing footage		
5407	1/2 minimum	ton mileage		175.00
5502C	2 hrs	80 Vac		180.00
1124	140 stb	50/50 Pozmix cement		1533.00
1118B	335 #	Premium Gel		70.35
4402	1	2 1/2" rubber plug		28.00
			7.37%	SALES TAX
				ESTIMATED TOTAL
				3135.44

Revin 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 form.

