



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: _____



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 Bbbs.	Gas Mcf	Water Bbbs.	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 #113
Douglas Co., KS
6-14S-21E
API: 045-21963

Spud Date: 6/26/2013
Surface Casing: 7"
Surface Length: 42.70'
Surface Cement: 8 sx

Surface Bit: 9.875"
Drill Bit: 6.125"
Longstring: 733.60'
Longstring Date: 6/27/2013

Driller's Log

Top	Bottom	Formation	Comments
0	23	Soil & Clay	
23	59	Shale	
59	91	Lime	
91	97	Shale	
97	102	Lime	
102	113	Shale	
113	135	Lime	
135	164	Shale	
164	194	Lime	
194	229	Shale	
229	237	Lime	
237	258	Shale	
258	269	Lime	
269	288	Shale	
288	298	Lime	
298	300	Shale	
300	301	Lime	
301	310	Bl. Shale	
310	319	Shale	
319	333	Lime	
333	339	Shale	
339	352	Lime	
352	358	Shale	
358	369	Lime	
369	377	Shale	
377	398	Lime	

Thoren #113
Douglas Co., KS

398	406	Shale	
406	417	Lime	
417	440	Shale	
440	450	Sandy Shale	
450	566	Shale	
566	574	Sand	Light oil show
574	584	Shale	
584	590	Lime	
590	626	Shale	
626	629	Coal	
629	645	Shale	
645	651	Lime	
651	684	Shale	
684	686	Sand	Fair bleed, good odor
686	688	Sand	Very heavy bleed, strong odor
688	690	Sand	Heavy bleed, good odor
690	692	Sand	Fair bleed, good odor, laminated
692	694	Sand	Fair bleed, good odor, laminated
694	698	Shaley Sand	
698	742	Shale	
742	TD		



CONSOLIDATED
Oil Well Services, LLC

260097

TICKET NUMBER 42088

LOCATION Ottawa KS

FOREMAN Fred Mader

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
6-27-13	3898	Thoven # 113	NE	14	21	OG
CUSTOMER A&L Energy Operations LLC			TRUCK #			
MAILING ADDRESS 575 Madison Ave 22nd Fl			712	Driver	TRUCK #	DRIVER
CITY New York	STATE NY	ZIP CODE 10022	495	Har Bee		
			369	Deribas		
			510	Set Tur		

JOB TYPE Long string HOLE SIZE 5 7/8 HOLE DEPTH 792 CASING SIZE & WEIGHT 2 7/8 EUE
 CASING DEPTH 733 DRILL PIPE _____ TUBING _____ OTHER _____
 SLURRY WEIGHT _____ SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT In CASING 2 1/2" Plug
 DISPLACEMENT 4.26 BBL DISPLACEMENT PSI _____ MIX PSI _____ RATE 5.8 BPM

REMARKS: Hold crew meeting. Establish circulation. Mix Pump 100# Gel Flush
Mix Pump 87 Bks. OWC cement 1/4" Flo Seal/sk. Cement to
surface. Flush pump & lines clean. Displace 2 1/2" Rubber Plug to
casing TD. Pressure to 800 PSI.

Note: Hold pressure on casing for 30 min MIT.

McGown Drilling

Fred Mader

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401	1	PUMP CHARGE	495	1085 ⁰⁰
5406	30 mi	MILEAGE	495	126 ⁰⁰
5402	733'	Casing footage		N/C
5407	Minimum	Ten Miles	510	368 ⁰⁰
5502	2 hrs	80 BBL Vac Truck	369	180 ⁰⁰
1126	87	OWC Cement		1718 ²⁵
1118B	100#	Premium Gel		22 ⁰⁰
1107	22#	Flo Seal		54 ³⁴
4402	1	2 1/2" Rubber Plug		29 ⁵⁰
			7.3%	SALES TAX
				ESTIMATED TOTAL
				3716 ²⁵

Ravin 3737

AUTHORIZATION

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.