



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: _____



1138047

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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Douglas County, KS
Well: Finnerty 30
Lease Owner: R.T. Enterprises

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

Commenced Spudding:
4/30/2013

WELL LOG

15-045-21905

Thickness of Strata	Formation	Total Depth
3	Soil/Clay	3
73	Sand	76
2	Lime	78
120	Shale	198
5	Lime	203
7	Shale	210
14	Lime	224
8	Shale	232
8	Lime	240
6	Shale	246
3	Lime	249
8	Shale & Shells	257
8	Lime	265
15	Shale	280
16	Sandy Shale & Sand	296
18	Lime	314
24	Sand & Sandy Shale	338
52	Shale	390
21	Lime	411
16	Shale	427
4	Lime & Shale	431
4	Lime	435
17	Shale	452
6	Sand	458
18	Lime	476
6	Shale	482
1	Lime	483
13	Shale	496
23	Lime	519
9	Shale	528
23	Lime	551
4	Shale	555
4	Lime	559
4	Shale	563
5	Lime	568
4	Shale	572
11	Sand	583
39	Shale	622
40	Sandy Shale	662
23	Shale	685

Douglas County, KS
 Well: Finnerty 30
 Lease Owner: R.T. Enterprises

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

Commenced Spudding:
 4/30/2013

10	Sand	695
5	Sandy Shale	700
41	Shale	741
6	Lime	747
6	Shale	753
1	Lime	754
5	Shale & Lime	759
8	Shale	767
8	Lime & Shale	775
14	Shale	789
3	Lime	792
5	Shale	797
5	Sand & Sandy Shale	802
2	Shale	804
3	Lime	807
5	Shale	812
2	Lime	814
22	Shale	836
2	Lime	838
3	Shale & Lime	841
5	Shale	846
3	Sand	849
1	Sand	850
2	Sand	852
4	Sand	856
4	Sandy Lime	860
4	Sand	864
2	Sandy Shale	866
12	Sandy Shale	878
104	Shale	982

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 $SPM \times d$

$$\text{BELT LENGTH} = 2C + 1.57(D + d) + \frac{(D-d)^2}{4C}$$

* Need these to figure belt length

$$\text{TO FIGURE AMPS: } \frac{\text{WATTS}}{\text{VOLTS}} = \text{AMPS}$$

746 WATTS equal 1 HP

Log Book

Well No. 20

Farm Sumner

KS Douglas
(State) (County)

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

For B.T. Enterprises
(Well Owner)

Town Oilfield Services, Inc.

1207 N. 1st East
Louisburg, KS 66053
913-710-5400

~~Finney~~ Farm: Douglas County

KS State; Well No. 30

Elevation 1066

Commenced Spuding 4-30, 2013

Finished Drilling 5-1, 2013

Driller's Name Chad Weaver

Driller's Name _____

Driller's Name _____

Tool Dresser's Name Greg Derry

Tool Dresser's Name _____

Tool Dresser's Name _____

Contractor's Name TOS

11 15 20

(Section) (Township) (Range)

Distance from S line, 835 ft.

Distance from E line, 1800 ft.

CASING AND TUBING RECORD

10" Set _____ 10" Pulled _____
7 1/2" Set 87.2' 8" Pulled _____
6 1/4" Set _____ 6 1/4" Pulled _____
4" Set _____ 4" Pulled _____
2 7/8" Set 949.20 2" Pulled _____
918 Backlog
980 TD

Thickness of Strata	Formation	Total Depth	Remarks
3	soil/clay	3	
73	sand	76	
2	lime	78	water - 40'
120	shale	198	
5	lime	203	
7	shale	210	
14	lime	224	
8	shale	232	
8	lime	240	
6	shale	246	
3	lime	249	
8	shale & shale	257	
8	lime	265	
15	shale	280	
16	sandy shale & sand	296	
18	lime	314	
24	sand & sandy shale	338	
52	shale	390	
21	lime	411	
16	shale	427	
4	lime & shale	431	
4	lime	435	
17	shale	452	
6	sand	458	
18	lime	476	
6	shale	482	
1	lime	483	

Thickness of Strata	Formation	Total Depth	Remarks
		483	
13	shale	496	
23	Lime	519	
9	shale	528	502' - 503' oil + some bleeding
23	Lime	551	
4	shale	555	
4	Lime	559	
4	shale	563	
5	Lime	568	Heather
4	shale	572	
11	sand	583	grey, no oil
39	shale	622	
40	sandy shale	662	
23	shale	685	
10	sand	695	
5	sandy shale	700	
41	shale	741	
6	Lime	747	
6	shale	753	
1	Lime	754	
5	shale & lime	759	
8	shale	767	
8	Lime & shale	775	
14	shale	789	
3	Lime	792	
5	shale	797	
5	sand & sand, shale	802	
2	shale	804	

