



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: _____



1156472

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> <input type="checkbox"/> Other <i>(Specify)</i> _____ <input type="checkbox"/> Other <i>(Specify)</i> _____	PRODUCTION INTERVAL: _____ _____
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McGown Drilling, Inc.
Mound City, Kansas

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

Thoren #117
Douglas Co., KS
6-14S-21E
API: 045-21951

Spud Date: 7/12/2013
Surface Casing: 7"
Surface Length: 43.0'
Surface Cement: 8 sx

Surface Bit: 9.875"
Drill Bit: 6.125"
Longstring: 732.35'
Longstring Date: 7/16/2013

Driller's Log

Top	Bottom	Formation	Comments
0	17	Soil & Clay	
17	71	Shale	
71	78	Lime	
78	86	Shale	
86	96	Lime	
96	110	Shale	
110	118	Lime	
118	128	Shale	
128	146	Lime	
146	181	Shale	
181	198	Lime	
198	239	Shale	
239	248	Lime	
248	262	Shale	
262	274	Lime	
274	298	Shale	
298	308	Lime	
308	324	Shale	
324	376	Lime	
376	388	Shale	
388	392	Lime	
392	397	Shale	
397	405	Lime	
405	454	Shale	
454	458	Lime	
458	470	Sandy Shale	

Thoren #117
Douglas Co., KS

470	554	Shale	
554	574	Sand	
574	580	Lime	
580	594	Shale	
594	612	Lime	
612	615	Coal	
615	655	Shale	
655	660	Lime	
660	681	Shale	
681	682	Sand	Laminated, good odor, light bleed
682	684	Sand	Laminated, mostly shale, small bleed
684	686	Sandy Shale	Light oil show
686	688	Sandy Shale	No oil show
688	690	Sandy Shale	No oil show
690	692	Sandy Shale	Light to no oil show, odor
692	694	Sandy Shale	No oil show
694	696	Sandy Shale	No oil show
696	698	Shale	
698	755	Shale	
755	TD		



CONSOLIDATED
Oil Well Services, LLC

260613

TICKET NUMBER 42200

LOCATION ottawa

FOREMAN Alan 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
7-16-13	3898	Thoreen	117	NE 6	14	21	06
CUSTOMER AHL Energy				TRUCK #			
MAILING ADDRESS 575 Madison Ave				516	Alan Mad	TRUCK #	DRIVER
CITY New York				368	Alan Mad		
STATE NY		ZIP CODE 10022		370	Miklas		
JOB TYPE <u>long string</u>				HOLE SIZE <u>5 7/8</u>	HOLE DEPTH <u>754</u>	CASING SIZE & WEIGHT <u>2 7/8</u>	
CASING DEPTH <u>732</u>				DRILL PIPE	TUBING	OTHER	
SLURRY WEIGHT				SLURRY VOL	WATER gal/sk	CEMENT LEFT In CASING <u>YES</u>	
DISPLACEMENT <u>4 1/4</u>				DISPLACEMENT PSI <u>800</u>	MIX PSI <u>200</u>	RATE <u>4 bpm</u>	
REMARKS: <u>Hooked to casing. Established rate. Mixed & pumped 100# gel followed by 99 sk OWC plus 1/2# flo seal. Circulated cement. Flushed pump. Pumped plug to casing TD. Well held 800 PSI. Set float. Closed valve.</u>							

McGowan, Colt.

Alan Maden

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
3401	1	PUMP CHARGE	368	1085.00
3406	30	MILEAGE	368	10740.00
3422	732	casing footage	368	268376.00
3427	M:1	ten miles	503	36800.00
3502L	2	80 gal	370	180.00
1126	99	OWC		1955.25
118B	100#	gel		22.00
1107	25#	flaseal		61.75
14402	1	2 1/2 plug		29.50

Revin 3737

Terid by phone

SALES TAX 147.90
ESTIMATED TOTAL 3975.40

AUTHORIZATION Jim Oskid

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.