



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: _____



1156446

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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McGown Drilling, Inc.
Mound City, Kansas

Operator:
A&L Energy, LLC
New York, NY

Thoren #94
Douglas Co., KS
6-14S-21E
API: 045-21794

Spud Date: 6/19/2013
Surface Casing: 7"
Surface Length: 42.7'
Surface Cement: 8 sx

Surface Bit: 9.875"
Drill Bit: 6.125"
Longstring: 739.65'
Longstring Date: 6/20/2013

Driller's Log

Top	Bottom	Formation	Comments
0	26	Soil & Clay	
26	62	Shale	
62	94	Lime	
94	101	Bl. Shale	
101	107	Lime	
107	117	Shale	
117	134	Lime	
134	167	Shale	
167	188	Lime	
188	230	Shale	
230	238	Lime	
238	251	Shale	
251	269	Lime	
269	289	Shale	
289	300	Lime	
300	320	Bl. Shale	
320	334	Lime	
334	339	Shale	
339	350	Lime	
350	356	Shale	
356	369	Lime	
369	378	Shale	
378	400	Lime	
400	404	Shale	
404	406	Lime	
406	410	Shale	

Thoren #94
Douglas Co., KS

410	418	Lime	
418	438	Shale	
438	448	Sandy Shale	
448	478	Shale	
478	500	Sandy Shale	
500	525	Shale	
525	527	Coal	
527	566	Shale	
566	573	Sand	
573	586	Shale	
586	590	Lime	
590	593	Shale	
593	598	Lime	
598	626	Shale	
626	638	Coal	
638	642	Lime	
642	647	Shale	
647	652	Lime	
652	687	Shale	
687	689	Sand	Laminated, fair oil bleed
689	691	Sand	Fair to good bleed, hard sand
691	693	Sand	Small bleed, fair odor, laminated
693	695	Sand	Small to fair bleed, fair odor, laminated
695	697	Sandy Shale	Light bleed, laminated, mostly shale
697	702	Shale	
702	704	Coal	
704	728	Shale	
728	730	Coal	
730	752	Shale	
752	TD		



CONSOLIDATED
Oil Well Services, LLC

259825

TICKET NUMBER 42028
LOCATION Ottawa
FOREMAN Alan Made

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
6-20-13	3898	Therca #94	NE 6	14	21	DC

TRUCK #	DRIVER	TRUCK #	DRIVER
516	Almad		
368	Almad		
675	Ke: Det		
558	Wil Mat		

CUSTOMER Adh Energy
MAILING ADDRESS 575 Madison Ave
CITY New York STATE NY ZIP CODE 10022

JOB TYPE logs string HOLE SIZE 6 1/4 HOLE DEPTH 730 CASING SIZE & WEIGHT 2 7/8
CASING DEPTH 137 DRILL PIPE _____ TUBING _____ OTHER _____
SLURRY WEIGHT _____ SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT IN CASING YES
DISPLACEMENT 4/4 DISPLACEMENT PSI 800 MIX PSI 200 RATE 4 bpm

REMARKS: Worked to casing. Established rate. Mixed & pumped. 100# gel followed by 90 gk OWC plus 1/4# flo seal per sack. Circulated cement. Flushed pump. Pumped plug to casing ID. Closed side valve on well held 1/4 bbl from bottom to pressure up annulus and keep well from flowing.

McGowan, Colt Alan Made

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401	1	PUMP CHARGE	368	1085.00
5406	1	MILEAGE	368	-
5402	737	casing footage	368	-
5407	1.14	ten miles	558	368.00
3502C	2	80 wac	675	180.00
1126	90	OWC		1777.50
118B	100#	gel		22.00
1107	23#	flaseal		56.81
4402	1	2 1/2 plus		29.60
			SALES TAX	137.67
			ESTIMATED TOTAL	3050.48

AUTHORIZATION [Signature] 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