



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
---	---

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

McGown Drilling, Inc.
Mound City, Kansas

Operator:
BG-5, Inc.
Rantoul, KS

Ferguson #12

Franklin Co., KS
1-16S-20E
API: 059-26227

Spud Date:	10/11/2012	Surface Bit:	11"
Surface Casing:	8.625"	Drill Bit:	6.75"
Surface Length:	43'	Longstring:	748.30'
Surface Cement:	6 sx	Longstring Date:	10/12/2012
Longstring:	4 1/2" 10.5 lb.		

Driller's Log

Top	Bottom	Formation	Comments
0	28	Soil & clay	
28	40	Shale	
40	68	Lime	
68	74	Bl. Shale & Shale	
74	108	Lime	
108	148	Shale	
148	183	Lime	
183	249	Shale	
249	291	Lime	
291	314	Shale	
314	321	Lime	
321	334	Shale	
334	338	Lime	
338	350	Shale	
350	429	Lime	
429	593	Big Shale	
593	600	Lime	
600	619	Shale	
619	630	Lime	
630	640	Shale	
640	643	Lime	
643	653	Shale	
653	657	Lime	
657	676	Shale	
676	677	Lime	

Ferguson 12
Franklin Co., KS

677	678	Bl. Shale	
678	683	Shale	
683	697	Sand	Shaly, best oil shows: 683-686; 694-697
697	741	Shale	
741	744	Sand	Very shaly, mostly shale, light oil show
744	763	Shale	
763		TD	



CONSOLIDATED
Oil Well Services, LLC

PO Box 884, Chanute, KS 68720
620-431-9210 or 800-467-8676

FIELD TICKET & TREATMENT REPORT
CEMENT

TICKET NUMBER 35042

LOCATION Oftawa KS

FOREMAN Fred Maden

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
10/12/12	1564	Ferguson # 12	SW 1	16	20	Franklin

TRUCK #	DRIVER	TRUCK #	DRIVER
506	Fred Mad	Safety	Mk
495	Kai Kar	KS	J
675	Kai Det	KD	
503	Dan Det	DD	

CUSTOMER: B G S Inc
MAILING ADDRESS: 3939 Ellis Rd
CITY: Rantoul STATE: KS ZIP CODE: 66079

JOB TYPE: Long string HOLE SIZE: 6 3/4 HOLE DEPTH: 763 CASING SIZE & WEIGHT: 4 1/2
CASING DEPTH: 7480 DRILL PIPE: _____ TUBING: _____ OTHER: _____
SLURRY WEIGHT: _____ SLURRY VOL: _____ WATER gal/sk: _____ CEMENT LEFT in CASING: 4 1/2" Plug
DISPLACEMENT: 11.87 BBL DISPLACEMENT PSI: _____ MIX PSI: _____ RATE: 5 BPM

REMARKS: Establish circulation. Mix Pump 100# Gel Flush. Pump 7 BBLs
Tell hole day. Mix Pump 121 SKS 50/50 Poz Mix Cement 2% Gel
1/2" Pheno Seal/sk. Flush pump & lines clean. Displace
4 1/2" Rubber Plug to casing TD. Pressure to 600# PSI.
Release pressure to set float valve. Check plug depth
w/ wireline. Shut in casing

McCrown Drilling

Fred Maden

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401	1	PUMP CHARGE	495	1030 ⁰⁰
5406	15 mi.	MILEAGE	495	60 ⁰⁰
5402	748	Casing Footage		NIC
5407	Minimum	Ten Miles	503	350 ⁰⁰
5502c	2 hrs	80 BBL Vac Truck	675	150 ⁰⁰
1124	121 SKS	50/50 Poz Mix Cement		1324 ⁹⁵
1118B	303#	Premium Gel		63 ⁶³
1107A	61#	Pheno Seal		78 ⁶⁹
			7.8%	SALES TAX 114 ⁴⁵
				ESTIMATED TOTAL 3201 ²²

Flavin 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.

253691