



**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: \_\_\_\_\_



1155092

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
---	---

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
-----------------------------------	-----------	---------	-------------	---------------	---------

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> _____ <input type="checkbox"/> Other <i>(Specify)</i> _____	PRODUCTION INTERVAL: _____ _____
---	--	--



**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 # 261557

Invoice Date: 08/22/2013 Terms: 0/0/30,n/30

Page 1

VEENKER RESOURCES, INC.  
P.O. BOX 14339  
OKLAHOMA CITY, OK 73113  
(405)751-1414

LOCKWOOD #30,31,32,33,34  
48560  
32-22-21  
08-19-2013  
KS

**APPROVED**  
By Mark

Part Number	Description	Qty	Unit Price	Total
1275	15% HCL	375.00	1.7500	656.25
1202	ACID INHIBITOR	1.25	50.0000	62.50
1219B	STIMOIL FBA (SR-445)	2.50	65.0000	162.50
1268	CITY WATER	16500.00	.0173	285.45
1215A	KCL (1/1000)	18.00	38.3300	689.94
1231	FRAC GEL	480.00	9.0000	4320.00
1208	BREAKER LEB4-ESA 14-GB10	1.25	200.0000	250.00
1205A	BIOCIDE (AMA-35-D-P) (DR	13.00	30.0000	390.00
4326	7/8" RUBBER BALL SEALERS	113.00	3.0000	339.00
2104A	16/30 BROWN SAND	1500.00	.2500	375.00
2102	12/20 BROWN SAND	9700.00	.2700	2619.00

Description	Hours	Unit Price	Total
T-90 WATER TRANSPORT (FRAC)	4.00	120.00	480.00
T-91 WATER TRANSPORT (FRAC)	4.00	120.00	480.00
458 PROPANT DELIVERY	1.00	315.00	315.00
521 MINIMUM ACID SPOTTING CHARGE	5.00	375.00	1875.00
521 MILEAGE CHARGE (ONE WAY)	1.00	200.00	200.00
524 MINIMUM COMBO CHARGE 1000 HP UNIT	1.00	2300.00	2300.00
524 MINIMUM COMBO CHARGE 1000 HP UNIT	1.00	2070.00	2070.00
524 MINIMUM COMBO CHARGE 1000 HP UNIT	1.00	2070.00	2070.00
524 MINIMUM COMBO CHARGE 1000 HP UNIT	2.00	1250.00	2500.00
524 FRAC VALVES (2" OR 3")	5.00	100.00	500.00
524 BALL INJECTOR	5.00	.00	.00
524 MILEAGE CHARGE (ONE WAY)	1.00	200.00	200.00
T-221 WATER TRANSPORT (FRAC)	4.00	120.00	480.00

Parts: 10149.64 Freight: .00 Tax: 47.77 AR 23667.41  
 Labor: .00 Misc: .00 Total: 23667.41  
 Sublt: .00 Supplies: .00 Change: .00

RECEIVED AUG 26 2013

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

260765

TICKET NUMBER 42220  
LOCATION Ottawa KS  
FOREMAN Fred Maden

Box 884, Chanute, KS 66720  
31-9210 or 800-467-8676

**FIELD TICKET & TREATMENT REPORT**  
**CEMENT**

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
1-19-13	8579	Lockwood # 3442RJ	SE 32	22	21	AN

  

TRUCK #	DRIVER	TRUCK #	DRIVER
712	Fred Mad		
495	Kelcar		
369	Del Mas		
515	Mer Ray		

CUSTOMER  
Veener Resources Inc  
MAILING ADDRESS  
P.O. Box 14339  
CITY Oklahoma City STATE OK ZIP CODE 73113

JOB TYPE long string HOLE SIZE 5 7/8 HOLE DEPTH 820 CASING SIZE & WEIGHT 2 7/8 EUE  
CASING DEPTH 818 DRILL PIPE \_\_\_\_\_ TUBING \_\_\_\_\_ OTHER \_\_\_\_\_  
SLURRY WEIGHT \_\_\_\_\_ SLURRY VOL \_\_\_\_\_ WATER gal/sk \_\_\_\_\_ CEMENT LEFT in CASING \_\_\_\_\_  
DISPLACEMENT 4.75 BBL DISPLACEMENT PSI \_\_\_\_\_ MIX PSI \_\_\_\_\_ RATE 5 BPM

REMARKS: Hold crew meeting. Establish pump rate. Mix & pump 100\* Gel Flush  
Mix & Pump 94 sks OWC Cement w/ 5# Kal Seal/sk. Cement  
to surface Flush pump & lines clean. Displace 2 1/2" - 2 3/4"  
Rubber plugs to TD. Pressure to 800\* PSI. Release pressure  
to set float valve. Shut in casing.

Note: Customer supplied 2-2 1/2" Rubber Plugs.  
McGowan Drilling *Fred Maden*

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401	1	PUMP CHARGE	495	1085 <sup>00</sup>
5406	45mi	MILEAGE	495	189 <sup>00</sup>
5402		Casing footage		N/C
5407	Minimum	Ten Miles	515	368 <sup>00</sup>
5502C	2 1/2 hrs	80 BBL Vac Truck	369	225 <sup>00</sup>
1126	94	OWC Cement		1856 <sup>50</sup>
1118B	100*	Premium Gel		22 <sup>00</sup>
1110A	470*	Kal Seal		216 <sup>20</sup>
			7.65%	SALES TAX
				ESTIMATED TOTAL
				160 <sup>24</sup>
				4121 <sup>94</sup>

**completed**

Ravin 3737  
AUTHORIZATION Dale Wulley 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.