



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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CONSOLIDATED
Oil Well Services, LLC

ENTERED

TICKET NUMBER 28491

LOCATION Edwards #80

FOREMAN Jim Thomas

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
7-20-10	4517	RW Koehn #1	18	19S	1W	McPherson
CUSTOMER Radell W. Koehn			TRUCK #	DRIVER	TRUCK #	DRIVER
MAILING ADDRESS 1977 Moccasin Rd			467	Bill		
CITY Galva			502	Jerald		
STATE KS						
ZIP CODE 67443						

JOB TYPE Surface 0 HOLE SIZE 12 1/4 HOLE DEPTH 222ft. CASING SIZE & WEIGHT 8 5/8"
 CASING DEPTH 21ft. DRILL PIPE _____ TUBING _____ OTHER _____
 SLURRY WEIGHT 150 SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT in CASING 20.0ft.
 DISPLACEMENT 13.03 DISPLACEMENT PSI _____ MIX PSI _____ RATE _____

REMARKS: Softy Meeting Rig up to 8 5/8" Brake circulation, Pump 150sk Class A 3% CC
1/4" Flo-Seal disp. Cement to 221ft. & shut in. Cement circulate in the
cellar. Wash up & rig down.

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
54015	1	PUMP CHARGE	725.00	725.00
5406	66	MILEAGE	3.65	240.90
11045	150sk	class A	13.50	2025.00
1102	400lbs	Calcium Chloride	.75	300.00
1107	25lbs	Flo-Seal	2.10	52.50
5407A	7.05Tons	66 miles Bulk Del	1.20	558.36
		Subtotal		3901.76
			SALES TAX	113.56
			ESTIMATED TOTAL	4015.32

Ravin 3737

AUTHORIZATION Radell W. Koehn TITLE 230614 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.



CONSOLIDATED
Oil Well Services, LLC



ENTERED

TICKET NUMBER 28493
LOCATION El Dorado #80
FOREMAN Jim Thomas

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
7-25-10	4517	R.W. Koehn #1	18	195	1W	McPherson
CUSTOMER Radell W Koehn			TRUCK #	DRIVER	TRUCK #	DRIVER
MAILING ADDRESS 1977 Moccasin Rd			467	Bill		
CITY Galva			502	Jerald		
STATE KS		ZIP CODE 67443				

JOB TYPE Long String OHOLE SIZE 7 7/8" HOLE DEPTH 3446ft. CASING SIZE & WEIGHT 5 1/2" 15.50#
CASING DEPTH 3443ft. DRILL PIPE _____ TUBING _____ OTHER New
SLURRY WEIGHT 15.0-155 SLURRY VOL 1425 WATER gal/sk 6.7 CEMENT LEFT in CASING 40ft.
DISPLACEMENT 81.94 DISPLACEMENT PSI _____ MIX PSI _____ RATE _____

REMARKS: Safety Meeting Rig up to 5 1/2" Casing Circulate 5 1/2" to bottom, pull up 3ft off Bottom, Circulate & Set 5 1/2" Part of Shoe, Circulate bottoms up, Pump 2000s class A 3% gel, 3% Kpl-Seal, 2% CC, Shutdown, Wash up pump & lines, & release 5 1/2" Plug & disp to 3439ft. Bump plug 1600#, Release 5 1/2" Plug held, Wash up & rig down.

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401	1	PUMP CHARGE	925.00	925.00
5406	166	MILEAGE	3.65	240.90
11045	2000sks	Class A	13.50	2700.00
1118A	600lbs	Gel	.20	120.00
1102	400lbs	Calcium Chloride	.75	300.00
1110A	600lbs	Kpl-Seal	.42	252.00
4104	3	5 1/2" Cement Baskets	219.00	657.00
4130	5	5 1/2" Centralizers	46.00	230.00
4253	1	5 1/2" x 7 7/8" Type A Packer Shoe	1640.00	1640.00
4454	1	5 1/2" Hatch Down Plug & Assem	242.00	242.00
5407A	9.4 Tons	66 miles Bulk Del.	1.20	744.48
		<u>Subtotal</u>		<u>8051.38</u>
			SALES TAX	<u>449.30</u>
			ESTIMATED TOTAL	<u>8499.68</u>

Ravin 3737

235611e

AUTHORIZATION Duke 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.