



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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Johnson County, KS
 Well: Mackey I-10
 Lease Owner: DE Exploration

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

Commenced Spudding:
 6/3/2013

WELL LOG

Thickness of Strata	Formation	Total Depth
7	Soil-Clay	7
14	Sandstone	21
3	Shale	24
14	Sand and Sandy Shale	38
2	Lime	40
21	Shale	61
7	Lime	68
4	Shale	72
16	Lime	88
9	Shale	97
8	Lime	105
9	Sandy Shale	114
16	Lime	130
17	Sandy Shale	147
19	Lime	166
9	Sandy Shale	175
59	Lime	234
20	Shale	254
8	Lime	262
20	Sandy Shale	282
6	Lime	288
5	Shale	293
8	Lime	301
31	Shale	332
1	Lime	333
14	Shale	347
26	Lime	373
7	Shale	380
24	Lime	404
4	Shale	408
4	Lime	412
5	Shale	417
7	Lime	424
5	Shale	429
7	Sand	436
10	Sandy Shale	446
90	Shale	536
8	Sand	544
53	Shale	597
5	Lime	602

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 x PSI x .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 $SPM \times d$

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

* Need these to figure belt length

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

746 WATTS equal 1 HP

Log Book

Well No. 1-10

Farm Mackey

KS Johnson
(State) (County)

28 14 22
(Section) (Township) (Range)

For D.E. Exploration
(Well Owner)

Town Oilfield Services, Inc.

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

Brookre - 6-4-13 4:25 pm

Mackey Farm: Johnson County
KS State; Well No. 1-10
 Elevation 1045
 Commenced Spuding 6-3 2013
 Finished Drilling 2-11 2013
 Driller's Name Chad Weaver
 Driller's Name _____
 Driller's Name _____
 Tool Dresser's Name Greg Perry
 Tool Dresser's Name _____
 Tool Dresser's Name _____
 Contractor's Name TDS
28 14 22

(Section) (Township) (Range)

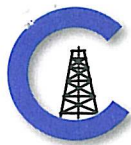
Distance from S line, 3040 ft.
 Distance from E line, 800 ft.

4 - sacks
**CASING AND TUBING
 RECORD**

10" Set _____ 10" Pulled _____
 7 7/8" Set 22.9' 8" Pulled _____
 6 1/2" Set _____ 6 1/2" Pulled _____
 4" Set _____ 4" Pulled _____
 2 7/8" Set 456.85 2" Pulled _____
925 10 Backe
980 TD

Thickness of Strata	Formation	Total Depth	Remarks
7	soil/clay	7	
14	sandstone	21	
3	shale	24	
14	sand & sandy shale	38	
2	Lime	40	
21	shale	61	
7	Lime	68	
4	shale	72	
16	Lime	88	
9	shale	97	
8	Lime	105	
9	sandy shale	114	
16	Lime	130	
17	sandy shale	147	
19	Lime	166	
9	sandy shale	175	
59	Lime	234	
20	shale	254	
8	Lime	262	
20	sandy shale	282	
6	Lime	288	
5	shale	293	
8	Lime	301	
31	shale	332	
1	Lime	333	
14	shale	347	
26	Lime	373	

Thickness of Strata	Formation	Total Depth	Remarks
		373	
7	shale	380	
24	Lime	404	
4	shale	408	
4	Lime	412	
5	shale	417	
7	Lime	424	Harder
5	shale	429	
7	sand	436	gray
10	sandy shale	446	
90	shale	536	
8	sand	544	
53	shale	597	
5	Lime	602	
3	shale	605	
3	Lime	608	
6	shale	614	
9	Lime	623	
3	sand	626	
11	shale	637	
4	Lime	641	
5	shale	646	
6	Lime	652	
4	shale	656	
2	Lime	658	
31	shale	689	red bed - 665'
4	Limed shale	693	
4	shale	697	



CONSOLIDATED
Oil Well Services, LLC

REMIT TO
Consolidated Oil Well Services, LLC
Dept. 970
P.O. Box 4346
Houston, TX 77210-4346

MAIN OFFICE
P.O. Box 884
Chanute, KS 66720
620/431-9210 • 1-800/467-8676
Fax 620/431-0012

