



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: _____



1153143

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

Operator License#	API 15-121-29443-00-00
Operator	Lease Name ABC
Address	Well # I-16
Contractor JTC Oil, Inc.	Spud Date 2/6/13 Cement 2/15/13
Contractor License__32834	Location_____ of _____
T.D. 420 T.D. of Pipe 406	_____ feet from _____
Surf. Pipe Size_6.5 _Depth 20ft.	_____ feet from _____
Kind of Well___ Inj.	County Miami

Thickness	Strata	From	To	Thickness	Strata	From	To
<u>3</u>	<u>soil</u>	<u>0</u>	<u>3</u>	<u>5</u>	<u>coal</u>	<u>172</u>	<u>177</u>
<u>7</u>	<u>clay</u>	<u>3</u>	<u>10</u>	<u>12</u>	<u>lime</u>	<u>177</u>	<u>189</u>
<u>16</u>	<u>lime</u>	<u>10</u>	<u>26</u>	<u>138</u>	<u>shale</u>	<u>189</u>	<u>327</u>
<u>20</u>	<u>shale</u>	<u>26</u>	<u>46</u>	<u>4</u>	<u>red bed</u>	<u>327</u>	<u>331</u>
<u>10</u>	<u>lime</u>	<u>46</u>	<u>56</u>	<u>2</u>	<u>oil lime</u>	<u>331</u>	<u>333</u>
<u>32</u>	<u>shale</u>	<u>56</u>	<u>88</u>	<u>4</u>	<u>shale</u>	<u>333</u>	<u>337</u>
<u>18</u>	<u>lime</u>	<u>88</u>	<u>106</u>	<u>1</u>	<u>oil sand</u>	<u>337-338</u>	<u>good</u>
<u>10</u>	<u>shale</u>	<u>106</u>	<u>116</u>	<u>3</u>	<u>oil</u>	<u>338-341v</u>	<u>good</u>
<u>27</u>	<u>lime</u>	<u>116</u>	<u>143</u>	<u>3</u>	<u>oil</u>	<u>341-344</u>	<u>good</u>
<u>7</u>	<u>black shale</u>	<u>143</u>	<u>150</u>	<u>3</u>	<u>oil</u>	<u>344-347</u>	<u>good</u>
<u>22</u>	<u>lime</u>	<u>150</u>	<u>172</u>	<u>3</u>	<u>oil</u>	<u>347-350v</u>	<u>good</u>

ABC I-16

<hr/>	3	oil	350-353vgood
<hr/>	3	oil	353-356vgood
<hr/>	2	shale	356-358
<hr/>	11	lime	358-369
<hr/>	45	shale	369-414
<hr/>	4	coal	414-418
<hr/>	2	shale	418-420



CONSOLIDATED
Oil Well Services, LLC

256880

TICKET NUMBER 38793

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
2/15/13	4015	ABC # I-16	SW 22	17	22	M1
CUSTOMER JTC Oil Inc.						
MAILING ADDRESS 35688 Plum Creek						
CITY Osawatomie		STATE KS	ZIP CODE 66064			
			TRUCK #	DRIVER	TRUCK #	DRIVER
			481	Casey	✓ Safety Meeting	
			6666	Garmoo	✓	
			548	Dou Det	✓	
			369	Der Mas	✓	

JOB TYPE long string HOLE SIZE 6" HOLE DEPTH 420' CASING SIZE & WEIGHT 2 7/8" EUE
 CASING DEPTH 403' DRILL PIPE _____ TUBING _____ OTHER _____
 SLURRY WEIGHT _____ SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT in CASING _____
 DISPLACEMENT 2.33 bbls DISPLACEMENT PSI _____ MIX PSI _____ RATE 4.5 bpm

REMARKS: held safety meeting, established circulation, mixed & pumped 100 # Premium Gel followed by 10 bbls fresh water, mixed & pumped 58 sks OWC cement, cement to surface, flushed pump clean, pumped 2 1/2" rubber plug to casing TD w/ 2.33 bbls fresh water, pressured to 800 PSI, well held pressure for 30 min MIT, released pressure, washed up equipment.

Handwritten signature/initials

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401	1	PUMP CHARGE		1030.00
5406	2 mi	MILEAGE		8.00
5402	403'	casing footage		—
5407	1/4 minimum	ton mileage		87.50
5502C	1 hr	80 Vac		90.00
1126	58 sks	OWC cement		1090.40
1118B	100 #	Premium Gel		21.00
4402	1	2 1/2" rubber plug		28.00
			7.55%	SALES TAX
				86.03
				ESTIMATED TOTAL
				2440.93

Completed

Ravin 3737

AUTHORIZATION Brian Dudder

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.