



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
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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: _____



1157063

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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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 # 258305

Invoice Date: 04/29/2013 Terms: 0/0/30,n/30 Page 1

CARROLL ENERGY LLC
P.O. BOX 766
INDEPENDENCE KS 67301
(800)917-1618

FLOYD B #P2
41434
04-25-13
KS

Part Number	Description	Qty	Unit Price	Total
1131	60/40 POZ MIX	105.00	13.1800	1383.90
1118B	PREMIUM GEL / BENTONITE	722.00	.2200	158.84
1107A	PHENOSEAL (M) 40# BAG)	105.00	1.3500	141.75
1126A	THICK SET CEMENT	125.00	20.1600	2520.00
1110A	KOL SEAL (50# BAG)	625.00	.4600	287.50
1107A	PHENOSEAL (M) 40# BAG)	125.00	1.3500	168.75
1123	CITY WATER	3000.00	.0173	51.90

Description	Hours	Unit Price	Total
479 TON MILEAGE DELIVERY	284.75	1.41	401.50
485 CEMENT PUMP	1.00	1085.00	1085.00
485 EQUIPMENT MILEAGE (ONE WAY)	50.00	4.20	210.00
502 TON MILEAGE DELIVERY	284.75	1.41	401.50
637 80 BBL VACUUM TRUCK (CEMENT)	4.50	90.00	405.00

Parts:	4712.64	Freight:	.00	Tax:	391.15	AR	7606.79
Labor:	.00	Misc:	.00	Total:	7606.79		
Sublt:	.00	Supplies:	.00	Change:	.00		

Signed _____ Date _____

ARTLESVILLE, 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

ENTERED

TICKET NUMBER 41434

LOCATION Eureka

FOREMAN Steve Mead

PO Box 884, Chanute, KS 66720
620-431-9210 or 800-467-8676

FIELD TICKET & TREATMENT REPORT
CEMENT

Handwritten signature: S.D. James Mead

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
4-25-13	2042	Floyd B # P2				CG
CUSTOMER Carroll Energy LLC						
MAILING ADDRESS 200 Arco Place Suite 230						
CITY Independence						
STATE KS		ZIP CODE 67301				
JOB TYPE <u>Longstring</u>			HOLE SIZE <u>6 3/4</u>	HOLE DEPTH <u>2090'</u>	CASING SIZE & WEIGHT <u>4 1/2 10.5</u>	
CASING DEPTH <u>2075</u>			DRILL PIPE	TUBING	OTHER	
SLURRY WEIGHT			SLURRY VOL	WATER gal/sk	CEMENT LEFT in CASING	
DISPLACEMENT <u>33 1/2</u>			DISPLACEMENT PSI <u>1800</u>	MIX PUMP <u>2300</u>	RATE	

REMARKS: Safety Meeting: Rig up to 4 1/2 casing. Break circulation w/ Fresh water. Pump cobbles water ahead. Mix 105 sks 60/40 portmix w/ 8% Gel, 1" phenoseal port/sk Tailin w/ 125 sks Thick set Cement w/ 5" Kal-Seal, 1" phenoseal port/sk Wash out pump & lines. shutdown Release Plug, Displace with 33 1/2 bbls Fresh water. Final pumping Pressure 1800* Bump Plug 2300*
Wait 1min Release Pressure Plug back. Good cement Return to Surface 7 bbls to pit. Job Complete Rig down

cc. Furnish Latchdown plug. *Thank You.*

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401	1	PUMP CHARGE	1085.00	1085.00
5406	50	MILEAGE	4.20	210.00
1131	105 sks	60/40 Portmix Cement	13.18	1383.90
1118B	722*	Gel 8%	.22	158.84
1107A	105 #	Phenoseal 1" port/sk	1.35	141.75
1126A	125 sks	Thick set Cement	20.16	2520.00
1120A	625*	Kal-Seal 5" port/sk	.46	287.50
1107A	125*	Phenoseal 1" port/sk	1.35	168.75
5407A	1639 ton	Ton mileage Bulk Truck 502-479*	1.41	803.00
5502C	4 1/2 hrs	80 bbl Vacuum Truck	90.00	405.00
1123	3000 gallons	CITY WATER	1.73	51.90
			Sub Total	7215.64
			SALES TAX	391.15
			ESTIMATED TOTAL	7606.79

Revin 3737

AUTHORIZATION *But Jay* 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.