INVOICE

Invoice # 259352

Invoice Date: 06/10/2013 Terms: 0/0/30,n/30

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D.E. EXPLORATION
DOUG EVANS
P.O. BOX 128
WELLSVILLE KS 66092
(785) 883-4057

MACKEY I-10
41902
28-14-22
06-04-2013
KS

Part Number	Description	Qty	Unit Price	Total
1124	50/50 POZ CEMENT MIX	124.00	11.5000	1426.00
1118B	PREMIUM GEL / BENTONITE	308.00	.2200	67.76
1111	SODIUM CHLORIDE (GRANULA	260.00	.3900	101.40
1110A	KOL SEAL (50# BAG)	620.00	.4600	285.20
4402	2 1/2" RUBBER PLUG	1.00	29.5000	29.50
1401	HE 100 POLYMER	.50	47.2500	23.63

Description	Hours	Unit Price	Total
510 MIN. BULK DELIVERY	1.00	368.00	368.00
666 CEMENT PUMP	1.00	1085.00	1085.00
666 EQUIPMENT MILEAGE (ONE WAY)	.00	4.20	.00
666 CASING FOOTAGE	957.00	.00	.00

Parts:	1933.49	Freight:	.00	Tax:	145.50	AR	3531.99
Labor:	.00	Misc:	.00	Total:	3531.99		
Sublt:	.00	Supplies:	.00	Change:	.00		

Signed _____

Date _____

BARTLESVILLE, OK
918/338-0808

EL DORADO, KS
316/322-7022

EUREKA, KS
620/583-7664

PONCA CITY, OK
580/762-2303

OAKLEY, KS
785/672-8822

OTTAWA, KS
785/242-4044

THAYER, KS
620/839-5269

GILLETTE, WY
307/686-4914

CUSHING, OK
918/225-2650



CONSOLIDATED
Oil Well Services, LLC

259352

TICKET NUMBER 41902

LOCATION Ottawa, KS

FOREMAN Casey 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
6/4/13	2355	Mackey # I-10	NE 28	14	22	JO
CUSTOMER DE Exploration			TRUCK #			
MAILING ADDRESS PO Box 128			DRIVER		TRUCK #	
CITY Wellsville			DRIVER		TRUCK #	
STATE KS			DRIVER		TRUCK #	
ZIP CODE 66602			DRIVER		TRUCK #	
			DRIVER		TRUCK #	
			DRIVER		TRUCK #	
			DRIVER		TRUCK #	

JOB TYPE longstring HOLE SIZE 5 5/8" HOLE DEPTH 980' CASING SIZE & WEIGHT 2 7/8" EUE
 CASING DEPTH 957' DRILL PIPE _____ TUBING baffle - 925' OTHER _____
 SLURRY WEIGHT _____ SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT in CASING 32'
 DISPLACEMENT 5.35 bbls DISPLACEMENT PSI _____ MIX PSI _____ RATE 4.5 bpm

REMARKS: Held safety meeting, established circulation, mixed & pumped 1/2 gal Polymer & 100 # Premium Gel followed by 10 bbls fresh water, mixed & pumped 124 sks 50/50 Pozmix cement w/ 2% gel, 5% salt, + 5 # Kolseal per sk, cement to surface, flushed pump clean, pumped 2 1/2" rubber plug to baffle w/ 5.35 bbls fresh water, pressured to 800 PSI, released pressure, shut in casing.

[Handwritten signature]

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401		PUMP CHARGE		1085. ⁰⁰
5406	on lease	MILEAGE		
5402	957'	casing footage		
5407	minimum	ton mileage		368. ⁰⁰
1124	124 sks	50/50 Pozmix cement		1426. ⁰⁰
118B	308 #	Premium Gel		67.76
1111	260 #	Salt		101.40
1110A	620 #	Kolseal		285.20
4402	1	2 1/2" rubber plug		29.50
1401	1/2 gal	Polymer		23.63
			SALES TAX	145.50
			ESTIMATED	
			TOTAL	3531.99

Completed

Ravin 3737

AUTHORIZATION Bryan Willy 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