



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
<input type="checkbox"/> Perforate <input type="checkbox"/> Protect Casing <input type="checkbox"/> Plug Back TD <input type="checkbox"/> Plug Off Zone				

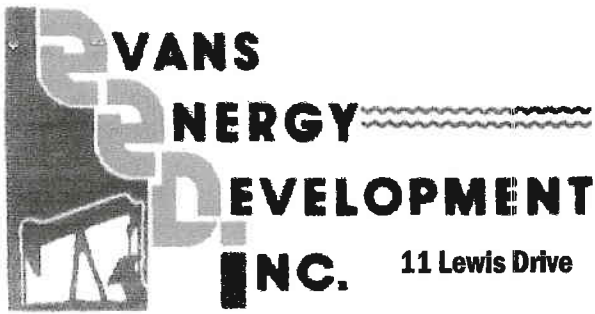
Shots Per Foot	PERFORATION RECORD - Bridge Plugs Set/Type Specify Footage of Each Interval Perforated	Acid, Fracture, Shot, Cement Squeeze Record <i>(Amount and Kind of Material Used)</i>	Depth

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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**EVANS
ENERGY
DEVELOPMENT
INC.**

11 Lewis Drive Paola, KS 66071

**Oil & Gas Well Drilling
Water Wells
Geo-Loop Installation**

Phone: 913-557-9083
Fax: 913-557-9084

WELL LOG
Four Corners Oil, LLC
Groshong #1-5
API #15-059-26,197
April 30 - May 1, 2013

<u>Thickness of Strata</u>	<u>Formation</u>	<u>Total</u>
5	soil & clay	5
15	sandstone	20
154	shale	174
24	lime	198
7	shale	205
11	lime	216
6	shale	222
29	lime	251
5	shale	256
26	lime	282
66	shale	348
32	lime	380
4	shale	384
3	lime	387
9	shale	396
12	lime	408
28	shale	436
9	lime	445
5	shale	450
1	lime	451
16	shale	467
23	lime	490
6	shale	496
26	lime	522
4	shale	526
4	lime	530
2	shale	532
8	lime	540 base of the Kansas City
169	shale	709
7	lime	716
12	shale	728
1	coal	729
15	shale	744
1	lime	745
12	shale	757
2	lime	759
2	shale	761
1	coal	762

2	shale	764
1	lime	765
2	broken sand	767 brown & grey, light bleeding
1	silty shale	768
3	lime	771
26	shale	797
4	lime	801
7	shale	808
5	silty shale	813 green
3	broken sand	816 brown & green, minimal bleeding
2	silty shale	818
7	broken sand	825 brown & green, ok bleeding
2	oil sand	827 brown, good bleeding
7	broken sand	834 brown & green, laminated, good bleeding
17	oil sand	851 brown, good bleeding, few thin grey shale seams
2	broken sand	853 brown & grey, ok bleeding
1	silty shale	854
1	broken sand	855 brown & grey, good bleeding
3	black sand	858 no oil
1	silty shale	859
1	broken sand	860 brown & grey, good
6	shale	866
2	oil sand	868
1	broken sand	869 brown, good bleeding
10	shale	879 brown & grey, ok bleeding
4	oil sand	883 brown, good bleeding
2	broken sand	885 brown & grey, no oil
71	shale	956 TD

Drilled a 9 7/8" hole to 21.1'

Drilled a 5 5/8" hole to 956'

Set 21.1' of 6 5/8" surface casing, cemented with 6 sacks cement.

Set 946' of use 2 7/8" 8 round upset tubing including 3 centralizers, 1 float shoe, 1 baffle and 1 clamp.

Baffle set 6' from bottom of tally



258499

TICKET NUMBER 41818

LOCATION Ottawa KS

FOREMAN Fred Maden

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			
5/1/13		Crashong # 7-5	NE 23	15	20	FR			
CUSTOMER Four Corners Oil		TRUCK #		DRIVER		TRUCK #		DRIVER	
MAILING ADDRESS 4764 Tennessee Rd.		712		Fred Mad		Safety		Maden	
CITY P.O. Box 638 Wellsville		495		Harv Bac		HB			
STATE KS		369		Dex Mas		DM			
ZIP CODE 66092		510		Sax Tuc		ST			

JOB TYPE _____ HOLE SIZE _____ HOLE DEPTH 956 CASING SIZE & WEIGHT 2 7/8 EUF
 CASING DEPTH 946 DRILL PIPE Baffle TUBING 940' OTHER _____
 SLURRY WEIGHT _____ SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT in CASING 2 1/2" Plug + 6'
 DISPLACEMENT 5.5BBL DISPLACEMENT PSI _____ MIX PSI _____ RATE 5BPM

REMARKS: Hold crew meeting. Establish pump rate. Mix + Pump 200# Gel
 Flush. Mix + Pump 135 sks 50/50 premix Cement 2% Gel.
 Cement to surface. Flush pump + lines clean. Displace 2 1/2"
 rubber plug to baffle in casing. Pressure to 800# PSI.
 Hold & Monitor pressure for 30 min. MIT. Release pressure
 to set float valve. Shut in casing.

Evans Energy Dev. Inc - Mitchell.

Fred Maden

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401	1	PUMP CHARGE	495	1085.00
5406	20 mi.	MILEAGE	975	87.00
5402	946	Casing footage		NIC
5407	Minimum	Ton Miles	510	368.00
5502C	1 1/2 hr	80 BBL Vac Truck	369	135.00
1124	135 SKS	50/50 Premix Cement		1552.50
1118B	427#	Premium Gel		93.94
4402	1	2 1/2" Rubber Plug		29.50
		Paid 11/9	69.57	
		3 Maden Less 2% Cash		3347.94
		Total	3409.97	66.97
		Frank		3280.97
		7.02		

Ravin 3737

AUTHORIZATION Rg TITLE _____ DATE _____

SALES TAX 128.12
ESTIMATED TOTAL 3409.09

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.