



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: _____

1156465



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: _____ _____
---	--	--

McGown Drilling, Inc.
Mound City, Kansas

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

Thoren #127
Douglas Co., KS
6-14S-21E
API: 045-21965

Spud Date: 7/22/2013
Surface Casing: 7"
Surface Length: 40.0'
Surface Cement: 8 sx

Surface Bit: 9.875"
Drill Bit: 6.125"
Longstring: 733.50'
Longstring Date: 7/23/2013

Driller's Log

Top	Bottom	Formation	Comments
0	28	Soil & Clay	
28	72	Shale	
72	104	Lime	
104	110	Shale	
110	118	Lime	
118	128	Shale	
128	148	Lime	
148	182	Shale	
182	198	Lime	
198	239	Shale	
239	247	Lime	
247	261	Shale	
261	275	Lime	
275	277	Shale	
277	279	Lime	
279	300	Shale	
300	316	Lime	
316	324	Shale	
324	344	Lime	
344	348	Shale	
348	379	Lime	
379	388	Shale	
388	408	Lime	
408	416	Shale	
416	426	Lime	
426	474	Shale	

Thoren #127
Douglas Co., KS

474	476	Lime	
476	548	Shale	
548	558	Sandy Shale	
558	594	Shale	
594	605	Lime	
605	614	Shale	
614	619	Lime	
619	633	Shale	
633	635	Coal	
635	689	Shale	
689	690	Sand	Light oil show, good odor, laminated
690	692	Sand	Better show, good sand, strong odor
692	694	Sand	Good oil show, good sand, best section
694	696	Sand	Light oil show, laminated, fair odor
696	698	Sand	Light oil show, laminated, fair odor
698	699	Sand	Lighter bleed, laminated, decent odor
699	742	Shale	
742	TD		



CONSOLIDATED
Oil Well Services, LLC

260894

TICKET NUMBER 42236

LOCATION Ottawa

FOREMAN Alan Wade

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
7-24-13	3898	Thoren 127	NE 6	14	21	DC
CUSTOMER			TRUCK #	DRIVER	TRUCK #	DRIVER
A+L Energy			516	Alan Wade		
MAILING ADDRESS			368	Art McD		
575 Madison Ave			675	Kei Det		
CITY	STATE	ZIP CODE	548	Mik Vog		
New York	NY	100				
JOB TYPE	HOLE SIZE	HOLE DEPTH	CASING SIZE & WEIGHT			
long string	6 1/2	747	2 7/8			
CASING DEPTH	DRILL PIPE	TUBING	OTHER			
733						
SLURRY WEIGHT	SLURRY VOL	WATER gal/sk	CEMENT LEFT in CASING			
			yes			
DISPLACEMENT	DISPLACEMENT PSI	MIX PSI	RATE			
4 1/4	800	200	4 bpm			

REMARKS: Hooked to casing. Established rate. Mixed & pumped 100# gel followed by 98 gk DWC plus 1/4" flo seal. Circulated cement. Flushed pump. Pumped plug to casing TD. Well held 800 PSI. Set float. Closed valve.

McGowan, Colt

Alan Wade

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401	1	PUMP CHARGE	368	1085.00
5406	30	MILEAGE	368	126.00
3702	733	casing footage	368	
5407	mig	ten miles	548	368.00
5502C	2	80 gal	675	180.00
1126	98	DWC		1935.00
1183	100#	gel		22.00
1107	25#	flo seal		61.75
4422	1	2 1/2 plug		29.50
			SALES TAX	94.49
			ESTIMATED TOTAL	3954.24

Ravin 3737

NO COMPANY POP

AUTHORIZATION

JIM OK

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.