



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> <input type="checkbox"/> Other <i>(Specify)</i> _____ <i>(Submit ACO-4)</i>	PRODUCTION INTERVAL: _____ _____
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McGown Drilling, Inc.
Mound City, Kansas

Operator:
BG-5, Inc.
Rantoul, KS

Ferguson #21

Franklin Co., KS
1-16S-20E
API: 059-26228

Spud Date: 10/17/2012
Surface Casing: 8.625"
Surface Length: 42'
Surface Cement: 9 sx
Longstring: 4.5" 10.5 lb

Surface Bit: 11"
Drill Bit: 6.75"
Longstring: 805.05'
Longstring Date: 10/19/2012

Driller's Log

Top	Bottom	Formation	Comments
0	30	Soil & clay	
30	77	Shale	
77	144	Lime	
144	185	Shale	
185	211	Lime	
211	280	Shale	
280	308	Lime	
308	318	Shale	
318	323	Lime	
323	352	Shale	
352	357	Lime	
357	370	Shale	
370	371	Lime	
371	383	Shale	
383	406	Lime	
406	416	Shale	
416	456	Lime	
456	626	Big Shale	
626	633	Lime	
633	640	Shale	
640	645	Lime	
645	652	Shale	
652	655	Lime	
655	674	Shale	
674	676	Lime	

Ferguson 21
Franklin Co., KS

676	686	Shale & Bl. Shale	
686	693	Lime	
693	696	Shale	
696	702	Lime	
702	706	Bl. Shale & Shale	
706	708	Lime	
708	713	Shale	
713	719	Sand	Very good oil show
719	724	Sand	Some shale - fair to good oil show
724	768	Shale	
768	770	Sand / Sandy shale - light oil show	
770	773	Sand	Fair to good oil show
773	823	Shale	
823		TD	



CONSOLIDATED
Oil Well Services, LLC

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

TICKET NUMBER 35067

LOCATION Ottawa KS

FOREMAN Fred Madar

FIELD TICKET & TREATMENT REPORT
CEMENT

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
10/19/12	1564	Ferguson # 21	Sw 1	16	20	FR
CUSTOMER			TRUCK #			
B G S Inc			506	Fred Mad	Safety	Mad
MAILING ADDRESS			495	Nar Bec	NB	
3939 Ellis Rd			369	Der Mas	DM	
CITY	STATE	ZIP CODE	558	Breman	BM	
Rantoul	KS	66079				

JOB TYPE Long string HOLE SIZE 6 3/4 HOLE DEPTH 679 CASING SIZE & WEIGHT 4 1/2"
 CASING DEPTH 805' DRILL PIPE _____ TURN 823' OTHER _____
 SLURRY WEIGHT _____ SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT IN CASING 4 1/2" Plug
 DISPLACEMENT 12.78 BBL DISPLACEMENT PSI _____ MIX PSI _____ RATE 5 BPM

REMARKS: Establish circulation. Mix & Pump 100# Gel Flush. Pump 7 1/2 BBL Telltale dye. Mix & Pump 112 sks 50/50 For Mix Cement 2% Gel 1/2" Plasma Seal / SK. Flush pump & lines clean. Displace 4 1/2" Rubber plug to casing TD. Pressure to 300# PSI. Release pressure to set float valve. Check plug depth w/ wire line. Shut in casing.

McGowan Drilling

Fred Madar

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401	1	PUMP CHARGE	495	1070.00
5406	15 mi	MILEAGE	495	60.00
5402	805	Casing footage		N/C
5407	Minimum	Ten Miles		350.00
5502C	1 1/2 hr	80 BBL Vac Truck		135.00
1124	112 sks	50/50 For Mix Cement		1226.40
118B	288#	Premium Gel		60.48
4404	1	4 1/2" Rubber Plug		45.00
			7.8%	SALES TAX
				103.89
				ESTIMATED TOTAL
				3010.27

Revin 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

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