Thickness of Strata	Formation	Total Depth	Remarks	
3	Lime	805		
5	shale	810		
2	Lime	812		
22	shale	834		
2	Lime	836		
3	shale & Lime	839		
5	shale	844		
3	sand	847		adn, 2% oil
1	sand	848		90% - adn, -rod bleeding
2	sand	850		30% - 40%
4	sand	854		60% - 70%
4	sandy Lime	858		10% - 20%
4	sand	862		50%
2	sandy shale	864		2%
12	sandy shale	876		no oil
104	shale	980	TD	

all needs
to ~~be~~ have 2" Added



CONSOLIDATED
Oil Well Services, LLC

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

TICKET NUMBER 41771

LOCATION Chanute, KS

FOREMAN Cas, Kennedy

FIELD TICKET & TREATMENT REPORT
CEMENT

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
4/30/13	5954	Finnerty # 30	CE 11	15	20	DG
CUSTOMER Ojenroc			TRUCK #			
MAILING ADDRESS 120 Shoreline Dr			481	Driver Casper	TRUCK #	DRIVER
CITY Louisburg			660	Carlton	✓	Safety Meeting
STATE KS			510	Set Juc	✓	
ZIP CODE 66053			675	Kei Det	✓	

JOB TYPE Surface HOLE SIZE 9 1/2" HOLE DEPTH 89' CASING SIZE & WEIGHT 7"
 CASING DEPTH 87' DRILL PIPE _____ TUBING _____ OTHER _____
 SLURRY WEIGHT _____ SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT in CASING 16'
 DISPLACEMENT 3 bbls DISPLACEMENT PSI _____ MIX PSI _____ RATE 4.5 bpm

REMARKS: held safety meeting, established circulation, mixed & pumped 40 sks 50/50 Pozmix cement w/ 2% Premium Gel per sk, cement to surface, displaced cement w/ 3 bbls fresh water, shut in casing.

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
54015	1	PUMP CHARGE		
5406	on lease	MILEAGE		870.00
5402	87'	casing footage		
5502C	1.5 hrs	SONAC		135.00
5407	minimum	tax mileage		368.00
1124	40 sks	50/50 Pozmix cement		460.00
1118B	67 #	Premium Gel		14.74
			SALES TAX	34.66
			ESTIMATED TOTAL	1882.40

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.



CONSOLIDATED
Oil Well Services, LLC

258501

TICKET NUMBER 41773
LOCATION Olawa, KS
FOREMAN Cassy Kennedy

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
5/11/13	5954	Finnerly #30	SE 11	15	20	DB
CUSTOMER		TRUCK #				
Ojenroc		481	DRIVER	TRUCK #	DRIVER	
MAILING ADDRESS		6666	CasKen	✓	Safety Meeting	
120 Shoreline Drive		548	GarMap	✓		
CITY	STATE	ZIP CODE	695	Mik Hoo	✓	
Louisburg	KS	66053	695	Kei Det	✓	

JOB TYPE log string HOLE SIZE 5 5/8" HOLE DEPTH 980' CASING SIZE & WEIGHT 2 7/8" EUE
 CASING DEPTH 949' DRILL PIPE _____ TUBING baffle - 918' OTHER _____
 SLURRY WEIGHT _____ SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT in CASING 31'
 DISPLACEMENT 5.31 bbls DISPLACEMENT PSI _____ MIX PSI _____ RATE 4.5 bpm

REMARKS: held safety meeting, established circulation, mixed & pumped 200 # Premium Gel followed by 10 bbls fresh water, mixed & pumped 145 sks 50/50 Pozmix cement w/ 2% gel per sk, cement to surface, flushed pump clean, pumped 2 1/2" rubber plug to casing, baffle w/ 5.31 bbls fresh water, pressured to 500 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		
5406	20 mi	MILEAGE		1085.00
5402	949'	casing footage		84.00
5407	1/2 minimum	ton mileage		184.00
5502C	2 hrs	50 vac		180.00
1124	145 sks	50/50 Pozmix cement		1667.50
1118B	444 #	Premium Gel		97.68
4402	1	2 1/2" rubber plug		29.50
completed				
SALES TAX				131.01
ESTIMATED TOTAL				3458.69

Ravin 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.