



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: _____



1155188

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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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



CONSOLIDATED
Oil Well Services, LLC

260651

TICKET NUMBER 42174
LOCATION Oklahoma 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
7.17.13	8579	Lock Wood #32 VRI	SE 32	22	21	AN

CUSTOMER	TRUCK #	DRIVER	TRUCK #	DRIVER
Veemker Resources Inc	712	Frc Mad		
	495	Kai Cav		
	369	Der Mas		
	548	Wil Mat		

MAILING ADDRESS	CITY	STATE	ZIP CODE
P.O. Box 14339	Oklahoma City	OK	73113

JOB TYPE Logging HOLE SIZE 5 7/8 HOLE DEPTH 862 CASING SIZE & WEIGHT 2 7/8 EUE
 CASING DEPTH 849' DRILL PIPE _____ TUBING _____ OTHER _____
 SLURRY WEIGHT _____ SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT in CASING 2 1/2" Plug
 DISPLACEMENT 4.94 BBL DISPLACEMENT PSI _____ MIX PSI _____ RATE 5BPM

REMARKS: Hold over meeting. Establish circulation. Mix + Pump 100# Gel + Flush
 Mix + Pump 91 sks OWC Cement w/ 5# Kol Seal/each. Cement
 to surface. Flush pump + lines clean. Displace 2 1/2" Rubber
 plug to TD. Pressure to 500 # PSI Release pressure to set
 float valve. Shut da casing.

Note: Customer supplied 2: 2 1/2" Rubber Plugs.

Mc Gown Drilling

Fred Maden

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401	1	PUMP CHARGE	495	1085 ⁰⁰
5406	45 mi	MILEAGE	495	189 ⁰⁰
5402	849'	Casing footage		N/C
5407	Minimum	Ten Miles	548	368 ⁰⁰
5502C	2 1/2 hrs	80 BBL Vac Truck	369	225 ⁰⁰
1126	71 sks	OWC Cement		1797 ²⁵
1118B	100#	Premium Gel		22 ⁰⁰
1110A	455#	Kol Seal		209 ³⁰
4402	T	2 1/2" Rubber Plug Customer Supplied		N/C
			7.665%	SALES TAX ESTIMATED
				TOTAL

completed

Ravin 3737

AUTHORIZATION Andre Maly TITLE _____ DATE _____
 SALES TAX ESTIMATED TOTAL 4050⁷³

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 1